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# A Phenomenological Study of East African Refugee Mothers' Experiences of Trauma and How It Affects Parenting

Binh Hoa Pham

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A PHENOMENOLOGICAL STUDY OF EAST AFRICAN REFUGEE MOTHERS' EXPERIENCES OF  
TRAUMA AND HOW IT AFFECTS PARENTING

A Dissertation Presented to  
The Faculty of the Department for Applied Psychology  
Antioch University New England

In Partial Fulfillment  
Of the Requirements for the Degree  
Doctor of Philosophy in Marriage and Family Therapy

BY:

Binh Hoa Pham MA, LMFT

January 2016

Antioch University New England

Department of Applied Psychology

Date: January 13, 2016

WE HEREBY RECOMMEND THAT THE DISSERTATION BY

Binh Hoa Pham

ENTITLED

**A PHENOMENOLOGICAL STUDY OF EAST AFRICAN REFUGEE MOTHERS' EXPERIENCES**

**OF TRAUMA AND HOW IT AFFECTS PARENTING**

BE ACCEPTED IN PARTIAL FULFILLMENT OF THE

REQUIREMENTS FOR THE

DEGREE OF DOCTOR OF MARRIAGE AND FAMILY THERAPY

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### **Abstract**

There is a growing population of refugees around the world. Refugees experience a multitude of stressors—war trauma, chaotic and unsettling displacement(s), and resettlement stressors. African and Middle Eastern refugees are the fastest growing refugee population. The Office of the United Nations High Commissioner of Refugees (2014) report estimates that by the end of 2014, there will be 59.5 million displaced people around the world. Refugee women and children are disproportionately victims of war and civil conflict. Research on the experience of refugee women and children is minimal in refugee studies, specifically how refugee mothers' experiences of war affect parenting. The purpose of this study is to explore *lived experiences* of war among East African refugee mothers and examine on how their war experiences affect parenting and parent-child relationship. Using interpretative phenomenological analysis, the results of this study are categorized in five major themes- *experiences of war, lasting negative effects of war, resettlement challenges, parenting issues, and resiliency & faith*. Limitations, clinical implications for marriage and family therapists, and direction for future research will be discussed.

*Keywords:* refugee women, war, war trauma, displacement, resettlement, and parenting



### **Dedication**

I dedicate this study to my mother. She is the heart and inspiration for this study. I also dedicate this study to the six courageous refugee mothers who shared their stories with me and the rest of the (research) world, in hopes of creating change for refugee mothers and their children all around the world. Thank you for inviting us into your lives and allowing us to learn from your experiences.

### **Acknowledgement**

First, I like to acknowledge my husband, Christopher without his encouragement and love; I don't think I would have completed this study. He has shown so much patience, understanding, and commitment. You have been there with me through it all and I appreciate everything you have done to make this happen for me. I can never thank you enough for putting our life on hold, so I can complete this degree, for me and our family.

Second, I would like to thank my parents for their love and understanding. Thank you for teaching me how to work hard, persevere, and be humble in everything that I do. I would like to thank my sisters and nieces for their love and encouragement. Thank you to my in-laws for all their love, support, and encouragement.

Third, I like to acknowledge Kevin Lyness, PhD. He has been the Best Chair a doctoral student can ever ask for. Thank you Kevin for your time, patience, and commitment to this study. You have been a great role model for me as a chair, professor, and mentor. Thanks for letting me call you so many times! Your mentorship has meant the world to me. I like to acknowledge my two committee members, Lucy Byno, PhD and Nickolas Jordan, PhD for their advice, encouragement, and investment in me as an academic. Thank you to all of my professors at Syracuse University and Antioch University New England for what they have passed down to me.

Lastly, I like to acknowledge all my friends and colleagues that have supported me during this long and enduring process – Marjorie, Christiana, Yudum, Norja, Emma, Yajaira, Sharon, Joanne, and Missy. Thanks for the long phone conversations, allowing me to overly process what it means to get this study done, and also for your unconditional support.

## Chapter 1: Introduction

Every day the basic rights of refugees are violated in countries around the world and an increasing number of refugees are being exposed to severe trauma, including physical, sexual, and psychological abuse (George, 2010). The United Nations High Commissioner of Refugees (UNHCR) reported that in 2008, there would be more than 42 million refugees and Internally Displaced Persons (IDPs) around the world, and it is estimated that 16 million refugees live outside their own country while 26 million are displaced (UNHCR, 2005). The Office of the United Nations High Commissioner of Refugees reported that 6 of 10 leading refugee-producing countries and nearly half of the world's displaced persons are living in Africa (UNHCR, 2002). On the other hand, since 2001, there has been an increase of African refugees resettling in the United States (Schmitz, Jacobus, Stakeman, Valenzuela, & Sprankel, 2003). As mental health professionals, we are embedded in multiple systems (e.g., clinical settings/practices, school settings, and hospitals) that serve refugee clientele, and it is imperative that we understand the circumstances represented by these statistics that have led to their displacements in order to meet their mental health needs.

East African refugees are a distinct group who come from a long history of war trauma and displacement(s). Among the diverse refugee populations living in the United States, African refugees are the least likely to have access to quality health care and mental health services (Hauck, Corr, Lewis, & Oliver, 2012). African refugees' experiences of multiple traumas from wars and political unrest have caused barriers in the accessibility of proper medical services in their home countries, which may lead to their lack of knowledge about accessing resources and services in their resettlement country (Hauck et al., 2012;

Rasmussen, Smith, & Keller, 2007; Schmitz et al., 2003). However, there is much heterogeneity in the continent of Africa, there are countries that have had no experiences of war and civil conflict (i.e., Namibia) compared to other countries in Africa, like Somalia that continues to experience civil conflict for over two decades (“Top 10 peaceful”, 2015; Zarowsky, 2004). There is a vast difference from one ethnic group to another, where experiences of African refugees are often lumped together. It is necessary to understand that there is diversity in experiences, values, beliefs, ideals, spirituality, and what each individual refugee deems important in regards to his or her life.

East African refugees who survive the multiple wars and frequent displacements may feel disillusioned by the resettlement process. Refugee families are dependent on the resettlement programs to assist in their adjustment to a new country. Resettlement programs often address employment, education, and healthcare; very few offer mental health services (Schmitz et al., 2003). Many resettlement programs are managed under strict rules and regulations that inhibit servicing refugee families effectively and efficiently; far and few programs can meet refugee families’ needs (Weine et al., 2004). Refugee families are constantly pulled in many directions when resettlement programs are defunded and other programs start. The inconsistency of services may lead to refugee families feeling disheartened by the process, as stated above, and these barriers will increase their likelihood not to seek help when they are in trouble.

Many refugees, especially mothers, encounter multiple obstacles that lead to isolation, depression, and other mental illnesses. Trauma symptoms and isolation are leading factors that exacerbate mental illness among refugee mothers (Murthy, 2007). For instance, refugee mothers may not utilize resettlement programs due to lack of

transportation and childcare. These mothers may feel disconnected and disengaged from refugee networks created by refugee agencies or preexisting refugee communities. It is important that refugee families, particularly refugee mothers, learn how to rebuild networks in order to combat isolation and loneliness. Numerous studies confirm that refugee families experience discrimination while displaced leads to thoughts of hopelessness and helplessness, these feelings may be carried on to the new resettlement country (Lacroix & Sabbah, 2011; Schmitz et al., 2003, Weine, 2011). Past experiences of discrimination may interfere with refugee families' capacity to create a new support networks in their host country (Lacroix & Sabbah, 2011).

Overall, as mental health professionals, we need to understand the experiences of refugee families as they adapt to a new country, specifically refugee mothers. Refugee mothers often carry the burdens of the whole family. Family therapy is necessary in addressing the trauma and mental health issues among refugee families (Sossou, 2006). Exploring their experiences of trauma and post-resettlement adjustment will increase our knowledge of ways to help them improve their quality of life.

For some African refugee families, understanding the importance of relationships and community is essential in addressing their specific mental health needs. Most African refugees' beliefs and customs are influenced by collectivistic ideology (Rasmussen et al., 2007). Ambert (1994) and Rasmussen et al. (2007) stated that there is a need to understand trauma from the perspective of the family. In African refugee cultures that adhere to collectivistic and communal values, the family is considered the most important social institution (Lacroix & Sabbah, 2011; Nickerson et al., 2011). For many refugees, their perception and definition of trauma and traumatic events is interpreted in the context

of family relationships (Bala & Kramer, 2010). There are few research studies that address the familial trauma experiences of African refugees (Rasmussen et al., 2007; Weine et al., 2004).

Research is needed to understand how distinct African refugee families are coping with past and present trauma experiences in areas of parenting and attachment post-resettlement (Ambert, 1994; Haene, Grietens, & Verschueren, 2010), for this research the focus is on East African refugees. Research on refugee families' experiences of trauma and migration will increase mental health professionals' knowledge of how to assist in teaching refugee parents and children how to cope with past trauma and present stressors of resettling in a new country (Weine et al., 2004).

### **Researcher Reflexivity**

As a daughter of Vietnamese refugee parents, my quest is to understand the complexity of how the aftermath of war affects family relationships in areas of attachment, bonding, and communication, specifically the refugee mother's perspective. Growing up, my parents did not discuss the hardships they faced as refugees. I was told the basic timeline of events that my mother fled Vietnam with her family in 1978 and my father fled Vietnam with his younger brother in 1979. Eventually my parents met in 1982, at Central High School in Grand Rapids, MI.

I grew up knowing that I am Vietnamese-American. In searching for more information about my Vietnamese culture, I was drawn to understand how refugees like my parents were able to maintain their cultural identity in the midst of a majority Westernized culture. After much inquiry and research about Vietnam and the Vietnamese people, I was drawn to explore my parents' migratory stories and how their experiences

have influenced my parent's identities, their adaptation to a new country, and how their experiences has affected their family relationship(s).

This study is dedicated to my mother because she represents a female refugee's story of self-sacrifice, loss, and resilience. Post- Vietnam War, many Vietnamese families were broken up due to an uncompromising Communist Party regime, damaged infrastructure, and the loss of all resources. Parents left their children to work in different cities, which left their children to fend for themselves. My mother was a parentified child who helped raise her siblings since both her parents worked in two different cities after the Vietnam War. She was not given the opportunity to pass primary grade school since her obligations were to care and nurture her younger siblings. When the opportunity came to leave Vietnam, my mother lost her social network. She lost all communication with her grandmother and other family members, a connection that has never been the same since leaving Vietnam. This family of six sailed off into the ocean hoping to be rescued. My mother and her family settled on an island in Malaysia for a year before being transported to the United States. In both the Malaysian refugee camp and resettlement in the United States, my mother continued to perform her parentified role, as both her parents were unavailable for their children.

When they resettled in Michigan, my mother had to learn how to adjust to a new country, learn a new language, and go to high school; in addition to carrying on the role as a caretaker to her younger siblings. The grief and loss of her maternal grandmother and primary schooling became too much for her when she entered the American high school system; she eventually dropped out in the middle of the 11<sup>th</sup> grade. My mother recalled her biggest regret was not achieving an American high school diploma. She stated that there

were no programs available to help her adjust to living in a new country. Her role as the primary caretaker to her siblings became a burden on her; she was not given the opportunity to take care of herself. She experienced depression, anxiety, low self-esteem, and codependent behaviors as the result of post-war trauma experiences of living with unavailable parents.

My mother was married and had children at a young age. Her life had been devoted to the caring and nurturing of her family from post-war Vietnam through resettlement in the U.S. and now, to her family of a husband and three daughters. My mother is a female survivor of war. My mother's experience of post-war trauma and resettlement is a marginalized story, for the majority of refugee women are rarely given a forum to talk about their experiences (Martin, 2004). Therefore, it is my belief that refugee women are given roles of caretaker and nurturer. Women, who are burdened with the role of caretaker, often suppress their own traumatic experiences, leaving them emotionally disconnected to their selfhood (Van Ee, Kleber & Mooren, 2012). Due to my mother's inability to connect to her own emotional pain and anguish, I grew up hypervigilant of my mother's state of mind; I in turn carried on her trauma. I had a complicated relationship with my mother until I was able to extract her story and begin to understand the complexity of how her sacrifices made her the person she is today.

In sharing my mother's story, I am encouraged to study refugee women who experienced trauma and assist in bringing their stories to light. It is important to explore how the aftermath of war affects everyone, specifically refugee women and children, whose stories are predominantly silenced and marginalized. As a second-generation refugee woman, I am embarking on a journey to study women from a different land than my own,



but these women share the common thread that war and violence affects families, motherhood, and the relationships between mothers and their children.

In refugee populations, there is diversity in beliefs, cultures, values, and meanings (Schmitz et al., 2003). It is important to distinguish this diversity among refugee groups. As a researcher, I am drawn to study East African mother-child relationships. This research stems from my work as a Refugee Trauma Therapist at Bethany Christian Services Refugee Center, where I provided therapy services for dozens of East African women who identify as torture and trauma victims of war. Many of these women spoke about their brutal rapes and imprisonment and many more witnessed the deaths of their husbands and close male and female relatives during the conflict. I grew to respect and admire these women for their courage and bravery as they rescued their own and others' children during the most volatile times of war. These mothers' stories revealed the hardening truth of how war affects families, as these refugee women barely escaped death, enduring the scars of war both internally and externally. Many of these women had to rebuild their lives and recreate their networks and community. In addition, addressing single parenting challenges, which is a foreign concept to them if they were living in their home country. These women had learned to rebuild their families and support their children in the midst of dealing with their own traumatic experiences.

Both my personal and clinical backgrounds are the driving force in my dissertation study. My interest is to understand the relationship between East African mothers and their children as they relate to parenting during their resettlement process. This study is a qualitative phenomenological study exploring the refugee mothers' experiences of war trauma and how they affect their view of mother-child relationships and parenting. The

framework of this study adheres to African cultural ideologies of understanding experiences through family relationships and how traumatic experiences affect the whole family and community (Kamye, 2005). This study will increase clinical information about African refugee mother-child relationships and potentially inform and create clinical interventions that help repair familial relationships after experiencing cumulative traumatic experiences, specifically trauma from war.

For this study, I have conducted interviews with East African refugee mothers and the purpose is to explore their lived experiences of war trauma and how it has affected parenting practices and mother-child relationships. These interviews will explore the dynamics of East African refugee families' trauma experiences and how trauma affects familial relationships during resettlement. I hope that these interviews will increase our understanding of how to assist East African refugee mothers in areas of processing trauma and parenting.

## **Chapter 2: Literature Review**

### **History of wars in Africa**

Mass trauma and displacement are widespread in Africa (Rasmussen et al., 2007). Africa has a long history of political conflict, ethnic warfare, and tribal disputes (Copson, 1991), which has influenced the sociopolitical landscape of African countries and the day-to-day life of African people (DeJesus, 2011). The European influence of racial colonialism continues to be a contributing factor in feuds in African countries (Kamya, 2005). Although there have been successful peace negotiations between different countries (i.e., Ethiopia and Somalia); conflict is still a serious problem in Africa (Copson, 1991). However, there are a number of countries in Africa (i.e., Morocco, Zambia, and Ghana) that have promoted negotiations between parties, maintain peace and shared prosperity among its people, and encourage a non-violent approach to solving problems (“Top 10 peaceful”, 2015).

The conflicts in Africa have resulted in a massive civilian death toll. Wars are fought over the unequal distribution of sociopolitical power and resources (DeJesus, 2011), conflicts in views of religion, and the gain of socio-economic wealth (Copson, 1991). The civil wars fought in Africa have led to devastating rates of civilian casualties; it is estimated that in Angola there were over 100,000 civilian deaths and in Sudan one million deaths (Pedersen, 2002). In Africa, overall it is estimated that were two to three million civilian casualties in the 1980s (Copson, 1991). In the eastern region of African countries, including the Democratic Republic of Congo, Rwanda, and Sudan, the civilian death rates have been in the millions (De Zulueta, 2007). In the Democratic Republic of Congo, one million lives were lost in the span of eight years, and in the Rwandan Genocide one million lives were lost within one hundred days (De Zulueta, 2007). The wars fought in African

countries destroyed institutional buildings (i.e., schools, hospitals), social structures and communities, which have led to significant challenges for families.

An example of wars fought in Africa is the Sudanese civil war (1983 – 2005) between the Sudan People’s Liberation Army (SPLA) and the Sudanese Government, which has killed more than 500,000 Sudanese civilians (Dau & Sweeney, 2008). Thousands of Sudanese families have been destroyed and family lives disrupted. The aftermath of the Sudanese war left thousands of Sudanese children displaced. An estimated 20,000 orphans, called “The Lost Boys (and Girls) of Sudan”, left Sudan in search of refuge (Bolea, Grant, Burgess, & Plasa, 2003). These children ages ranged from 7 to 17. They traveled in packs to Ethiopia and Kenya in search of refugee camps; their voyage lasted 6 to 10 weeks at a time, walking by foot. More than half of these children lost their lives during trips, due to hunger, eaten by wild animals, or being killed by rebel forces. Once settled in one camp, many were asked to leave when resources were low and quotas were filled. Later, resettlement agencies in developed nations (i.e., United States, Australia) resettled these Sudanese children into foster care, adoption, and group homes, where they had to learn how to rebuild their lives without parents and other family members (Bolea et al., 2003; Schweitzer, Melville, Steel, & Lacherez, 2006).

There are few research studies that explore the lives of Sudanese children (Bolea et al., 2003; Schweitzer et al., 2006). Results from two studies of Sudanese youth refugees show that experiences of trauma, the loss of family member(s) and homeland has led to high levels of depression, isolation, and other emotional problems (Bolea et al., 2003; Schweitzer et al., 2006). Qualitative interviews from these Sudanese youths show that

there is a strong desire for a supportive network in order to alleviate and cope with past trauma (Schweitzer et al., 2006).

### **Wars affect family structure**

Wars affects people physically, mentally, spiritually, and socially (deVries, 1996; McFarlane & van der Kolk, 1996). Studies have shown that war conflicts cause more fatalities than infectious diseases (Copson, 1991; DeJesus, 2011; Pedersen, 2002). War destroys communities and families and often disrupts the social and economic fabric of a nation. "The effects of war include long-term physical and psychological harm to children and adults as well as reduction in material and human capital" (Murthy & Lakshminarayana, 2006, p. 25).

Women, children, and the elderly are the most vulnerable during wartime (Martin, 2004; Schmitz et al., 2003). Refugee women and children's needs are complex and vary by country of origin, language, education, and resources. Literature on refugee women highlights that gender-based violence has deteriorating effects on communities (Almqvist & Broberg, 2003; Martin, 2004; Murthy & Lakshminarayana, 2006; Williams, 2007). In some African and Middle Eastern countries, there are high incidences of gender-based violence against women and children, specifically in countries that practice extreme patriarchy in which roles of women and children are devalued (Almqvist & Broberg, 2003; Martin, 2004).

Children are disproportionately victims of war (Copson, 1991; Pedersen, 2002). Many refugee children are deprived of food and water, in addition to having no access to schools and medical care. This has led to high rates of poverty, malnutrition, illness, and even death (Copson, 1991; Pedersen, 2002). In 1996, *The State of the World's Children*

estimated that in the previous decade two million children had died in war, an estimated two to three times as many were wounded or disabled, one million were orphaned and 12 million were made homeless (UNICEF, 1996).

The interconnectedness between warfare and the health of the refugee people is profound. Several studies have addressed how the destruction of war has generational effects on refugee communities (De Zulueta, 2007; Pedersen, 2002):

The breakdown of social fabric, family loss and disruption of daily life, lack of shelter and food shortages, the dismantling of basic services and destruction of the local infrastructure all contribute to extreme forms of suffering and disability this new disease ecology has led to the re-emergence of infectious diseases and unexpected disease outbreaks. (Pedersen, 2002, p.179)

There is a growing need to understand how families are affected by civil strife, warfare, and forced migration (De Zulueta, 2007; Haene et al., 2010; Weine et al., 2004). Exploring the lived experiences of war will assist in addressing the needs of the family, specifically for mothers who fled with their children (Schmitz et al., 2003). This study highlights how war trauma affects families, specifically understanding how maternal trauma affects parenting and mother-child relationship/bond post resettlement.

Some African countries have a long history of warfare that has affected the lives of their people. There have been several million civilian deaths due to war (Copson, 1991; De Zulueta, 2007; Pedersen, 2002). The lives of the individuals who escape from war are repeatedly disrupted (Murthy & Lakshminarayana, 2006). There is a tremendous sense of loss of identity, culture, language, social status, and family relationships (Martin, 2004; Pedersen, 2002). Among the diverse groups of African refugees, many have experienced

war violence. War trauma and the multiple losses of identities (i.e., loss of culture, family, community) can be challenging for mental health providers to understand in trying to provide psychotherapy services to African refugees (Hauck et al., 2012). It is important that we have an understanding of the refugee families' experiences—war is experienced through the whole family, not just with the individual (Lacroix & Sabbah, 2011; Martin, 2004; Schmitz et al., 2003).

### **Definition of Refugee**

This section gives a brief summary of the definition of *refugee* versus *immigrant*, current statistics about the refugee population, and a summary of global and national refugee laws pertaining to refugee families. The purpose of this section is to give a macro view of the contextual factors that influence the refugee family relationships. As refugee laws continue to develop and seek to meet the needs of the current refugee communities, more studies are needed to explore and understand the lived experiences of refugee families (Schmitz et al., 2003; Weine et al., 2004).

The United Nations' *Convention and Protocol Relating to the Status of Refugees of 1951* defines a *refugee* as a person who is, owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion, is outside the country of his nationality, and is unable to or, owing to such fear, is unwilling to avail himself of the protection of that country (UNHCR, 2002). Millions of refugees leave their country due to war, persecution for political, religious, ethnic targeting, and other human rights violations (Schmitz et al., 2003).

Refugees are individuals who have escaped war, for religious or political persecution, or any other threat to one's life. Refugees are distinctly different from

*immigrants*, as immigrants leave their host country on a voluntary basis to seek opportunities to advance education or economic gains (Chambon, 1989; Schmitz et al., 2003). On the contrary, refugees are forced out of their country due to persecution; not leaving could mean death or serious harm.

Forcibly fleeing one's country can be traumatic for an individual and their family. Many, if not most, refugees have experienced trauma before making the decision to flee (Atwell, Gifford, & McDonald-Wilmsen, 2009; Heptinstall, Sethna, & Taylor, 2004). Departure from their home country is involuntarily. Therefore, refugee families experience premigration stressors that interfere with family's coping and their relationship (Almqvist & Broberg, 2003; Atwell et al., 2009; Heptinstall et al., 2004). Parents and children may carry symptoms of trauma from their home country to their host country. The sudden changes in loss of home, identity, and relationships may have compounding effects in their ability to cope with resettlement demands (Schmitz et al., 2003; Schweitzer et al., 2006).

There are several global and national policies that address the need for refugee families to remain together post-resettlement; policies that ensure the quality of health and wellbeing of refugees. Summarizing refugee *family law*, the United Nations Convention *Relating to the Status of Refugees* (1951), enacted that all countries admitting refugees are obligated to assist refugee individuals in reuniting with other family members living abroad. The Office of the United Nations High Commissioner of Refugees and the Convention for Refugee Rights stated that the "unity of family" is a fundamental principle of international refugee law and therefore the "unity of the family" is an essential "right of the refugee". The Convention further stated that "if such unity is constantly threatened", it recommends that all countries/states take "all necessary means for the protection of the



refugee's family" through the provision of reunification rights (Jastram & Newland, 2001, p. 2). The Convention of Refugee Rights proclaims that violent persecution, oppression, and exile are interconnected and threatens refugee family's cohesion. The Convention of Refugee Rights recognizes "the close interplay between external and family traumatization" (Haene et al., 2010, p. 250).

The 1965 Immigration and Nationality Act (INA) and the Convention of Refugee Rights recognized the importance of keeping families intact. One of the primary goals for the INA in keeping families together was to increase the applicant pool for the number of women, children, and older adult refugee and immigrant population (Schmitz et al., 2003).

The Refugee Act of 1980 adopted the definition of legal refugee status as stated above. In addition, it established the Refugees Resettlement Program, which provides services for newly arrived refugees, encompassing financial assistance, healthcare, job training, and social services (i.e., mental health). Trauma symptoms are prevalent among the refugee population, with the highest severity of symptoms among refugee women, children, and the elderly (Williams, 2007).

**Refugee trauma.** This section reviews the mental health definition of *trauma*, mental disorders that originate from war trauma, and posttraumatic stress disorder among African refugee population. The purpose of this section is to give an overview of trauma information that describes the psychological effects that war has on one's mind and body.

Hauck et al.'s (2012) study addressed the pre-medical screening of refugees coming into the US. This study addresses the rigorous process that refugees have to go through in being medically screened upon admittance to a resettlement country; the purpose of this screening is to identify current health problems, screening for communicable and

infectious diseases. At the same time, when refugees are screened with medical problems that are mid-level rating, there is a lack of follow-up from medical professionals to follow-up on these medical issues. These individuals are left to find their own medical and mental health. Most of the time, due to lack of employment and/or transportation, refugee individual's symptoms go untreated, which exacerbates their condition. This is where early intervention is needed.

Reactions to trauma are highly dependent on cultural context (deVries, 1996). Trauma symptoms vary depending on the individual, in addition to assessing the macro and micro level influences that are embedded in an individual's life. In assessing the influence of trauma on refugees research shows that community and family factors are highly correlated with the individual's trauma processes (De Zulueta, 2007). "The interactions between an individual and his or her environment/community play a significant role in determining where the person is able to cope with the potentially traumatizing experiences that set the stage for the development of PTSD" (deVries, 1996, p. 400).

Several research studies noted that Westernized assessments measuring the level of trauma with refugee war victims fail to explain how trauma is interpreted through diverse refugee groups/individual own cultural lens (Hauck et al., 2012; Rasmussen et al., 2007). The Harvard Trauma Questionnaire and the Hopkins Symptoms Checklist-25 are cross-cultural and validated screening measures for PTSD symptoms among diverse refugee populations (Hauck et al., 2012). Rasmussen et al.'s' (2007) study of PTSD symptoms among West and Central African Refugees found in the category of PTSD symptoms, numbing and avoidance symptoms are culturally congruent to the African individuals

expression of trauma that is seen as a controlled expression by the individual, therefore is placed on a separate factor with hyperarousal with intrusion and hypervigilance symptoms. Someone may have had a traumatic experience, but may not meet the criteria for PTSD (deVries, 1996). Although the Westernized concept of trauma fails to translate the meaning and experiences of cross-cultural war trauma, it is important to summarize the literature that does exist in the field of refugee mental health and trauma to understand what is already known. The refugee trauma research related to this study encompasses psychological symptoms of warfare (Hollifield et al., 2002), family dynamics (Weine et al., 2004), and attachment (Almqvist & Broberg, 2003; Haene et al., 2010).

Bessel van der Kolk (2000) defines trauma as “when an individual experiences a traumatic event”, such as war violence, “the event leaves him/her with such horror and terror that it may temporarily or permanently alter his/her capacity to cope, their biological threat perception, and their concept of themselves” (p. 7). When the traumatic event causes psychological symptoms, the individual will most likely be diagnosed with Posttraumatic Stress Disorder (PTSD) is a disorder that is born from their traumatic experiences (APA, 2010; van der Kolk, 2000). The (psychological) criteria to be diagnosed with PTSD are:

Directly personal experiencing the traumatic event; or witnessing, in person, the event(s) as it occurred to others; or learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of family member or friend, the event(s) have been violent or accidental; experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (Criterion A). Recurrent, involuntary, and intrusive distressing memories; recurrent

distressing dreams of or related to the event; dissociative reactions; intense or prolonged psychological distress at exposure to internal or external cues related to the event; marked physiological reactions (Criterion B). Avoidance of or efforts to avoid distressing memories, thoughts, or feelings related to the event; avoidance or efforts to avoid external reminders that arouse distressing memories, thoughts, or feelings related to the event (Criterion C). Inability to remember important aspects of the event; persistent and exaggerated negative beliefs or expectations about oneself, others, or the world; persistent and distorted cognitions about the cause or consequences of the event, which leads to blaming oneself or others; persistent negative emotional state; marked diminished interest; feelings of detachment or estrangement from others; persistent inability to experience positive emotions (Criterion D). Irritable behavior and anger outbursts; reckless or self-destructive behavior; hypervigilance; exaggerated startle response; problem with concentration; sleep disturbance (Criterion E). (American Psychiatric Association, 2013, pp. 271-272)

According to Schnyder et al.'s (2015) comparison of the PTSD diagnosis in DSM-IV and DSM-V, the DSM-IV the symptoms that closely relate to the traumatic symptoms of refugees are "negative alterations in cognitions and mood" (p. 267). DSM-IV translates to more diverse and complex reactions to trauma, such as anger, guilt, and shame compared to the DSM-V PTSD diagnosis.

Generally, refugees who enter into a resettlement country are referred to a resettlement agency for assistance in housing, employment, and education; refugees who state a need for mental health services or present with mental health symptoms are

referred to a mental health agency (Chester, 1990). Refugee patients may present psychosomatic ailments that conceal underlying trauma symptoms; as a result, general practitioners may have a hard time diagnosing patient illnesses and referring patients to appropriate treatment (Hauck et al., 2012). Trauma symptoms may be exacerbated when there is a delay in the referral for mental health services, as screening for psychological symptoms does not happen regularly with general practitioners (Hollifield et al., 2002; Lacroix & Sabbah, 2011).

Trauma symptoms born out of warfare, and pre-migration and post-migration stress have led to serious psychological and physical symptoms among refugees (Green, 2010; Hooberman, Rosenfled, Lhewa, Rasmussen, & Keller, 2010). Most commonly diagnosed is PTSD among refugees who present with mental health symptoms (Brierr & Scott, 2006; van der Kolk, 2000). PTSD symptoms are avoidance, hyperarousal, or involuntary intrusive feelings and emotions related to the traumatic experience (van der Kolk & McFarlane, 1996). Clinicians and other mental health professionals use PTSD diagnoses to explain the war trauma symptom presented by newly arrived refugees. The current literature about refugee trauma highlights a need to understand symptoms from the perspective of the refugee individual (Alcock, 2003; deVries, 1996; Koopman, 1997; Prigerson, Vanderwerker, & Maciejewski, 2008).

Specific research on different African refugee groups has addressed a need to explore and understand war trauma from the perspective of each refugee group due to the multiplicity of belief and value systems. The research studies of Rwandan refugees (Petersen-Coleman & Swaroop, 2011; Schaal, Dusingizemungu, Jacob, Neuner, & Elbert, 2012; Schaal & Ebert, 2006) and Sudanese refugees (Bolea et al., 2003; Schweitzer et al.,

2006) explored the traumatic experiences of warfare from the perspective of the refugee individual. These studies increase our knowledge of how trauma is influenced by cultural context, history, socio-political climate, and individual and familial factors that are exclusive to Rwandan and Sudanese refugees. Other mental health diagnoses used among refugee populations experiencing psychological symptoms are Complex PTSD, Acute Stress Disorder, Prolonged Grief Disorder, and somatoform disorders. Brief summaries are provided below of these diagnoses:

*Complex PTSD* (van der Kolk & McFarlane, 1996) is a disorder that arises from severe, prolonged, and repeated trauma, almost always of an interpersonal nature. The examples that van der Kolk and others give related to torture are captivity as a prisoner of war or concentration camp internee. Complex PTSD or severe trauma can disrupt the developmental cycle of an individual. van der Kolk (2000) found that individuals with complex PTSD have characteristics of alteration in regulation of affective impulses, problems in modulating anger, alterations in attention, self-perception and relationship with others, somatization, and alterations in systems of meaning. Schaal and Elbert's (2006) study of Rwandan orphans found that the loss of a parent and living in the home where the parents was killed, in addition to having to take on adult responsibilities of supporting themselves and maintaining their livelihood, contributes to the maintenance of PTSD among Rwandan orphans, with greater PTSD symptoms found in girls than in boys.

*Acute Stress Disorder* is a dual process in which an individual is having a psychological reaction to the traumatic event and at the same time processing the event in their mind (Koopman, 1997). This dual process leaves them unable to process the traumatic event completely. The lack of integration and perception of the traumatic event

impairs their memory and ability to make decisions, especially during a crisis moment when the individual becomes paralyzed and unable to make an efficient decision. It is during post migration when refugees start to piece together their trauma experiences with the help of therapy (Koopman, 1997).

*Prolonged Grief Disorder* (PGD) is defined as affecting an individual who is unable to return to previous levels of functioning following the death of a significant other. PGD symptoms are a mixture of depression, PTSD, and anxiety (Schaal et al., 2012). For refugees with PGD, persistent anxiety and avoidance behavior interferes with processing grief-related information, therefore mourning remains incomplete and grief reactions become unmanageable (Schaal et al., 2012). Prigerson et al. (2008) developed and empirically tested consensus and diagnostic criteria for PGD. In their study of 400 orphaned and widowed survivors of the Rwandan genocide. They assessed for psychological symptoms and found that 72% met criteria of PGD and PTSD together, while 97% met the criteria for PTSD alone.

Somatoform disorders are physical, bodily reactions to experiences of war and trauma. Somatoform disorder is widely recognized as a physical symptom(s) born out of psychologically traumatizing experiences and is prevalent among the Middle Eastern, Asian, and African refugees (Alcock, 2003; Hauck et al., 2012; Hollifield et al., 2002; Pedersen, 2002; van der Kolk, 1996). Studies indicate that refugees are more likely see a general practitioner for stomach pains, headaches, or other physical ailments before seeing a therapist or social worker (deVries, 1996; Hauck et al., 2012). Indigenous refugee groups find it more acceptable to display and disclose physical ailments within the community, than disclosing a mental illness to a practitioner, which is seen as taboo (Fox, 2003;

Zarowsky, 2004). For example, *The Spirit Catches You and You Fall Down* (Fadiman, 1997) is a novel based on the culture clash of Hmong refugees with the Westernized medical systems in treating a Hmong child who has epilepsy. This Hmong refugee story is about one family's struggle to seek medical services for their daughter in a new country and how cultural differences further traumatize refugee families (Fadiman, 1997).

African refugees are underrepresented in the posttraumatic stress disorder literature (Hauck et al., 2012; Rasmussen et al., 2007). Rasmussen et al.'s (2007) study of West and Central African refugees found high rates of chronic symptoms of PTSD and depression in refugees exposed to political violence. This study found that culturally congruent symptoms of PTSD should be assigned into different distinguishing factors. It has combined aspects of hyperarousal with intrusion and assigned hyper-vigilance symptoms to their own factor, and includes numbing and avoidance symptoms on separate factors of the PTSD diagnosis, because numbing and avoidance are subject to cultural variation among refugee groups (Rasmussen et al., 2007). Results distinguish that for African refugees' experiences of trauma under the DSM-IV Posttraumatic Stress diagnosis avoidance and involuntary emotional numbing are to be separated, as these symptoms are considered two different reactions. Avoidance is the purposeful response to posttraumatic stress, while emotional numbing involves involuntary autonomic nervous system responses (Rasmussen et al., 2007).

As the PTSD diagnosis is not widely used in non-Westernized countries, different cultural groups (i.e., refugee groups) have created words in their languages to describe their traumatic experiences. It is important for mental health professionals to ask refugee clients if there are words they use to describe their war experiences. Mental health



professionals also should not assume that all traumatic experiences are considered to be negative, as many African refugees believe that traumatic experiences may have a spiritual component (Rasmussen et al., 2007). Zarowsky's (2004) study of Somali returnees' (i.e., Hurso) narratives define their traumatic experiences of loss from a cultural and sociopolitical context, which is described as,

the everyday experiences and concerns of (Somali) people included emotion-altercations, humor, illness, suffering, romance and so forth—but the principal concerns were for justice, survival, and a decent human life. It is in the context of trauma must be addressed and interpreted, and not the converse. The signature emotions of the Hurso's refugee experience—anger and demoralization—was not addressed in the framework of medicine. They were interpreted in the context of politics. (p. 201)

Among different African groups, words have been created to describe the effects war trauma has on their people. In Rwanda *ihahamuka* means the variety of psychological symptoms born out of the Rwandan genocide, coming from the combination of the words *hana* (lungs, respiration) and *muka* (without) (Petersen-Coleman & Swaroop, 2011). In Fox's (2003) study of the Mandinka tribal practitioners described four nonpsychotic posttraumatic reactions to trauma in Mandinka nosology - *masilango* (extreme fear), *kidja fero* (heart shakes), *mira kurango* (thinking sickness), and *perio* (brain out of place). These psychological terms are more culturally congruent to use in studying the effects of trauma on certain refugee groups as these words originate from their own language. They also demonstrate that cultures define experiences of trauma differently (Fox, 2003; Zarowsky, 2004).

Refugees who have experiences of trauma due to war and violence may display numerous psychological and physical symptoms that interfere with their day-to-day functioning (Lacroix & Sabbah, 2011). Refugee individuals' experiences of trauma are dependent on macro- and micro-level contextual factors that contribute to how they define their experiences, their coping styles, and relationship dynamics amongst family members pre- and post- war (Nickerson et al., 2011; Williams, 2007). For instance, macro factors that affect refugee families include The Office of the United Nations High Commissioner of Refugees policies and legislation on refugee rights, which proclaim the importance of keeping the family intact; from this perspective refugee laws prioritize the importance of the family before the refugee individual (Haene et al., 2010).

Another factor to take into account is that psychological symptoms born out of trauma are widely recognized as PTSD (deVries, 1996; van der Kolk & McFarlane, 1996; van der Kolk, 2000). In assessing refugee trauma, it is important to take into account that PTSD diagnosis does not encompass all the traumatic war-born symptoms of refugees (Berman, 1999; Rasmussen et al., 2007). African refugees' experiences of trauma are seen through a collectivistic (i.e., community and family) lens rather than an individualistic lens (Hauck et al., 2012), and therefore it is important to explore the stories of trauma to appropriately assess for and meet the needs of specific refugee groups (Alcock, 2003; Hollifield et al., 2002). Furthermore, it is important for mental health professionals to seek out native words used to describe psychological symptoms and inquire about the individual refugee's meaning of trauma in order to understand how trauma has affected them from a cultural perspective (Fox, 2003; Petersen-Coleman & Swaroop, 2011). Competing ideals of the government seeking the health and well-being of the whole refugee

family, and the mental health field that is lagging in addressing individual refugee needs, this study helps address the gap between these two systems.

### **Refugee women and their children**

Displacement due to war disproportionately affects women and children (Martin, 2004, Wadsworth, 2010). Men are often recruited to fight in war or are killed by opposing forces, leaving women to raise children in single parent households (Martin, 2004).

Significant statistics of refugee women and children affected by war around the world from 1993 to 2003 shows that:

two million children were killed and six million children were injured or permanently disabled in war zones, of war-exposed survivors; one million children were orphaned and 20 million displaced in refugee camps and other camps; and women and children comprise of the highest civilian death rates. (Williams, 2007, p. 265)

Gender-based violence is a common occurrence in civil and ethnic wars fought around the world (Mengel, Borzaga, & Orantes, 2010; Wadsworth, 2010). Studies of women refugee experiences of war highlight the degradation of the female human spirit by the raping of their bodies and robbing of the resources needed for their children to survive (Almqvist & Broberg, 2003; Martin, 2004; Mengel et al., 2010). According to the United Nation's Children Fund (1996), in Rwanda, every adolescent female who survived the Rwandan genocide of 1994 was raped at least one time, if not multiple times, during and after post genocide war.

Rebel groups and government parties targeted women and children as political weapons to demoralize the opposing party, and women and girls were specifically targeted

for systemic rape campaigns in order to break ethnic group solidarity (Loughry, 2008; Wadsworth, 2010). Some types of physical trauma/torture include beatings, assaults, rapes, imprisonment, deprivation, and humiliation (Martin, 2004). The psychological abuse due to war trauma not only affects self-worth and self-perception, but it also affects coping skills, family relationships, and parenting (Gerwartz, Forgatch, & Weiling, 2008; Wadsworth, 2010; Weine et al., 2004).

Mothers who survived the travesty of war were left to heal from their own personal trauma in addition to the loss of family members (i.e., husbands, parents), cultural identity, economic resources (i.e., employment, home), and being uncertain if they will ever return to their homeland (Dybdahl, 2001; Loughry, 2008; Martin, 2004). Mass violence affects the ability for parents to provide safety and security for their children. Wadsworth (2010) emphasized that family processes are disrupted by traumatic events and may result in long-term consequences due to the cumulative trauma. Several studies noted that there is a need to explore parent-child relationships (Almqvist & Broberg, 2003; Ambert, 1994; Dybdahl, 2001; Wadsworth, 2010).

Maternal trauma due to war affects parenting, as children are left to process traumatic experiences on their own. Mothers' emotional unavailability can lead to behavioral and emotional problems in children (Dybdahl, 2001; Punamaki, Quota, & El Sarraj, 1997). The manifestation of PTSD is the direct result of the disrupted attachment system of the caregiver to the child (de Zulueta, 2007). This works as follows:

Traumatic events negatively affect the way in which children perceive their mothers' and fathers' behavior, attitude, and emotional expression toward them.

Poor parenting is harmful to children. The more the children had experienced

traumatic events, the more punishing, rejecting and controlling they perceived their parents to be... the more they suffered from high neuroticism and low self-esteem.

(Punamaki et al., 1997, p. 725)

Children of refugee mothers are affected by their mother's trauma. Summaries of these studies show that refugee children having higher incidences of having stress reactions when their mother has difficulty coping with resettlement stress (Ajdukovic & Ajdukovic, 1993; Almqvist and Broberg, 2003; Dybdahl, 2001). Almqvist and Broberg (2003) found that mothers' posttraumatic stress symptoms had a deteriorating effect on their children's ability to function daily. The lack of security in mother-child relationships led to children being unable to cope with stressors, demonstrated by these children experiencing secondary posttraumatic symptoms including nightmares and other psychological symptoms, in addition to children displaying aggressive and controlling behavior (Ajdukovic & Ajdukovic, 1993; Almqvist and Broberg, 2003). Attachment injuries can also cause psychological symptoms for refugee mothers, as their own trauma interferes with how they parent and bond with their children (Ajdukovic & Ajdukovic, 1993). Lastly, Dybdahl's (2001) study of Bosnia-Herzegovina refugee children found that children react to maternal stress by exhibiting poor psychosocial functioning and low weight gain while living in their resettlement country. Children receive the cues from their mother about their environment (Bowlby, 1988).

Almqvist and Broberg (2003) studied mothers from Kosovo who were raped during war and who suffered chronic psychological and emotional symptoms. In this study, children were grouped by if they did or did not witness the rape of their mother, overall they found that all children (witnessing or nonwitnessing) were affected by their mother's

sexual trauma, in a negative way. These mothers reported that their trauma experiences left them completely disconnected from their children. Their emotional withdrawal from their children, left the children more clinging, violent, and aggressive towards other children and adults. This illustrates the theory that when the internal representation of a nurturing and supportive caregiver is damaged due to trauma, trauma experiences can leave caregivers unable to emotionally and physically connect to their children. These children grew to have both psychological and behavioral problems at home and at school, and they displayed severe aggressive and externalizing behaviors. Some mothers reported feeling that their children's aggressive behavior was that of a perpetrator abusing them, eventually labeling their children as perpetrators of their trauma. This study and others addressed above show a need to understand trauma from the perspective of the refugee mother and how it has affected her parenting and attachment.

In Dyregrov et al.'s (2000) study of bereavement among Bosnian refugees living in Norway, participants stated that they strongly wanted Norwegians to learn more about their situation and life as refugees living in Norway. "They wanted to give *their* version of why they had to come and the difficulties of returning" (p. 418, italics in original). In this study, the children voiced the importance of talking about family matters to someone outside the family, stating that discussion with their parents and themselves often ended in quarrels and personal feelings of guilt and frustration, therefore leading to barriers in connection between parent and child.

Children are most likely to remain silent when facing their own traumatic experiences (Berman, 1999; Lin, Suyemoto, & Kiang, 2009), as a way to protect their parent. Children learn to avoid hurting their parents by not disclosing information that can

trigger painful memories, anxiety, or depression (Bala & Kramer, 2010). When refugee mothers have not processed their own trauma and remain in a psychologically traumatized state, their ability to cope with present stressors during resettlement is impaired (i.e., parenting and relationships) (Haene et al., 2010). Refugee mothers' ability to parent may be compromised by parental psychopathology, lack of resources and access, and lack of community support (Almqvist & Broberg, 2003; Berman, 1999; Dybdahl, 2001, Gerwitz et al., 2008).

Many refugee mothers are under extreme stress prior to resettlement. African refugee mothers who have been targets of gender-based violence during war have endured a number of travesties, as hurting women has become a common weapon in war among soldiers and rebels (Almqvist & Broberg, 2003; Loughry, 2008; Martin 2004). Refugee mothers' trauma experiences may lead to mental health problems if not treated (Almqvist & Broberg, 2003; Dybdahl, 2001; Wan & Green 2009). We now know that trauma affects relationship functioning and attachment (Almqvist & Broberg, 2003; Bowlby, 1988; Punamaki et al., 1997). Children are dependent on a parental figure to help guide them through transitions (i.e., living in a new country) (Ambert, 1994; Bowlby, 1988; Gewirtz et al., 2008). Refugee mothers face multiple hurdles in meeting the physical and psychological needs of their children (Almqvist & Broberg, 2003; Martin, 2004). Social service providers need to address the benefits of mental health services with refugee mothers, as they may be unaware that their trauma affects parenting and familial relationships.

Women who have children often find themselves as single parents, not by choice, and encounter new stressors living in a foreign country (Martin, 2004). It can be extremely

taxing for mothers who have lived in a collectivistic society where multiple caregivers were available for their children to be relocated to an individualistic society (Ambert, 1994).

Refugee mothers have to relearn how to parent on their own without a network, in addition to being responsible for the adjustment of the whole family living in a new country (i.e., learning a new language, finding a job, and being self-sufficient) (Loughry, 2008; Martin, 2004).

### **Resettlement and Parenting**

In this study of East African mothers, it is necessary to explore the concepts of parenting that pertain to all parenting experiences, and also highlight the unique experiences of refugee parents. Refugee families endure multiple challenges and transitions due to warfare, and most of which are out of the refugee parents' control. Therefore, refugee parents have difficulty establishing security and safety for their children when environmental and social factors are constantly in flux. Refugee mothers are primarily assigned the caretaker role and are key factors in helping children overcome their own traumatic experiences. Studies have highlighted that it is essential to address the mother's health and wellbeing first, as children are completely reliant on their mother (Dybdhal, 2001). We now understand that children's psychological and emotional states are largely dependent on their mother's psychological and emotional states as mothers are the emotional regulators for their children (Bowlby, 1988).

Parenting is the rearing, caring, and nurturing of one's offspring ("Webster's Universal", 2011) and is influenced by schemas (Azar, Nix, & Makin-Byrd, 2005); the stored data that informs how individuals act in relationships with others. For parents, it is information gathered from past experiences and learned behavior that is communicated to



guide parents in rearing children (i.e., how a parent perceives a crying baby) (Azar et al., 2005). The trauma experiences of refugee parents affect their schemas (i.e., perception) in rearing their children. Their psychological symptoms and pain from war affect their behavior in interacting with their children. The next section covers how trauma affects parenting and attachment in mother-child relationships.

Parenting is a universal experience and a rite of passage in many cultures, yet the heterogeneous population of refugee parents living in the United States has their own beliefs and rules about parenting. In the literature on refugee parenting, studies of refugee parents are primarily written from a Westernized perspective (Renzaho & Vignjevic, 2011; Weine et al., 2004; Williams, 2008). Ambert (1994) proclaims that there is a need for an international perspective of parenting that encompasses the diverse beliefs and practices of successful parenting around the world. In order to meet the specific needs of refugee parents, it is essential to explore and understand their unique experiences and adhere to the culture and custom of parenting from their country. Additionally, mental health professionals must assist refugee parents in helping maintain the parent's cultural identity and heritage through therapy and intervention (Ambert, 1994; Lustig et al., 2004; Weine et al., 2004).

For this study of parenting experiences among East African mothers, the African belief of raising children is stated below:

The African approach to raising children is the notion of raising a village, as their thesis is that the future is shaped by childhood and the society that plays a role in preparing its members to become 'not only good fathers and mothers', but above all, people who care about life and who understand, both humanely and spiritually, the

highly unshakable value of the human being that we all are. (Renzaho, Green, Mellor, & Swinburn, 2011, p. 238)

Parenting is a fluid and evolving construct; for refugee parents the country they resettle in with their family has a major influence on their parenting role. Parenting is influenced by multiple contextual factors, such as socio-historic backgrounds, cultures, traditions, belief systems and individual and family characteristics (Ambert, 1994; Azar et al., 2005). For refugee parents raising children in a foreign country there can be both positive and negative outcomes. For example, many refugees resettle in developed nations (i.e., United States) with more resources invested in their educational system as compared to many third world countries (i.e., Somalia), so refugee children raised in the United States may receive a better education, which could lead to better employment opportunities in the future. On the other hand, refugee children can lose their cultural identity (i.e., language, customs) due to strong inclinations to adopt the host countries' values and belief systems. Differing on views of how to raise a healthy child between refugee parents and the host countries' child welfare system may lead to conflicts and misunderstandings. For example, in African culture, parents using corporal punishment to teach their children limits is acceptable, while this may be against the law in most host countries (Ambert, 1994; Chambon, 1989; Gewirtz et al., 2008; Lewig, Arney, & Salveron, 2010).

During the resettlement process, many refugee parents experience a loss of voice (Ambert, 1994; Lin et al., 2009; Williams, 2008). Refugee parents may feel overwhelmed and overpowered by their host country, as host countries' societal rules, laws and belief systems triumphs the parents' background, leaving refugee parents feeling lost and disconnected to their children (Renzaho & Vignjevic, 2011; Williams, 2008). Studies on

refugee parenting during the resettlement process concluded that parents struggle the most with multiple losses (i.e., culture, customs, land, language, family members), living in unpredictable and unstable environments (i.e., refugee camps, internment facilities), and not having adequate resources (i.e., food, clothing, shelter) (Ambert, 1994; Wadsworth, 2010; Williams, 2008).

War trauma has debilitating effects on parents' ability to provide support and care for their children. "War and political conflict disrupts basic parental functions, such as protecting children and enhancing trust, security and human virtue" (Punamaki et al., 1997, p. 718). War trauma and resettlement stress may compromise parents' ability to maintain stability in the home (Almqvist & Broberg, 2003; Adjukovic & Ajdukovic, 1993; Lustig et al., 2004). Abrupt and sudden changes for children (i.e., fleeing one's homeland) can cause high levels of stress, leaving children unable to cope. Parents can assist in maintaining children's psychological adjustment by providing emotional affection and wise disciplining (Punamaki et al., 1997). If refugee parents are not able to provide their children structure and support during these changes, it may affect their children's growth and development.

Cultural bereavement, the loss of attributes from one's homeland (Lustig et al., 2004), can be divisive in refugee parent-child relationships (Eisenbruch, 1991; Lustig et al., 2004). If the host country does not affirm the cultural identity and heritage of refugee parents, then refugee families are at risk of being dismantled. Acculturation differences may result in "acculturative family distancing" or intergenerational transmission of trauma (Renzaho et al., 2011, p. 229). The refugee parent generation becomes disconnected from the younger generation, leaving the younger generation to adopt differing views on language, culture, and customs from their parents and elders (Chambon, 1989; Renzaho &

Vignjevic, 2011). Lin et al.'s (2009) study of Cambodian teenagers found that Cambodian parents did not share their war stories with their children for fear of passing down their trauma; the unintended consequence was that these teenagers felt isolated and disconnected from their parents and did not have a sense of their Cambodian heritage.

Renzaho and Vignjevic (2011) addressed bridging the gap between refugee parents and their children by developing parenting interventions to target specific refugee groups. In their study of sub-Saharan African parents, the parents adopted two views upon completion of the parenting intervention. The parents in the intervention group showed more appropriate expectations and demonstrated more empathy toward their children. However, the same sub-Saharan African control group maintained traditional views from their native country—that children need to submit to parental authority. These Sub-Saharan African parents believed that children should not be regarded as individuals, but as an extension of their family, conflicting with host countries' views that children's needs are to be met before the needs of the family (Renzaho & Vignjevic, 2011).

Other parenting studies emphasized that rearing children in host countries causes distress to the family unit and family solidarity (Ambert, 1994; Atwell et al., 2009; Kamyé 2005; Lewig et al., 2010). Ambert (1994) believes that refugee children become economic liabilities to their refugee parents when they live outside of their collectivistic country and in an industrialized, individualistic country as their role of contributing to the family is transformed to a role of consuming and depleting resources. The host country teaches the refugee children to become less obedient, become more knowledgeable about the host country's rules and values than their parents and to allow peers to have a greater influence than their parents (Lewig et al., 2010).

In refugee studies, parents have stated that language barriers have been a contributing factor in their disconnection from their children (Atwell et al., 2009; Lin et al., 2009; Weine et al., 1994). African refugee parents may feel an extreme loss in relationship with their children when their children do not learn to use their native language (Kamye, 2005). Parents who do not learn the language that is spoken in the resettlement country often feel a sense of isolation from their children, in addition to not being able to establish relationships with people outside their family (Atwell et al., 2009). Atwell et al. (2009) explored parents' experiences of resettlement and parenting. These parents recognized that a language barrier brings conflict to families, as quoted below:

Lacking English potentially restricts parents' understanding of the environment in which their family is living and the social and cultural norms regarding being a parent in Australia. It consequently inhibits their ability to offer effective guidance to their children and can diminish their sense of authority and confidence, leaving them fearful for their children's and their own futures. (p. 684)

Lewig et al. (2010) did a similar study exploring the parenting experiences of African and Middle Eastern refugees living in Australia. These refugee parents' stories highlighted the challenges in understanding the changing roles and expectations of children. Parents stated that the tension between their cultural norms of parenting in their home country and the Australian child welfare system made parents feel unwelcomed and unsupported, as parents are not given information about child rearing practices upon entry into Australia. Chambon's (1989) study of refugee families showed that parents fear losing their child to outside influences, which resulted in parents being more authoritarian and

controlling over their children's lives, specifically when it came to outside activities and having friends from the host country.

Parenting is defined as the rearing, caring, and nurturing of one's children ("Webster's Universal," 2011). The parenting process is disrupted for refugee parents (Ambert, 1994; Chambon, 1989; Punamaki et al., 1997). Refugee parents and children face numerous barriers living in host countries, especially in countries that do not take into account their culture, beliefs, values, and assigned family roles. African refugee families' roles are shaped by collectivistic views. Collectivism shapes the knowledge, exchange of information and promotes decision-making process, which is heavily influenced by the wider family and social network (Ambert, 1994; Renzaho & Vignjevic, 2011). Refugee parents face disconnection to their children due to language barriers, change of roles, and decreased parental influence in instilling culture and heritage in their children (Kamye, 2005; Lin et al., 2009; Williams, 2008). Refugee families face "acculturative family distancing" among different refugee generations (i.e., refugee parents vs. second generation refugee children) as differing values and belief systems are adopted and ways of communicating and relationship bonding are strained (Renzaho et al., 2011). Dyregrov et al.'s (2000) study of refugee families emphasizes that refugee parents want to tell their story to their host country, which they want to let them know that they would not have left if they did not have to. Refugee parents and their children want to tell their stories in order to increase knowledge and understanding of their perspective. Overall, refugee families find it a relief to be given the space and opportunity to voice their experience in a non-threatening way, which can be provided by research based on interviews.

## Resiliency

Refugee families' experience of mass violence varies from developing psychological symptoms to having resiliency and post-traumatic growth (Wadsworth, 2010). Children's resiliency is primarily influenced by their parents, such as, parents showing them calmness and confidence in the midst of a problem and demonstrating problem-solving skills (Walsh, 2007). Williams (2007) defines *resiliency* as "a person's capacity of adapting psychologically, emotionally, and physically reasonably well and without lasting detriment to self, relationships, or personal development in the face of adversity, threat, or challenge" (p. 268).

In Landau's (2007) study of family resilience, she defined *transitional pathways* as, "the psychological sense of connection between past, present, and future" (p. 353), in which "being able to draw on the rituals, strengths, stories, scripts, and themes of past generations helps people reconnect their transitional pathways" (p. 354). Landau (2007) believes that giving a voice to refugee families is an important factor in the healing and therapeutic work. Refugee women are ready to tell their story, from their perspective and not told from the male perspective (Martin, 2004).

Children cope well under the stress of war and experience fewer effects of trauma if they are able to retain a positive attachment to their mother and extended family, and if the parent (i.e., mother) can continue to project a sense of stability, permanence, and competence to their children (Ajdukovic & Ajdukovic, 1993). Individual child resilience, maternal coping, and positive family relationships were found to mitigate the adverse impact that violence has in all domains of children's functioning (Williams, 2007). Children are dependent on their parents in learning how to self-regulate during moments of crisis

(Lustig et al., 2004). Resiliency in refugee children is highly dependent on the mother's own coping skills, as she maintains an image of security, safety, and stability in the home (Williams, 2007).

### **Summary of themes from the literature**

From the context of the literature of refugee research, we understand that African countries have a long history of warfare that continues to affect the lives of African people including their environment, social structures, and their economy. There have been millions of African people who have lost their lives due to war. Women and children are disproportionately victims of war crimes, as gender based violence is common in patriarchal countries where women and children have little to no rights (i.e., East African countries) (Martin, 2004; Mengel et al., 2010; Wadsworth, 2010).

African refugees are among the highest growing population in the United States, yet are the least likely to seek medical and mental health services (Hauck et al., 2012). As a result, African refugees struggle the most with war traumatization from their own country and the re-traumatization of resettlement stressors in their host country (DeJesus, 2011; Hauck et al., 2012; Schweitzer et al., 2006; Weine et al., 2004).

In studying war trauma in the context of African refugees' lives, it is important to understand that trauma is experienced in relationship with others (Alcock, 2003; Ambert 1994). African beliefs and values are embedded in the collectivistic view that an individual is intrinsically bound to the sustenance of his or her family, community and country. Therefore, in learning the effects of trauma on refugee individuals, it is essential to understand trauma through this relational lens. The westernized concept of trauma and the diagnosis of PTSD fails to accurately describe a holistic picture of how trauma is



experienced by African refugees, it fails to define their trauma experiences and how they affect their relationships. Research based on refugee interviews to understand the refugee families' experiences of trauma and resettlement has been found to be effective in understanding the refugee experience. In Dyregrov et al.'s (2000) study, one refugee mother states, "I thought that if I can help with my information, I am willing to do so; although it is painful to talk about all the bad memories which I knew will come up"(p. 418). She expressed a strong solidarity with all refugees around the world and a responsibility in helping others.

There is a lack of research on maternal trauma and how it affects parenting and attachment (Almqvist & Almqvist, 2003; Dybdahl, 2001; Martin, 2004). Studies have shown that refugee children's psychological adjustment, health, and well-being is dependent on the mother's health (Ajdukovic & Ajdukovic, 1993; Almqvist & Almqvist, 2003, Wan & Green, 2009). Positive attachment of children to their mothers have shown that children are able to overcome past trauma experiences, in addition to promoting resiliency and post-traumatic growth (Bowlby, 1988; Ainsworth, Blehar, Waters, & Wall, 1978; Williams, 2007). In studying refugee mothers' lived experiences of trauma and its effects, we are able to address and meet whole families' needs.

There are only a few studies that explore refugee mothers' experiences of trauma and how those experiences affect parenting. Studying and exploring the lived experiences of refugee mothers fills this research gap. Research on parenting from the perspective of the refugee individual or group is still in its infancy (Ambert, 1994). The interconnectedness of trauma, parenting and attachment will fill the gap needed to

understand how to best assist refugee families in the bonding process and healing from past trauma experiences.

The literature review encompasses many themes that affect the refugee family. These themes include the numerous wars that caused millions of casualties and the displacement of African refugees, international and domestic policies that assist in uniting African refugee families, and how refugee trauma has been reinterpreted and renamed to fit the cultural perspective of the refugee group. Other themes in this literature review reflect the positive and negative aspects of the resettlement process. Additionally, refugee research on children shows that effective parenting and the health of the mother are positively correlated with the health of the refugee child.

This study ties together the previously mentioned themes by exploring the fundamental question—how has war trauma affected East African refugees mothers in raising their children? In this study, I hope to understand how experiences of war trauma by exploring refugee mothers' stories, and hope that these stories will be used to help this population.

In conclusion, this study hopes to give voice to the refugee mothers' unheard story in order to gain knowledge of how to assist in rebuilding refugee families. Each refugee family has their own unique needs. It is important therefore to explore the families' *lived experiences* of war, violence, and trauma in order to fully understand what needs the family has. As system thinkers, the mother is the key to both the pain and healing that can happen within a family.

### Chapter 3: Methodology

#### Introduction

This chapter explains the research methodological framework, research questions, data analysis, the sample, and data procedures; as well as addresses the reliability and validity of this study. I have chosen to conduct a qualitative study, using phenomenology, specifically interpretative phenomenological analysis, as the methodological research design. The overall purpose of qualitative research is to uncover in-depth knowledge that comes from participants' perceptions of the world through their words (Creswell, 2007).

Phenomenology is the study of *lived experiences* (Creswell, 2007). As referenced in my literature review, there is little to no information about the war experiences of East African mothers and how it affects parent-child relationships or parenting in general (Almqvist & Broberg, 2003; Dybdahl, 2001; Martin, 2004). This exploratory study of East African mothers' experiences of war trauma and how it affects parent-child relationships coincides with the purpose of phenomenological research, to attempt to locate the *universal essence* of experience, understanding that the individual is the expert on her experiences (Creswell, 2007; Reid, Flowers, & Larkin, 2005). In many African cultures, there is an emphasis of passing down knowledge through storytelling. This oral tradition of storytelling highlights that through personal stories, one is able to understand knowledge gained from one's experiences. A phenomenological research study of East African mothers' stories emphasizes that they are the experts of their own experiences, which is congruent with the African oral tradition of passing down knowledge.

This section gives a general history of phenomenology and the chosen qualitative design for this study. Edmund Husserl, known as the father of phenomenological approach

proclaimed that research should be “going back to the thing themselves” (Creswell, 2007, p. 58). Husserl stated “knowledge must be grounded in contact with the unique characteristics of its subject matter” (Charmaz, McMullen, Josselson, Anderson, & McSpadden, 2011, p. 53). Phenomenology research seeks to explore, describe, and analyze the meaning of individuals’ lived experiences (Creswell, 2007). It is the interpretative study of the human experience (Seamon, 2000). Husserl argued that known knowledge is understood through a person’s experience of the phenomena.

Heidegger, a student of Husserl, added a psychological component to qualitative phenomenological research. When Heidegger coined the term person-in-context, he explained that “people need to be understood on their own terms” (Larkin, Watts, & Clifton, 2006, p. 108). Heidegger further evolved phenomenology into the study of hermeneutics, which is the human understanding, understanding what people say and do, and why. Hermeneutics is to understand what it is like to be that individual, which is to “stand in their shoes” (Pietkiewicz & Smith, 2014, p. 8). He believed that in studying people, we (people) can only be properly understood as a function of our various involvements in the world; that people’s experiences are embedded in the contextual factors of the world; that they are mutually exclusive of one another and cannot be separated.

Heidegger further explained the ‘person-in-context’, *a particular person in a particular context, and the person’s relatedness to the phenomena at hand* means that our subjective worlds are not primarily mental, or ‘hidden inside’, because the very nature of our being is to ‘be there’ out in the world, located and observable in our relatedness to some meaningful context. (Larkin et al., 2006, p. 109, italics in original).

Heidegger adopted a minimal hermeneutic realist approach, as he recognized that certain 'things' exist even if humans have not experienced them (and that these 'things' are real), but that the very question of this separate existence (and hence questions about the nature of their reality) can only arise because we are here to ask the questions (Larkin et al., 2006, p. 107). IPA is often described as double hermeneutic, which is a dual process of exploring the individual's meaning making, in addition to how the researcher interprets the individual's meanings of their world (Pietkiewicz & Smith, 2014). Interpretative phenomenological analysis combines hermeneutics, interpretative, and idiographic traditions (Smith, 2004).

### **Methodological Framework: Interpretative Phenomenological Analysis (IPA)**

IPA, created by Smith (2004), aims to capture and explore the meanings that participants assign to their experiences (Biggerstaff & Thompson, 2008). IPA gives a voice to the participant's stories; it analyzes the psychological processes of the stories of the participants (Smith, 2004). One of the major tenets of IPA is that participants are experts of their own experiences (Reid et al., 2005). In this study, East African mothers are the experts in understanding how trauma affects parent-child relationships and parenting in their own lives. "IPA pursues an idiographic commitment, situating participants in their particular contexts, exploring their personal perspectives, and starting with a detailed examination of each case before moving to more general claims" (Smith, Flowers, & Larkin, 2009, p. 32).

Two main tenets of IPA are "first to understand and give voice to the concerns of participants and second, that the interpretative requirements to contextualize and make sense of these claims and concerns from a psychological perspective" (Larkin et al., 2006, p.

102). Larkin et al.'s (2006) presents in greater detail that the first tenet, called the analytic process (i.e., first order account), is that the researcher focuses on the participants' experiences of a specific event (i.e., war), process or relationships. The experience is understood through the lens of both the participant and the researcher, resulting in a third person, "psychologically informed description which tries to get as 'close' to the participants views as possible" (p. 104). With the second tenet, interpretative analysis (i.e., the second order account), the researcher positions the initial description in relation to a wider social, cultural context. The researcher analyzes the data answering to the questions of "what it means for the participants to have these claims, and to have expressed these feelings and concerns in this particular situation" (Larkin et al., 2006, p. 104).

### **Data Analysis**

For interpretative phenomenological analysis (IPA), the analysis of the data is loosely constructed into two parts, the insider's perspective and the interpretative account. The researcher develops an initial insider's perspective on the topic. The insider's perspective accounts for two parts, the first being the interpretative commentary, which includes the participant's words verbatim. In the second part of the analysis, the interpretative account, the researcher interprets and processes the account of the participants.

There is a balance of the "emic" of the data when the participants' stories are prioritized (insider's perspective), and "etic" of the data when the researcher attempts to make sense of the participants' experiences and concerns, and to illuminate them in a way that answers a particular research question (interpretative account). (Reid et al., 2005, pp. 22-23)

IPA can utilize different levels of interpretations; it has flexible guidelines for analyzing the transcript (Smith, 2004; Smith et al., 2009). The IPA analysis is iterative and concise in that the researcher starts with one participant's transcript and analyzes it thoroughly before moving to the next participant's transcripts in order to gather the major themes of the study. The IPA analysis steps (adopted by Shinebourne & Smith, 2011, p. 285) are as follows:

- (1) The researcher reads the whole transcript numerous times, so that the researcher is familiar with the transcript. While reading the transcript, the researcher writes down notes and comments that appear significant and/or interesting and record these notes separately.
- (2) The researcher returns to the transcript to transform the initial notes into emerging themes or concepts, ensuring that the themes do not lose the connection between the participant's words and the researcher's interpretation.
- (3) The researcher examines the emerging themes and clusters them together organizing them to conceptual similarities and likeness. The clusters are given descriptive labels, which convey the conceptual nature of the themes in each cluster.
- (4) Then the clusters of themes emerge, and the transcript is checked to ensure that the connection with that of the participant's words has been maintained in the clusters.
- (5) This process is repeated for each transcript

- (6) When all participants' transcripts have been analyzed, a master table of themes is produced. During the process of creating the master table of themes, each participant's transcripts are checked to ensure that the participant's words are maintained in the final list of themes.

### **Sample**

Six East African refugee mothers were interviewed for this study. This author used purposive sampling to generate a small group of mothers who have similar experiences of war trauma but have generated different perspectives of how war trauma affects their parenting and parent-child attachment. This author recruited participants from refugee community agencies in Michigan, in addition to contacting leaders in the East African refugee community and religious organizations that sponsor East African refugee families.

The women interviewed for this study are from Rwanda, Somalia, Sudan, and Burundi, which are countries of in the Eastern region of Africa. These African women from these countries have lived through multiple wars/conflicts and have all fled to refugee camps with their children prior to resettling to Michigan.

### **Data Procedures**

Prior to setting up interviews, this author applied for and gained Institutional Review Board (IRB) approval from Antioch University New England. The IRB process reviewed the inclusion/exclusion criteria, addressed risk factors and compensation for participation. This researcher addressed the consent process with all the participants in this study, which entailed that this researcher informed all the participants - the purpose of this study, that participation is completely voluntary, noting that participants can leave any time during the process of the interviews and even afterward, she can ask this researcher



not to include her interview in this study, highlighting that the length of commitment is a 1 to 2 hour interview time and a possibility that the researcher may call to clarify certain parts of the interview. The researcher reported to all six participants that their identities will be protected, and lastly addressed the minimal risk factors involved in contributing to this study. (See Appendix A for informed consent form.)

The inclusion and exclusion criteria consist of what the researcher screened prior to having participants sign the consent form. A phone screening was conducted prior to meeting with the mothers for a scheduled interview in their home. This researcher also gathered demographic information during the phone screening (see Appendix B for screening questions and Appendix C for the demographic questionnaire). The inclusion criteria were that women were from or have lived in the Eastern region of Africa which includes The Democratic Republic of Congo, Rwanda, Kenya, Burundi, and other countries in the Eastern region, the women had to be mothers currently raising their children or have raised children, mothers had to be age 18 years and older, and lastly mothers had to be able to speak and understand English. The exclusion criterion was if the mother presented with an ongoing psychotic illness that interferes with the ability to answer sensitive questions about her trauma experiences. Lastly, another exclusion criterion was that participants who were illiterate in English would not be able to participate in this study. The interview questions and answers were stated in English, as this researcher did not provide translation services.

This author recruited participants with flyers advertising this study, and posted these flyers in community centers and religious institutions where African refugee mothers tend to congregate. The flyers included information about this study, the purpose of this

study, researcher's name and contact information, and also offering a small payment to participants who completed their interview (see Appendix D for the recruitment flyer).

This author conducted six semi-structured interviews in the participant's homes (see Appendix E for the research questions/prompts). Interviews were conducted in the participant's homes to ensure that the participants were in their most comfortable setting. Researcher also informed the participant that minimal distractions were necessary in order for the interviews to be completed successfully. The interviews ranged from 30 minutes to 1.5 hours, and were all conducted in English. The key data sources were East African refugee mothers. All interviews were audiotaped and videotaped. The audiotapes and videotapes were kept in a secure and locked location until they were transcribed. All interviews and audiotapes will be kept for 5 years and then discarded.

### **Reliability and Validity: Credibility and Trustworthiness**

Reliability is measured by increasing the credibility of this study by using a third party reviewer to assist in the analysis of this study. This researcher has utilized her committee chair as a reviewer to check that the transcripts, data analysis, and results are congruent with the data. This researcher has written an audit trail that contains notes and details of the researcher's thoughts, feelings, and emotions during the interview process. Validity is factored in by the trustworthiness of the study. This researcher has followed a protocol of data collection and analysis, reading line by line coding of the transcripts to uncover the 'truth' of the participant's experience.

External validity refers to the generalizability of the findings from this study. An emphasis on the thick description of the six participants' stories, which is a generally small sample studied in a specific setting can have transferability to other population groups (i.e.,

Middle Eastern refugee mothers). The findings from this study should be specific enough that it can be universal to other participants' experiences; for instance, Middle Eastern refugee mothers have experienced a long history of war and displacement. Similar to East African refugee mothers, Middle Eastern refugee mothers from Iraq may come from a communal background, where traumatic events are experienced relationally.

### **Ethical Considerations**

In addressing the topic of ethical considerations in this study, all participants were given an informed consent that outlined the purpose of the study, confidentiality, risks and benefits for contributing to this study, in addition to monetary gift of a \$15 gift card for participation. This study was reviewed by Antioch University Institutional Review Board to ensure that this study abides by standards of research ethics.

This study of East African mothers' stories coincides with a social justice theme. As stated in the literature review, there are few studies that explore the perspective of the refugee mother. To look at the East African mother's stories of war trauma and how it affects parenting explores a marginalized subset of the refugee population. To protect the confidentiality of the participants, this researcher will not refer them by name, but by country of origin. Shaw (2008) notes that every researcher has a responsibility to protect the participants in a study. Due to the subject matter of experiences of war, this researcher repeatedly stated that participation was voluntary and that participants who wished to could withdraw from the interview process at any time. This researcher also highlighted the benefits of sharing one's story and the impact it has on their own health and health of their family, in addition to increasing the knowledge base for how mental health providers in meeting the needs of diverse refugee groups.

## Chapter 4: Results

This chapter will summarize results from this study of East African mothers' experiences of trauma and how those experiences affect parenting and parent-child relationships. Following the interpretative phenomenological analysis methodology, this study explores the *essence* of their experiences of being in war and of parenting in the US. The first section summarizes the participants' demographics—region of birth, marital status, number of children, and how many years resettled in the US. The results from the six interviews are then organized into five major themes and detailed subthemes that compare the similarities and differences among these six refugee mothers' experiences.

### Participants

In this section, to distinguish each mother I have categorized them by their country of origin (i.e., country of birth); I have listed them as follows: Sudanese mother (1), Sudanese mother (2), Somali mother (1), Somali mother (2), Rwandan mother, and Burundi mother. The following is some background information on each mother, obtained at the time of the interview.

Sudanese mother (1) is in her late 20s. She was born in South Sudan and witnessed the Sudanese Civil War. She is married and has one child who is under the age of one. She lives with her husband and their child. She became an orphan at the age one. In 1997, she resettled to the United States at the age 14 with a group of Sudanese orphans, called the "Lost Boys."

Sudanese mother (2) is in her late teens. She was born in South Sudan and escaped Sudan as a young child. She was orphaned at a young age, as a result of the civil conflict in

Sudan. She is married and has one child who is two years old. She lives with her husband and their child. She came to the United States in 2010.

Somali mother (1) is in her early 20s, she is not married and has two children. Both of her children are under the age of five. She became an orphan at the age of five or six. She believes she lost her family during the bombings in Somalia. She resettled in the United States with her children in 2013. The children do not have a relationship with their biological fathers.

Somali mother (2) is in her early 20s. She is married, but her husband lives in Russia. She has one child who is under the age of five. She resettled in the United States in 2013. She is a single mother and lives with her child in the U.S.

Rwandan mother is in her early 50s. She is married and lives with her husband. She has four adult children and four grandchildren. All of her children are adults (18+) and her grandchildren are all minors. She witnessed the Rwandan genocide and was displaced in several refugee camps for over ten years. She resettled with her family to the United States in 2005.

Burundi mother is in her early 30s. She has three children, all under the age of ten. She was born in Burundi. Her family left Burundi due to the Burundi civil conflict and fled to Rwanda. Her family resettled in Rwanda for a couple of years and then encountered the Rwandan Genocide. Her family fled out of Rwanda and lived in a refugee camp in the Democratic Republic of Congo for several years, before resettling to the US in 2007. She is a single mother and her children have a distant relationship with their biological father. The biological father lives in the same city as they do. She lives with her three children in the U.S.

The refugee mothers in this study stated that for each of them, this was their first time talking about their war experiences and the effects it has on parenting. A couple of mothers stated that no one outside their cultural group has ever asked them about their life experiences back in Africa. All the mothers stated that it is important that the refugee mothers' perspective is taken into account when it comes to understanding how war affects families. None of the mothers asked to stop the interview or asked to skip challenging questions. This results section represents their overall experience of war and resettlement. Their stories describe their struggles and their triumphs of escaping out of their countries of origin and resettling in the US with their children.

### **Themes**

Based on the IPA coding process, the following themes emerged from the data. The results from this study are categorized into five major themes- *experiences of war, lasting negative effects of war, resettlement challenges, parenting issues, and resiliency and coping*. Each major theme also has a number of subthemes that describe the major theme. See Table 1 for a summary of the major themes and subthemes.

**Experiences of war.** The first major theme, *experiences of war*, highlights the variety of experiences of having been through war. There are six subthemes that describe these mothers' experiences of war: *naming my experiences, witnessing while escaping, remembered feelings, becoming orphans, separation from family and community, and trauma while displaced*. These mothers were asked, "What do you call or name your experiences of war?" and the multiplicity of responses to this question are found in the first subtheme of *naming my experiences*. The names used in their interview are noteworthy as these women

are the storytellers of their experience, and this question was designed to allow these women define and give a title to their experience through their own words.

From their interviews, these mothers had a diversity of names for their war experience. Sudanese mother (1) stated, “My experiences of war nowadays I call it a *blessing* because I get through all this tough time in war, through the gun shooting, through animals, through everything. I say I’m blessed.” The Rwandan mother stated, “I call it every name, everybody’s name I can! It’s a horrible time. It’s a cruel time. Its...its not a good time at all.” Somali mother (1) stated, “War is an unlucky thing that happened.”

One mother had a really difficult time answering this question, Somali mother (2) said, “It’s something that I do not like to remember and I don’t even have a name for it. I don’t like it. I don’t like to have that memory.”

Another mother, Sudanese mother (2) had a unique lens on what she called her war experiences. She responded,

I call it *bad and good*, because like some people, they have seen something that we have never seen before and we can get a chance (to survive). It’s bad. People die, but we do not like dying and little children dying.

All of the mothers who were interviewed witnessed war violence. Some mothers were able to recall the vivid details of their escape and of seeking refuge; despite their war experiences occurring years prior to their resettlement. The first subtheme, *naming my experience* is a way to give a voice to these mothers’ experiences. In summary, by naming their experience, some of the refugee mothers highlighted the negative experiences, such as witnessing death, losing loved ones, witnessing rapes and beatings, and so forth; while at the same time feeling “blessed” to have survived while others were not able to. Only one

mother stated that “it was bad and good”, she may see that war has given her the opportunity to leave her home country and this made her life more positive compared to if she had stayed in her home country. The names reflect the different orientations these women have toward their experiences, from avoidance to looking for the positive.

The second subtheme is *witnessing while escaping*. This subtheme describes these mothers’ detailed memories of war; their quotes highlight the specific events that they remember while escaping from war. Here are some direct quotes that came from my question, “What parts of the (war) experiences stand out for you?” A summary of their experiences is provided below.

Two mothers were able to flee via vehicles out of their country into refugee camps. Both mothers describe their experiences of fleeing. Somali mother (1) recalled,

I still remember the bombs and everything and people running. Some of them lying down in there, when they... when they were shooting the guns. I still remember that we were many people going with that Donkey. And when the war started everybody has to jump out, out of there, out their vehicle and lie down. And when it stopped we had to get back on the Donkey. I remember a lot of things. I remember blood and something like that. Some people were also slaughtered when we were coming. They catch us in the war, those people they were called Hawere and they slaughtered two men because they refused to do what they were telling them to do and we were there also. They raped all the women that were on that Donkey. I was too little, but the other girls. I remember they were teenagers, like 15 and 16, a lot of people, they were raped there and two men were killed. They were slaughtered. Yeah... I can still remember that.



Burundi mother recalled her escape from the Rwandan war with her parents,

My Mom and Dad, they gave money to that person, so that person can take them (us). The person had a car, so he took us. When we were riding in the car, we saw people die and they were on the ground. We see them when we were driving, we saw people in the water dead, have drowned.

On the other hand, Rwandan mother stated that she felt “lucky” and “blessed” while the war was happening all around them, because her family was able to flee together and stay together throughout the whole escaping process. Her description provides a vivid visualization of the war:

We were so blessed to be in a zone where um...the bullets, the war didn't find us. Yet, so we were, me and my family were able to run away from it. Yeah, so we...um...we are among the very few people who didn't have to hide under bullets or...or see their loved ones killed or have to run (from the soldiers).

This second subtheme *witnessing while escaping* describes how some of these mothers escaped war from their homeland. These stories highlighted how fortunate they were to have escaped, although having witnessed the deaths and killings of their fellow countrymen, women, and children. For example, Rwandan mother describes how she escaped with her children as “having to hide under the bullets.” These mothers are able to give us vivid details of their escape, as if these events happened to them recently even though a couple of the mothers escaped war when they were young, as early as age five or six years old. The *witnessing while escaping* subtheme details these mothers' accounts of observing war violence around them while escaping their home country.

The third subtheme, *remembered feelings*, speaks to these mothers' emotional states during the war. In their interviews, these women talked about how they felt, and what were their thoughts and feelings while fleeing from war. These mothers described feelings of fear, sadness, confusion, and anger towards the war. A shared description of these mother's experiences is provided below:

- "It was scary...sad...it was angry (dragging her words). Um... so many things happened. So many people died and we didn't know what led to all of that. So my experiences varied...depends on the time because the war was long."  
Rwandan mother
- "I have seen what war is, seen a lot of problems, seen a lot of suffering and um...I lost everything." Somali mother (1)
- "When I was young, I experienced a lot of things in the war. So some of them was um... toward my life, some towards my parents, some of them toward my relatives, some of them... like kind of emotional and mentally, and physically and all of that." Sudanese mother (1)
- "Just the thought of war of having to flee your country having to be scared all the time of the enemy. Yeah...those are the bad experiences of the families."  
Rwandan mother

The theme of *remembered feelings* includes these women's description of their mental and emotional state during their experience of fleeing out of their home country. When these mothers remembered their feelings from their war experiences, lots of negative feelings and thoughts came up for them, including fear, anger, and sadness. War was a negative experience for them, their families, and their community.

The fourth subtheme is *becoming orphans*. Three of the six mothers became orphans as a direct result of war. These mothers would most likely have stayed and been raised by their biological parents if the war had not happened in their country. As a result, their story of war experiences and parenting begins as one of becoming an orphan at a young age. In essence, these three refugee mothers' experiences as orphans have influenced their child rearing practices, values, and relationship with their child(ren), as will be seen in later themes.

The three mothers who were orphaned are Sudanese mother (1) and (2), Somali mother (1). Here is a brief background of each mother: Sudanese mother (1) and (2) were orphans at a young age, they fled out of Sudan as children. Due to the civil conflict in Sudan, there was a large population of children who became orphans. These children traveled in large packs looking for refugee camps in neighboring countries. These Sudanese orphans were called the "Lost Boys", as the majority of the orphans were male. Many of the Sudanese female orphans became child brides or servants to the military parties. Sudanese mother (1) and (2) were among the few girls who traveled with the "Lost Boys" to the US as teenagers. Lastly, Somali mother (1) was found by a female stranger when she was five or six years old; she was told by the same stranger that her family house was bombed and all of her family members died in the house.

These quotes illustrate their experiences of being an orphan. A quote from Somali mother (1) states:

I was picked up by a woman. I don't even know her but she saw me outside crying. Our house was bombed and I don't know if my family was inside or they ran away, um... but that lady told me that they passed out inside the house and I was all alone

crying. What she said was that I was outside playing with other kids when that happened. So my father, my mother, all kids that I was the second born and they had five kids. All of them, they were inside that house. Well that is the way that my foster parent told me.

This mother, Somali mother (1) had experienced trauma while living with her foster parents, she describes,

I don't have no family. I lost my family! Yeah, my adopted parents, they were also mistreating me and they were doing everything to me because they know that I don't have nobody else. And so...yeah... when I was a child. I faced a lot of challenges, very hard challenges...

Sudanese mother (1) was raised by her maternal uncle and his wife. She was told that her mother was bitten by a snake, and because the family was unsure if her mother would survive, Sudanese mother (1) was given to her uncle and his wife to raise. Sudanese mother (1) shared in her story about how she found out about her real parents:

So instead of being by my mom, my mom was bite by a snake, so my uncle said I will go with one of your girls to stay with my wife and all of that. So I was one year old. I came with my uncle, which is my mom's brother and his wife. We live in Ethiopia and then when Ethiopia start having a war, I didn't understand what kind of war was going on in Ethiopia, even now.

Sudanese mother (1) later found out who her biological parents were when her uncle registered her as an orphan upon arrival to a refugee camp in Kenya. At that time, she was already a teenager and spent many years thinking that her uncle and his wife were her biological parents. She shared:

I didn't even know, where are my parents? Where's my dad? Where's my mom? Where's everybody? Sisters and brothers and all that so. And I didn't know I was not a child of my uncle. I started calling him uncle since I left the refugee camp. By that time, we were in Ethiopia everywhere I call him my dad. So, after all that my uncle go and register me to be an orphanage child and he come and tell me that how the things are going. I ended up with him. He tell me... here is what happened to your mom and dad. It was too much for them, so I took you away from them and you not my real child, you are my sister's daughter. And it is not that bad to call me dad. You decide it. I don't know where your mom is and I don't know where your dad is.

Lastly, Sudanese mother (2) stated that in order to survive as an orphan, she had to befriend groups of people traveling to safer locations away from the war. She recalled:

What I did to survive is to be a good kid and like be friend with everybody so that is the thing that I can do because like if I be like a bad kid, nobody would like to stay with me and nobody would like, like me to be close with their children, but if I am a good kid, they can allow me to play with their kids.

The fourth subtheme, *becoming orphans* highlights that these mothers' experiences of becoming orphans resulted in similar effects even though their circumstances differed. Their descriptions of these experiences reveal complex feelings of sadness and emptiness. Each mother shared how they became orphans as the direct result of war and how it has affected their lives. Some shared the abuse and trauma they experienced with their foster parents. Some shared that not being raised by their biological parents affected the way

they define family. Each orphan mother had to address unique challenges of being separated from their biological parents.

The fifth subtheme is the *separation from family and community*, which these mothers experienced during war or while escaping out of their home country. Many mothers described that the separation from their extended family members and community was the hardest part to endure. War not only leads to the loss of innocent lives (i.e., mothers, fathers and children), but also separates people from their community. In these interviews, these mothers spoke about their loss of multiple relationships—immediate family members, extended family members, neighbors, community, and country.

The following quotes illustrate the effects of loss of family and community had on these refugee mothers. For example, Sudanese mother (2) said in her interview,

My experience of war was the worst thing I ever seen because like most of us were separated from your parents or your community. You can't be able to see your uncle or aunt, family cannot live together because of the war. Everybody was running in different ways so we can't feel like, the love of the family. So we were living like orphan children everywhere in the world.

Rwandan mother talked about her experience of multiple losses,

Losing my family members, friends, people I know, people that I don't know. Just the thought that people died...um...because not only soldiers were fighting, but so many civilians, people died... There are losses in the family and um... there are separations. People are never, its never going to be the same because we all fled...everywhere so we are separated.

Somali mother (2) shared her feelings of loss, “Although I am only here with no family at all, I always think of my family, though some are left in Somalia and now they are in Kenya, but it still hurts.” Sudanese mother (1) describes the loss of her family,

I never think about going far away from them, even though if I ran away at night time. It was not their fault, it was not my fault or anything. It was the war, whoever was shooting at the time, it was their fault. So, the gun separate me from them (family).

The fifth subtheme, *separation from family and community* describes the losses experienced among this small group of refugee women. All of them shared that the most significant loss is their interpersonal relationships—the loss of parents, the loss of extended family members (i.e., aunts, uncles, cousins), and the loss of friends. These losses caused tremendous amount of heartache, pain, sadness, and anguish. War not only affects the individual, but it also affects interpersonal relationships. These mothers shared that the separation from family and community was challenging for them, both while escaping the war(s) and during the resettlement process.

Lastly, the sixth subtheme of experiences of war shared amongst the refugee mothers is *trauma while displaced*. Many mothers experienced trauma prior to resettling in the United States. Many experienced hunger, violence, separation from family, multiple displacements, and discrimination in the refugee camps. This is a significant subtheme because trauma continues to be experienced throughout their journey- during war, escaping war, living in multiple refugee camps, and during the resettlement process. These mothers’ descriptions of the experiences while displaced are recounted below.

Sudanese mother (1) experienced nine displacements and three separations from her family prior to resettling in the United States as an unaccompanied minor (i.e., she belonged to one of the Lost Boys group). Sudanese mother (1) shared in her story that during her escape (i.e., displacement) out of Ethiopia, she experienced hunger and dehydration. She lost contact with her family and was accepted among a group of refugee women. These women took care of her for a short period of time. She describes an event, where the group went through extreme measures to keep each other alive:

There was a time where we end up with no water, no food. So when it comes to that point, you do not care about food, you just care about water, because that is the number one thing in life you need. A good thing that we have um...what it is called is *adingashabumbula* but in English it is like Kool Aid and it is kind of mixed with salt and its kind of medicine that helps you with um... vomiting and umm... diarrhea and all of that. So, we didn't have no water at all, so we had to pee in a cup and put that thing in the pee and then you drink it to keep you hydrated. Sudanese mother (1)

Three of the mothers described experiencing hardships while living in the refugee camps. These examples are stated below:

- “When I was in the refugee camp. I have seen a lot of challenges and I was praying everyday to God that he takes me to a better life and a better future. Which in the refugee camp there is no, there is, it is like a prison that you cannot get out of there.”  
Somalia mother (1)
- “We fled, people kept dying, people who return... or in the refugees...refugees in the Congo... soldiers followed them there and those refugees were killed there. Some of



them had to flee the camps again and died in the Congo forest. It's a bad experience." Rwandan mother

- "We had these countries that had accepted us, but...the human...what can I put ...the human respect of the refugees...not all of them know what a refugee means. So you will meet people and they will say *Oh*. They will shout *Oh, you a refugee!! You go back to your own country...*so living without a country was the most torturing experience." Rwandan mother
- "I am so happy (to resettle to the US) because my camp is no peace. I did not sleep good. My kids did not eat. We could not find food." Burundi mother

The sixth subtheme, *trauma while displaced*, illustrates these mothers' experiences of trauma during their refugee experience. These refugee mothers' journey out of their countries to seek refuge and safety included encountering hunger, violence, discrimination, and other negative experiences. *Trauma while displaced* represents the complex layers of traumatic experiences for refugee families who flee their countries due to war and civil conflict.

Overall in the major theme of *experiences of war* there are six subthemes: *naming my experience*, *witnessing while escaping*, *remembered feelings*, *becoming orphans*, *separation from family and community*, and *trauma while displaced*. These six subthemes depict each mother's unique experiences and their shared experiences of war. These six subthemes show how East African refugee mothers experienced war and displacement from a biopsychosocial lens. These themes cover the changes in self (i.e., naming one's experiences, feelings related to the events) and the changes in relationship with others (i.e., becoming orphans, loss of familial relationships, remembering the violence that others

were inflicted with). The first major theme, *experiences of war* describe the beginning of these mothers' journey of war, the following major themes speaks to these mothers' experiences after the war and resettling in a new country.

**Lasting negative effects of war.** The first major theme, *experiences of war*, speaks to these refugee mothers' journey out of war and how they survived it. The second major theme, *lasting negative effects of war*, describes the long-term consequences of war for these women. *Lasting negative effects of war* has three subthemes: *trauma symptoms*, *losing identity*, and *negative feelings about their home country*. Many of these mothers were inflicted with daily reminders of war trauma; these symptoms are most likely born from war experiences. This first subtheme is *trauma symptoms*. The *trauma symptoms* subtheme highlights how war trauma symptoms still affect refugee mothers today. In their stories, these mothers spoke about their psychological, emotional, and physical symptoms born from their war experiences.

Several refugee mothers shared how they are suffering from Posttraumatic Stress Disorder (PTSD)-like symptoms, which most likely originated from their war experiences. These mothers started experiencing these symptoms during/after and continue to the present day. These symptoms affect them in many areas of their lives- relationship, parenting, and work/school. During their interviews, some mothers spoke about the challenges they face in communicating their symptoms to healthcare professionals. Their vivid descriptions give us insight into the complexity of how trauma affects these refugee mothers' lives.

Sudanese mother (1) shares in her story, the psychological and emotional symptoms that are most likely born from her experiences of war and trauma. She struggles with

hyper-arousal, avoidance, and other PTSD-like symptoms. Listed below are quotes from her story:

- “It (war) gives you a mind record, like you have a radio or anything that is recording in your mind. Then at nighttime, daytime, and when those things happen um...those are the things that you always experience when there is something wrong going on.”
- “I really do not want to go into it and put my heart into it because some of them always affected my mind.”
- “I feel happy sometime, I feel sad sometime. I feel kind of..., but I have a way handle them.”

Another example, from Somali mother (1), describes her experiences of paranoid and dissociative symptoms. She is seeing a mental health therapist and tries to find support through practicing her religious faith. She tells me, “I don’t know what to do to get out of it. I tried many things. I try to read the Qur’an, which is the book of God and try to forget about all these things, but I can’t.” This quote from her story, describes her challenges in getting to work:

This affected my life because right now. If I am walking on the street, I can’t just walk straight. I always look at the back all the time. I think, maybe somebody is following me. Maybe something will happen to me. Sometimes I can be standing outside waiting for the bus. And I see the bus, I am looking at the bus, the bus is crossing, it is leaving me. After the bus leaves me, then I recognize that I am waiting for the bus and I was looking at the bus leaving me. So there are a lot of things that still affect my life.

Another refugee mother, Somali mother (2) spoke about her physical ailments. This mother spoke about her frustration in not knowing what she is sick with and what she can do to get better. She has visited a number of medical specialists who have not been able to give her a medical diagnosis. Her unknown illness has limited her ability to work, further her education, and even at times be an active parent for her child. Somali mother (1) described her physical and health impairments:

- I have some health issues and my doctors can't tell what I am suffering from. I have seen endocrinologist. I have seen neurologist. It's kind of, my doctor is getting tired and asking/telling me to try another doctor. Maybe, because she doesn't know what I have suffering from. The reality is that I normally pass out. I can't stand for more than 10 – 15 minutes. Sometimes for even five minutes. I normally fall down. I normally have severe headaches. Sometimes I am dizzy. They are scared that anything can happen to me and it can bring a problem to the company (work place). I don't drive.
- The only thing, I believe it has affected my life is sometimes I normally feel pain in my heart because... I could of gone far! I think, there was a time that I wanted to join a Community College, but due to my health I had to stop for a while and say maybe I cannot check both of them because of my memory.
- Sometimes I need to take my son outside to have fun, because I don't drive – this is really tough for me.

The first subtheme, *trauma symptoms*, summarizes the physical, psychological, and spiritual symptoms experienced by these refugee mothers. These symptoms affect these mothers in areas of their home life, education, and employment. For Sudanese mother (1)

and Somali mother (1), their trauma symptoms are compounded by the fact that they were orphans at the time of war. Similarly, Somali mother (2) addresses that her debilitating symptoms remain undiagnosed by medical doctors, due to the complicated nature of when her symptoms flare up. From their stories, we now know that traumatic symptoms from war experiences still affect refugee mothers today, even though their war experiences may have happened five to ten years ago.

The second subtheme is *losing identity*; this subtheme describes feelings of loss experienced before and after the war. Many refugee mothers had to give up everything to survive; this abrupt adjustment leads to feelings of loss, depression, anger, and even resentment (towards others who have caused their pain). Resentment towards others (i.e., home country) will lead us to the last subtheme *negative feelings about their home country*. The *losing identity* subtheme describes these refugee mothers' shared experience of the loss in self-identity, loss in culture, and loss in family/community relationships.

*Loss of identity* is shared among three of the mothers who experienced becoming orphans due to war. For the refugee orphan mothers in this study, their identity is intrinsically tied to their connection to family and community. In essence, these refugee orphan mothers have been mentally, emotionally, and physically displaced from their parents, community, and home country. These quotes highlight their struggles with self-identity.

- "I am lost and I believe it is not all of me. I believe there are also people like me that lost everything and I thank God that I am still alive today and talking to you." Somali mother (1)

- “What I say about it today. I don’t like anybody to go through what I go through before and I would like everybody to feel the love of their parents and stay together with their parents. Like, grow up with your mother and dad instead of being by yourself. Like, you suffer and people don’t understand your feelings.” Sudanese mother (2)
- “I didn’t grow up with my mom and my dad to tell me what to do. And being a girl and not being around your mom is kind of hard.” Sudanese mother (1)
- “I feel bad and terrible because I don’t know my cousin. So I could not tell who is my cousin and who is not my cousin because like before people lived together. You know this neighborhood like, those are your uncles and aunts and those are from your mom’s family side and your dad’s family side, but I miss all of that!” Sudanese mother (2)
- “It’s hard and some people will think that what I say is wrong, but I am not totally wrong. I feel sometime for me and my family relationships, as soon as I find out my mom is alive and my dad is alive - I’m not into them like that much. That, you are tight with your mom and dad, which mean (for me) that I feel that I lost the love of the mother and the dad.” Sudanese mother (1)

Sudanese mother (1) shared in her story that female strangers rescued her were also refugees. These strangers took care of her when she didn’t have any family around. Sudanese mother (1) talks about how she calls these women her mother, because they helped her survive war. She has a strained relationship with her biological mother, which will be addressed in a later theme. In her story, there were a couple of refugee women that fed her and took care of her when she lost contact with her uncle. This relationship bond

helped her survive while being displaced and not having any biological family support. She shares in her experience:

I end up going to somebody, I don't know. A stranger's house, it was an old lady and she was really nice. She cooked for me and did everything for me. And I was in a safe place that is what I thought in my mind because I was feeling it in my heart. If I lost my uncle and why my uncle and everybody I don't have anybody else again (pause) so if I face somebody that is helping me that's my parent at the moment. So, I didn't care. So, I live there for a while. Sudanese mother (1)

Within the same subtheme of *losing identity*, the other refugee mothers also experienced loss of home, community, and country. All of the refugee mothers experienced living in multiple refugee camps before resettling to the United States. These refugee mothers were displaced to and traveled to several refugee camps due to violence, lack of food and water, and refugee policies. These refugee mothers shared in their stories having to be on the move constantly, having to become adaptable to all the stressors of living in displacement, and dealing with the multitude of losses when they fled out of their country. Additional quotes from their stories illustrate this *losing identity* subtheme:

- "We had to lose whatever we had to flee the country. We lost our jobs. We lost our home...I still think the Lord because we are still alive and my person, my family was saved by the war, but we left everything behind and ran and we didn't have a country!" Rwandan mother
- "I end up knowing the language over there. To the point where my mind was not about to go back where I came from because I didn't know who I am going to meet there." Sudanese mother (1)

- “So, we went to live in the camps... it was not safe there... because we heard that we were going to be attacked from those camps. So we fled the camps to another part of the Congo...I had to learn so many cultures because the Congo is the same country, but being a big country, it has so many different cultures, different habits, different food, everything different.” Rwanda mother

The *losing identity* subtheme encompasses the loss of biological parents, loss of relationships with extended family members and community, and loss of country (i.e., land, language, and food). The *losing identity* subtheme is related to the theme of becoming orphans from these three women. All the mothers lost their homes, their extended family members, and their communities. All of these mothers’ stories reflect the many losses endured, but also how they were able to adapt to all the changes (e.g., living in different countries) in order to survive. These women had to learn how to adopt different cultures, languages, and traditions in order to live in these countries that deemed them outsiders. Although these mothers and their children were able to escape, it came with a multitude of sacrifices and losses (i.e., of parents, extended family, home, culture, and language).

The last subtheme is *negative feelings about their home country*, which describes the mothers and their children’s war experiences that lead to having feelings towards their home country. Within these refugee mothers’ stories, they speak of having witnessed the atrocities of war. For example, losing their home, losing loved ones, losing their occupation, having to find safety in other countries, and starting all over again. These mothers shared their feelings of anger, sadness, and hurt towards their native (home) country. Many stated in their interviews that the war in their country was unnecessary, that the losses were too great for what the war was fighting for. These mothers share a



common belief about war and how war negatively impacts their views about going back to their home countries.

The following excerpts are from Rwandan mother's story of how her family's experiences of war affect how they feel about Rwanda today. Rwandan mother and her family survived the Rwandan genocide. Then they moved around for approximately 10 years to multiple refugee camps all over Africa, prior to resettling to the United States. She shares in her story, that these events have a profound influence on her views and her children's views about Rwanda. She states, "War will never end because there are people and people fight. There will always be conflicts!" She also spoke about how her children's experiences of war influenced their decision not to return to Rwanda. She stated, "Even though they have been away from their country...um... they really are not interested in Rwanda because they think those are bad people. There will be war always."

Burundi mother shared the same sentiment in her interview, she states, "In my country there is no peace."

Sudanese mother (2) felt ostracized by her community in Sudan. She believes that she will be mistreated because her biological parents did not raise her and that she currently lives outside of Sudan. She believes that her community will be distrustful of her; she states in her interview,

When you grow up in the other country or in the other side of the world, even those they are your family. Even if you say something they think you now are addicted to some people's life, lifestyle. They do not think I am typical, let's say Dinka. They do not think that I am typical Dinka, they might think adapted other people's culture.

Sudanese mother (2)

Somali mother (1) when asked “What have been your experiences in the US?” she compared her life in the US to the life she lived in Somalia, she drew a description of Somalia as a country of war and the US as a land of opportunity:

Here, it is totally different than a refugee camp. Here you can get a job. It’s a freedom country. There is no war. There is no gun shooting. You don’t hear those kinds of stuff. And there is food, there is water, there is no problem here.

Sudanese mother (1) shared in her story that she spent her childhood and teenage years escaping wars and living in several refugee camps. And then at the age of 15 was brought to the US as a teenage orphan. She shares that it would be hard for her to go back to Sudan because she has lost so much time there fleeing from war and moving from camp to camp. She believes that coming the US is a fresh start for her and for her family.

The last subtheme, *negative feelings about their home country*, describes how these refugee mothers and their children feel about their home country. These families’ last memory of their country is of violence and trauma. This subtheme *negative feelings about their home country* addresses how refugee families’ experiences of war and displacement negatively influences their perception of their home country.

Overall, within the second major theme of *lasting negative effects of war*, there are three subthemes: *trauma symptoms*, *losing identity*, and *negative feelings about their home country*. The *lasting negative effects of war* describe the aftermath of war for these women and their families. Refugee mothers and their children are clearly negatively affected by war, similarly they are also affected by the long-term consequences of surviving war. Their experiences after war are highlighted in having psychological and physical challenges that are presently causing challenges for these mothers and also in having an accurate diagnosis

from their doctors. These physical effects impede on some mother's ability to work and attain higher education. Families had to learn how to adapt to living in array of refugee camps that were ill equipped for families, leaving memories of severe hardship and despair. Finally, all the mothers shared in their stories experienced multiple losses due to war—the loss of extended family members and friends, home, language, culture, and country.

The first two major themes *experiences of war* and *lasting negative effects of war* captures the overall experience(s) of war from the perspective of refugee mothers and how it affects their families today. The next two major themes will describe their experiences of resettlement and parenting. The last major theme, *resiliency and coping*, explores these refugee mothers' stories of faith and resiliency.

**Resettlement challenges.** The third major theme is *resettlement challenges*. This major theme encompasses the challenges these mothers' faced during their multiple displacements in the refugee camps and also during their resettlement process. There are three subthemes in this section—*experience of discrimination, racism, and othering; abuse and trauma in resettlement; and starting all over again*. The *resettlement challenges* theme addresses the issues that these mothers faced that has influenced their experience of war and parenting their children in the US.

The first subtheme is *experiences of discrimination, racism, and othering*. A few mothers shared in their story that living in the refugee camps was extremely challenging for them and their families. Some mothers shared that their families were discriminated against because of their refugee status. Rwandan mother shares her experiences of being mistreated while living in the camps:

Getting refugee papers was so hard and even after you get them. You are still a refugee, you don't live in your own country. Whatever you try to do, even if you try to do business or get a job, you find something every time, something reminding you that this is not your country. And that is the sad thing because your children who be in school and be they will try to get into sports or any other competitive things and they will be reminded that, 'No, you are not a citizen here. You are not going to get it. You are not going to get in.' Yeah, it was hard.

Somali mother (1) describes why she is not close to her co-workers. She describes herself as being different from her American co-workers, that her co-workers have not experienced being a refugee and having to escape from their country because of war. Because of their differences, she does not want to try to be close to them and believes that her perspective will not be heard or understood. Somali mother (1) describes an experience of *othering*, which is the feeling of being different than the community you reside it, or feeling like you don't belong. She stated:

I know that people here, have not experienced such things. They will never understand like, like I mean people like us, that have been in war. They haven't been in such things. So, its hard for them to understand us. Like, sometimes in the workplace, I just feel like crying and those kind of things. They will be asking you, 'why are you crying'. They will never understand. What and how we are feeling. And that is what I can say...that people will never understand what we are feeling.

Somali mother (1)

Sudanese mother (2) believes that the Sudanese community living in Sudan would not trust her, because she does not live in Sudan anymore. She feels that they would treat

her and her family differently; she believes that living in the US has changed their view of her Sudanese character, values, and beliefs. This quote stated below was also used in the second major theme, *lasting negative effects of war*, within the subtheme of *negative feelings about their home country*. This excerpt describes Sudanese mother (2) feeling discriminated against by her native country of Sudan, at the same time having negative feelings toward Sudan. She states in her interview,

Because I am far away from my family. They think like, when you grow up in another country or on the other side of the world – the world cannot know you, people cannot trust you, even those who are your family. Even if you say something they think you know...are addicted to some people's life, lifestyle. They do not think I am a typical, let's say Dinka. They do not think that I am typical Dinka, they think I adopted other people's culture. Sudanese mother (2)

*Experiences of discrimination, racism, and othering* speaks to these refugee mothers' and their children's experiences while displaced and after they have resettled in the US. Their stories speak to the layers of trauma and abuse experienced in the refugee camps, the workplace in the US, and within their own communities living back in their home countries. These mothers shared in their experiences that war was difficult to endure and to have survived it was tough. To continue to encounter additional challenges and barriers while displaced made their experiences at times unbearable.

The second subtheme is *abuse and trauma in resettlement*. This subtheme describes these mothers' experiences of abuse and trauma while displaced and during their resettlement processes. The mothers who were orphaned at a young age spoke about their traumatic experiences with their caretakers, while other mothers shared about their

negative experiences of living in the refugee camps. For example, some of the camps did not have adequate amounts of food or water for all the families residing in them, and this led to families having to face hunger and dehydration. There were also no protection measures for women and children; these mothers spoke about the violence they witnessed and how living in these conditions caused their families to live in a hyper-vigilant state.

Two out of the three orphan mothers spoke about their experiences of trauma and abuse by their adoptive parents and/or foster parent/foster group homes. These orphan mothers' described their experiences of being mistreated by the people who were supposed to help them. Although, Sudanese mother (1) and Somalia mother (1) have distinct stories, they have a shared experience of abuse by their caretaker(s) which has been an additional stressor for them during their resettlement process.

Somali mother (1) shared in her story that she was found by her adoptive mother when she was a child. She lost contact with all of her family members, whom she believed were killed in a house bombing in Somalia. She reported that her adoptive mother and father were extremely abusive to her. She stated that her adoptive parents knew they could get away with abusing her because she did not have any family members around to protect her.

Sudanese mother (1) shared in her story that she had a difficult transition coming to the United States as an orphan. She was brought in by a refugee agency that did not place her with appropriate foster parents. She moved from foster family to foster family, until the agency decided to place her in a foster group home. She was moved around a lot in different foster group homes because of her gender or due to overcapacity of occupants in small apartments. Overall, she experienced challenges with the refugee agency and with

the group leaders in the foster group homes. Finally after several living transitions, she requested to live on her own and pay her own way without the assistance of the agency.

Here is her account of living as a refugee orphan in the US:

- “When I was a teenager, it was a tough time for me and it was a tough time for whomever it was behind me to be a parent. When we came here, it was kind of ‘We don’t care what (refugee agency) told us. Who are they?’ We say ‘who are you? You are not my mom, you are not my dad...why are they telling us to do this and do that’.”
- “I came here age 15. I was in the foster care home for 2 weeks and whatever happened in the foster care home, I don’t even know, not even right now. I moved to different foster care homes and then it didn’t work out. To the point that I step in and that it was not my fault.”
- “I was at a foster group home with other boys and then they found out that I was a girl. So, I could not remain at home with the boys. Those boys, they didn’t end up being in that house. Then, there was a leader of our group because we came in one form. It was the four of us. The leader ended up being a bad leader. I end up moving to another foster care group home. There it was two bedroom, there were like six of us. They say you cannot be here anymore.”
- “Then I went and told them find me an apartment and I will work and pay my own rent and all of this.”

Other refugee mothers experienced trauma and abuse while living in the refugee camps waiting for a host country to sponsor them. Somali mother (1) and Burundi mother reported that there was not enough food for refugee families. The camps mistreated the

refugee women and children. Somali mother (1) stated, “in the refugee camp, there is no, there is...it is like a prison that you cannot get out of there.” Burundi mother shared in her interview that refugees were killed in the camps; she remembers hearing people getting shot close by her quarters. Rwandan mother reported that her family was discriminated against, they were not allowed to be successful or start their own business and her children were not allowed to enroll in afterschool activities.

The *abuse and trauma in resettlement* subtheme describes these mothers’ traumatic experiences after the war. In summary, these mothers’ stories reveal a continued experience of trauma, abuse and violence during displacement and the resettlement process. These mothers shared their experience of feeling discriminated against living in the refugee camps and also while resettling in the US. Some encountered challenges and abuse within their new families (foster families) who were supposed to help them.

The last subtheme is *starting all over again*. All of these mothers described having to start all over again while displaced from their home country and during the resettlement process. Rwandan mother and her husband were professionals back in Rwanda; she was a teacher and her husband was a bank manager. Since they left Rwanda, Rwandan mother and her husband have not been able to work in their professions.

Sudanese mother (1) experienced nine displacements, and within the nine displacements there were three times that she lost total contact with all of her family members. An example of the constant transition and starting all over again is best described in Rwandan mother’s account:

- “We fled from Rwanda to Congo, we lived in a small Bakuvu for...resettled in camps.

So we went to live in camps...and found it was not safe there. So...we heard that we



were going to get attacked from those camps, so we fled from the camps to other parts...We had to move many times.”

- “I had to learn so many cultures because the Congo is the same country, but being a big country they have so many different cultures, different habits, different food, everything different and then we lives in Zambia. From Zambia, we came here (United States). Everything you think you are teaching your children, it cannot be consistent because you are always changing and moving.”

The *starting all over again* subtheme speaks to the changes and adaptations that these families endured in order to survive war. All refugee families are affected by war; they have all experienced having to start all over again. These mothers shared in their story that they had to endure many different changes in order to survive their living situation, especially when living in countries that discriminate against people with refugee status.

Overall, within the major theme of *resettlement challenges*, there are three subthemes: *experiences of discrimination, racism, and othering; abuse and trauma in resettlement; and starting all over again*. This section highlights the challenges, barriers, and issues that these mothers faced while displaced in refugee camps and during their resettlement process. These refugee families continue to face multiple struggles- experiencing trauma, violence, and abuse by others. Their stories highlight the challenges that refugee families continue to face as their learn to adapt to the multiple changes in their life with living in the camps to adjusting to resettling to the US.

**Parenting issues.** *Parenting issues* is the fourth major theme in this study. This parenting theme draws attention to the issues that refugee mothers face in rearing their

children while displaced and during the resettlement process. Their descriptive stories give us insight into their experiences of parenting and the issues that they face in parenting their children outside of their home country. There are four subthemes in this section: *protecting children from war, learning how to parent without a network, passing on culture to their children, and challenges in US culture.*

The first subtheme is *protecting children from war* and describes how some mothers felt a need to withhold and/or protect their children from knowing the mothers' experiences of war. For the most part, this meant that some of the refugee mothers do not share information about their war experiences with their children. One mother said in her interview that she and her husband do not talk about their past in front of their son. She believes that these stories will allow a negative spiritual element to come into their home that could potentially hurt their son. The following quotes describe how these mothers withhold or not share information about their war experiences to their children.

For example, Sudanese mother (1) does not talk about her war experiences around her son. She explains in her story,

My personality cannot be in my son's life. They all are kept in a locked box, that is what I do. Even me and my husband, we talk about life back home. He (her son) is 11 months old, he can listen. If I feel emotional, I cry and if my husband feels emotional, we can have an argument about what is going on in all of this, it's a spirit, it can go on. You know, like, seeing us emotional is not good. So I keep those things away. Sudanese mother (1)

In *protecting children from war*, Somali mother (1) believes that she is different than her children because she was an orphan at a young age and has been through war and

abuse. In her own words, she had lost her innocence a long time ago, while her children still have their innocence, because they have not had the life that she lived through. Somali (1) mother believes there is a vast difference in her reaction to problems compared to her children's reaction to problems. She shares in her interview that when her children cry when faced with *small* problems, she does not react to such small problems as they do. For her having experienced war and trauma from her adoptive parents, she does not let small problems affect her. At the same time, she wishes that her children will live a happy life that is completely different than the life she had experienced as a child. A quote from her story:

*Me – How have your experiences affected how your children relate to you?*

Somali (1) – There is a change. They (her children) have not seen anything. There are, you know, are so innocent! I guess when I was six years old, I was still little, but I understood everything. I don't try to cry just for such small reasons, but when you know have not seen war or something like that and all of your life you just live happily.

Somali mother (2) explains a need for her son to have the "best" life", despite the challenges she faces with her health condition. Somali mother (2) said in her story,

That is when I normally feel bad, but I try my best. Even though I feel low sometimes. I always meet his needs because I don't want him to go through whatever I went through, even for him to feel the pain for even a second of his life. I want him to have the best life that is why I'm trying my best.

On the other hand, Rwandan mother shared in her story that her children have witnessed war. She believes that the war has affected her children's state of mind. Much

like her own war experiences, her children escaped out of Rwanda, survived multiple displacements (i.e., refugee camps), experienced discrimination in other countries, and resettled in the United States after years of unrest and instability. She shares in her story that she feels she was not able to protect her children from war completely. They have first-hand account of what war is, and her children witnessed violence against civilians, experienced hunger and starvation, and experienced discrimination in countries that labeled them as second-class citizens. She recalls these events in her story, of how her children were affected by war:

My first-born was ten, when it happened, so she could understand some things. The youngest was four, so talking to them, explaining things. They will never understand some of it as an adult would, but some things they understood. We explained that we had to flee, we have to move because ... we are not safe. They understood because they were seeing other people fleeing. Rwandan mother  
Rwandan mother explained that her children were affected by war in a number of ways, as much as she tried to protect them, they have their own beliefs about war and about their home country, Rwanda.

She states, "My children were so little, they were still young, but they still remember some...some things from the war. We never been apart in our house or they didn't see bodies or people being killed at all on their side, but they still experienced this bad state of war."

Overall, some of the refugee mothers talked about how important it is that they protect their children from war. Only one mother shared in her interview that her children had direct experience of war. The majority of the mothers talked about not sharing their

stories about their war experiences with their children believing that it would affect them.

Here are some additional examples from the mothers' interviews that highlight their beliefs that children are affected by their mother's stories about war,

- "I am not responding my child with all of everything that I had – the bad stuff of war and from my life in the United States and all this." Sudanese mother (1)
- "So I will not take whatever in the past that I had before to come and put it on my child's life. No!" Sudanese mother (1)

*Protecting children from war* represents the complexity of these mothers' beliefs about how their children can be affected by hearing about their war experiences. These mothers shared that they do not share information about their war experiences to their children as a way to protect them. Some believe that it was cause harm to their children, others spoke about children hearing about trauma and abuse can take away their innocence. These mothers are sensitive to what their children hear and do not hear about their experiences of war and trauma. All the mothers agreed that children are affected by their mothers' stories of war.

The second subtheme, *learning how to parent without a network*, is about these mothers' experiences of parenting without supports. This is in contrast to the childrearing practices in Africa, where community support is prevalent for most first-time mothers. The *learning how to parent without a network* subtheme explores these mothers' experiences of raising children without the support of family and community network.

Some of these mothers spoke about becoming new parents and not having the guidance of their own parents. This has led to a loss of tradition, culture, and values. Both Sudanese mother (1) and (2) shared in their story, that traditionally, great grandparents

and grandparents raise the newborn child for a certain amount of time, until the parents are ready to raise them on their own. This is how their cultural and family traditions and customs are passed down through the generations (Ambert, 1994). Extended family members assisted in buffering parent-child communication difficulties, without this support refugee parents and children have a hard time negotiating family conflict (Renzaho et al., 2011).

This subtheme, *learning how to parent without a network* has overlaps in two other subthemes. One within this major theme, *parenting issues*, this subtheme is connected to the third subtheme, *passing on culture to their children*. In addition, the other subtheme that it overlaps with is the *losing identity* subtheme stated earlier in the second major theme, *lasting negative effects of war*. The *learning how to parent without a network* is not having support in passing down values, beliefs, culture, and tradition to your child. Not having support from family and community makes it difficult for refugee parents to maintain their native culture and traditions while rearing their children in a foreign country (Atwell et al., 2009; Renzaho et al., 2011).

Sudanese mother (2) shared in her story that when a new mother has a newborn baby, the childrearing tasks are primarily assigned to the eldest family member(s). She shares in her story when her son was born this tradition was lost. Her son did not have his great grandparents and grandparents there, at the time of his birth to the first years of his life, to teach him the Sudanese cultural practices of their family. As a result, she believes that she is an inadequate parent because her son was not given the opportunity to be taught by his elders at an early age. Sudanese mother (2) shares in her story:

If we were back in Africa, the only time my son could have been staying with his parent, no... grandparent's house. I could not stay with him until he grew up. Now I have to teach my child, my own views. How I want him to be. Something is missing for him because I'm not adult enough to know everything, that's all my experiences.

Sudanese mother (1) shared a similar story; she experienced the loss of family support during the birth of her son. In her interview, she stated that her C-section delivery was difficult because she did not have any support from her family and her husband was not available because he had to work. She had to recuperate from her C-section and take care of a newborn baby without any support. She shared in her interview that if she had her son in Sudan, she would have had support from her family.

Right now, being a parent now on my own its affecting my life because in my own culture if you are a girl in your house and you have your first child, you have to be in your mother's hand and your dad's hand. And all of your family has to be around you, so they can take care of your child. Then you can release your stress and then you can sleep good at night and then the baby will not be crying. Your mom will be the one taking care of your child and all of that. That was affecting my life, especially in the beginning when I had my son and I have a C-section. Sudanese mother (1)

Two mothers from this study, Burundi mother and Somali mother (2) spoke about the lack of support from the refugee community in the US. These mothers' experienced an individualistic culture while living in the US, even among their own refugee community. One mother reported that she had to pay money to a fellow refugee mother for her to look after her children while she goes to work. Burundi mother and Somali mother (2) shared

in their interview the difference of community support in their home country compared to the support they receive from refugees living amongst them in the US.

- “Africa, every person is helping the kids. They say ‘Bring the kids, I can help you?’ If you go to church. For instance, he say ‘I need kids, I want kids.’ He will watch them while I attend church. Right here, in America, everything is not easy. Payment. They want payment. Pay! Pay! Pay! You see this week, I go to work. My mom, she goes to another state.” Burundi mother
- “There is no community here. Somalia people are not very much. They live here most of them, we are like maybe 30 families, something like that, but there is no community. Everybody just lives individual, if there is something big that’s when they have meet and think about what they can do, but there is no community in [the town where I live].” Somali mother (2)

Many mothers talked about not receiving support from their own parents or struggling because their parents weren’t available. Somali mother (1) talked about her emotional struggles as a new mother without her parent’s guidance. She stated that seeing her children cry makes her remember what it was like for her not to have her own mother around. She states, “When they are crying, I remember when I was alone crying and there was no mother for me. So for me, I feel so much pain for their crying. I don’t want them to cry.”

One mother, Sudanese mother (2) talked about her feelings of inadequacy in learning how to raise her children the appropriate way. She shared in her story that not having her parents there to physically guide her in raising her son has made her feel like a “bad” parent, that her son has “missed out” on their Sudanese culture. Listed below are



quotes from Sudanese mother (2) about being a new mother and not having her parent's support.

- *Me – “How has it (war experiences) affected your parenting and parenting style?”*

Sudanese mother (2) answered - “I don't have my parents, my dad died, so it was only my mom. I have not stayed with my mom, so I cannot know what my parents did. You know, I am like a whole new woman [i.e., mother]. I can take care of my kid. I cannot take care of my kid the way my mom take care of a kid, so that affected me.”

- “Um...before I was kind of not close to my mom and I know my dad was not there, I was living with different people. What they have taught me is different from what my parents would have teach me. So, but when I came here and become a mother, I'm learning starting from one, two, three. You know, like if you don't know A, B, C, D... you have to start from A, B, C, D, to learn it. So, I am trying to learn now as much as I can.”

Sudanese mother (1) shared in her experience as a new mother in the United States that she is different than American parents raising their children. She does not have the support that American families have; she is out on her own without any assistance from her family. She stated that her experiences have affected her relationship with her own biological parents, but they did not affect her relationship with her son. She plans to provide for her son, in ways that she was not provided for as a child and as a first-time mother. She shares in her story,

- “When I see American kids that are really close to their mother and their father. I see that they are too tight, but for me, I am not that tight. I lost it on my way through all the situation.”
- “In America, I see it so many histories that your great grandma, your grandpa, your parents and all of this. They are behind you helping you financially, lifestyle, and all of those kids of stuff when you are in high school, middle school, and all of this. You have an (bank) account already. Me, myself, I did not have an account and I am trying to create that so my son, my own children they cannot go through financial problem that I am going right now.”

*Learning how to parent without a network* speaks to these mothers’ experiences of not having parental or community support in rearing their children. Some of the mothers talked about how it has affected them, their children, and their beliefs about their quality of parenting. Some mothers talked about how it has changed their relationship with their own biological parents, who live back in their home country.

The third subtheme, *passing on culture to children*, describes how these mothers passed down their culture, belief, values, and language to their children. This section highlights these mothers’ parenting accounts of how they passed on their culture to their children.

Language is a significant indicator of how well these mothers maintain their cultural identity through the resettlement process. All of the refugee mothers interviewed are fluent in their native language and all of their children were taught to speak their mother’s native language. These mothers shared their beliefs about how important it is for their

children to be fluent in their native language and also the repercussions there are if their children were not able to speak their native language.

- “I thank the Lord for...we didn’t lose our language. I can still talk to my children in my own language, our mother tongue. We kept our language. It was hard because we had to learn other languages, but we kept our language.” Rwandan mother
- “Let’s try to teach them our language because they go back there, they have to speak the language because if they don’t speak the language – We look stupid! People will say – *why didn’t teach your child your language?* We have to try no matter what.” Sudanese mother (2)
- “I can teach him my culture, teach him my language at the same time he can learn more from outside in the American culture. I don’t have to teach him that. I believe that it is not a big issue for me. Yeah, it depends on the parent, I want to teach him my language and tell him more about my culture and my family, my parents, my country... by the time he is big enough – he can know more before he goes over there.” Somali mother (1)

Rwandan mother spoke about her cultural belief that parents need to be involved in their children’s decision-making process about their lives. For example, parents need to give their input on their children’s decisions about school, work, and marriage. She shared in her interview:

Respect, even decision-making, like decisions in my country, in my culture, even about getting married. You need approval of the parents. Getting anything, anything in life, you need approval because if you don’t, you don’t get the blessing from parents, you think you are not going to get blessed! Rwandan mother

She later shared that the culture shock was not too severe for her family:

It did not penetrate into my family too much, even though it always has to, you know, you have to struggle with some differences. We don't do this in my country, we do this here, but it was...it was not bad. It was not bad, because my children kept their values and teachings of us. Rwandan mother

Some mothers shared in their interview about waiting to tell their children when they are older about the mothers' experiences of life back home (i.e., war experiences, displacement). Both Sudanese mothers shared a need to have their children identify as both Sudanese and American. Both mothers shared in their story that they want their children to have the best of both cultures because their children belonged to both Sudan and the United States.

- "Right now, my child is not to the point that I have to sit with him and discuss things because he cannot talk. He is still little. So later on, that is what I am going to give you the experience I put, because I save my stuff that I will have with him."

Sudanese mother (1)

- "I'm not a good mother and I'm not a bad mother, but how life is like for all refugee mother's what they could do to their kid is just like – We don't have to come with the mind we bring it from the foreign country. We have to learn and value the new culture that we came to and how the culture we had. We have to value them."

Sudanese mother (2)

- "Later on I have to be honest with my child and my child has to be honest with me. I don't have to raise my child as a refugee anymore. I have to raise him as a citizen of United States of America. So, sit him down, be honest, tell him a little bit about my

culture, a little bit about American (culture), and all of this and say here is the race. We survive, me and your dad. We are American. We are Sudanese or we are African. So this is not affecting anything, we just live it as a life. As life goes on, honesty I put in my life to be in a relationship with my own children.” Sudanese mother (1)

*Passing on culture to children* is one of the most important roles that these mothers shared in their interview. These mothers shared in their stories the importance of teaching their children their mother’s native language. These mothers shared that they want to be involved in their children’s lives, especially in their children’s decision-making process about their future. Most importantly, some mothers shared a need that their children are able to identify with their native culture and also feel that they belong to the Western culture. *Passing on culture to children* speaks to these mothers rearing their children to have the knowledge and practices of their native culture, even though they live in the US.

Most importantly, these mothers believe that the fault lies with them in not teaching their (native) culture to their children. However, the next subtheme speaks to the challenges of these East African refugee mothers in raising their children in the US. There is enormous amount of pressure for refugee children to assimilate to the majority culture, in this case, western culture. There is a clear message that children need to adopt the majority cultures’ values and beliefs. The next section addresses the challenges for refugee mothers in parenting their children in the US.

The last subtheme is *challenges with US culture*, and explores the difficulties these mothers have in rearing their children in the US. In this subtheme, all the mothers interviewed have experienced difficulties in areas of parent-child (power) dynamics,

enforcing discipline, and also US culture influencing their children's beliefs about individualism versus collectivism.

This section describes these mothers' challenges in raising their children in the US. For example, Sudanese mother (2) expressed having to negotiate balancing her own culture with US culture, and seeing the negative effects that US culture has on African refugee children. A couple of the mothers shared in their interviews the difference between East African parenting values and American parenting values.

The topic of discipline was discussed at length in the interviews with all the mothers. Parents' use of physical discipline on their children is a difficult subject to address in the US and other resettlement countries (Renzaho et al., 2011; Renzaho & Vignjevic, 2011). In the case for refugee parents who have newly resettled in the US, there are so many messages to raise your children the Westernized way.

The mothers shared in their stories that physical discipline is used as a way to teach children limits and not to be used as abuse. An African refugee mother may use physical discipline as a way to exert her control over her children. She may see it as a way to protect her children and teach them right from wrong. In America, using physical discipline on children is discouraged; therefore these mothers are challenged to find other alternatives to parent their children that might not be conducive to their culture.

The interview of Sudanese mother (2) describes the mismatch between Sudanese and American parenting style of using discipline. She explains how American people may disagree with the African parenting style of using physical discipline. Americans may see refugee parents in a bad light because of that, but she feels that Americans need to be more understanding of how other cultures raise their children. She states,

America, they see this is how people survive in Africa and this is what they do to their kid. It's really hard for us to kill our kid. It's really hard. We have gone through difficult bad things and all of that, we want our kid. Until they grow up, or when they turn 18, but at this level, we have to help them, so they can know what they are doing. Sudanese mother (2)

Many of the mothers spoke about their perception of the US law interfering with parent's rights to rear their child from their own cultural practices. The next set of quotes represents how the mothers feel a loss of control in parenting their children.

- "The problem is the influence on the children see and want to do, what they see their friends do, and peer pressure. The problem in America is the peer pressure. Children want to do what other children do. And it affects them... the parents. Also the rules...how can I put...the law...the law in America, some of the laws don't match with parenting." Rwandan mother
- "When you are back in Africa, which is home, the kids they, they do not fight each other. You discipline them. Here, I heard that you cannot discipline your child. Like, they are going to take your kids away. So, you whatever they do you let them do, you cannot control their lives. You can't tell them not to do that, that is bad." Somali mother (1)

This perception of children having more authority over their lives than their parents leads to many challenges for refugee mothers. These mothers share that they feel challenged with the larger systems (i.e., police, legal authorities, school) that have influence on the way they raise their children in the US. For the mothers in this study, they believe that the act of discipline is about the parent(s) setting limits for the child(ren). These

mothers express their fear of having their children taken away from them by the police, school, or Child Protective Services (CPS) because of their parenting practices (i.e., using discipline). Here are examples from this study that highlight these mother's beliefs about US authority taking away their children.

- “In African parenting, because when I have a child I need to be able to discipline my child the way that I feel like I am disciplining my child if it is my culture. It is my culture I grew up in this culture. My parents grew up in this culture. And the way that I grew up I don't feel like I was abused, but if I try to raise my child the way I was raised. I'll be – my child will be taken away, they will think that I was abusing my children, but it is not the case. There is some conflict with the law and the culture.” Rwandan mother
- “You know, my kid, I would be like afraid for them to do something bad, terrible because everything here (US) has a record. You know, if your kid beat a child in school, they call you on the phone and that will be on your child's record and all that. Back in Africa, you don't worry about what the kid do because you can discipline them and nobody would hurt you, but here they follow you around wherever you do to your child, you put yourself in trouble.” Sudanese mother (2)
- “In America, everything is abuse and that lead to parents just being... well...I'm not going to be reported. They are going to take away my child, so he can do anything he wants and that is difficult. I have seen my fellow parents going through that...um...actually my children were a little older when we came that. Some of them have young children struggle.” Rwandan mother



- “Me, it’s hard to raise my child and teach them two cultures is really hard. They don’t understand and some kid, sometime they may say I don’t know what you are teaching me. You know, they go to school and their teacher may teach them something different. When they come home and you try to tell them something and they don’t listen to you. They are confused. They think here everybody got freedom, so they don’t have nothing to do with your culture.” Sudanese mother (2)  
Rwandan mother shared in her story that, although America teaches individualism to children, her own children follow their African tradition of respecting and honoring her and her husband by including them in their decision-making process. Here she explains how her children have maintained the family’s cultural tradition while living in the United States. This quote is also shared in the *passing on culture to their children* subtheme in the same major theme of *parenting issues*.

Respect even decision-making, like decision in my country, in my culture even getting married...you need approval of the parent. Um...getting anything...anything in life, you need...you need approval because if you don’t get the blessing from parents, you think you are not going to get blessed! Whatever you do, you are not going to succeed. Here the education, the culture here is straight to say ‘as long as you want it, you can do it.’ You know, but it didn’t affect my parenting in the wrong war. I am still lucky to be fine and my children study in school. They still talk about their plans and their projects and they still talk to me. They come and talk to me when they have to decide or something. So my parenting didn’t...was not very much affected.” Rwandan mother

Communication has been a challenge for many of these mothers; they reported that raising children in the US has changed their communication style with their children. To some degree, these mothers report that refugee children living in America need to be spoken to in a soft manner, which contradicts the mother's sense of power and control over their children. This may not be the way these mothers want to speak to their children, but living in the US has created a different power dynamic between refugee mothers and their children.

- "You need to find a light way, a polite way to talk to those children because some of their mind was in Africa and some of their mind is going to American lifestyle. Me, myself, and my mind was totally confused when I came here." Sudanese mother (1)
- "I am trying to train my child – the way I was raised, but some American culture is so liberal. It's so liberal the child can do what they want. Talk to them softly, be soft. You know, some of it we try to follow the law, but its...there is a conflict there."

Rwandan mother.

Lastly, Sudanese mother (1) spoke about carrying on their traditional culture of the mother and father representing one unit in communicating to their child.

We have to be one part, one root, we say everything and teach him and later one when he grow up. When he knows how to talk and everything. If he ask me 'mommy can I have this?' and I say 'no', the same thing. If he go and ask his dad, his would be like 'Did you ask your mom?' 'What did your mom say?' and he will say my mom say no and he will be like I say no too.

The *challenges to the US culture* subtheme encompasses a multitude of hurdles that these refugee mothers face in parenting their children in the US. These mothers shared

that the message to them as refugee parents is to raise their children the Westernized way, now that they live in America. In their stories, they brought up the challenges of using discipline, of outsiders exerting a greater influence on their children than his/her parents, and of the reversed power dynamics between mother and child. Some mothers voiced their concern that raising their children the way they were raised was not acceptable. Other mothers expressed their hardship in teaching their children that living for the greater good of the family is better than living for only your needs (individualism vs. collectivism), this contradicts the Westernized view of individualism vs. collectivism.

Overall the in the major theme of *parenting challenges*, there are four subthemes—*protecting children from war, learning how to parent without a network, passing on culture to children, and challenges with US culture*. In this section, these mothers shared their experiences of parenting their children in the US. These mothers shared their struggles and successes in rearing their children. Most mothers appreciated that they were able to survive war and the displacements, but were met with more challenges when they resettled to the US with their children.

In this section, these mothers shared the difficulties they encountered in raising their children. Their shared challenges include not having the support of their family and community in rearing their children, feeling the need to keep information about their war experiences away from their children (or until they are much older), and the impact that Westernized culture has on their children. Many of the mothers shared that they felt prohibited from raising their children the way they were raised for fear of being punished by the US legal system, specifically regarding the use of physical discipline. They believe

their use of physical discipline has been misinterpreted as abuse, when in reality these refugee mothers see it as a way to set limits and exert control over their children.

The parenting success shared in this section is that all the mothers were able to maintain their native language in their home. All of their children are fluent in their native language, despite having lived in their home countries for short periods of time because of the wars. Rwandan mother shared that her children experienced war and lived in multiple refugee camps prior to resettling to the US. Her family had to adapt to many different cultures, languages, and food but in their home they kept their Rwandan culture alive. All these mothers spoke about keeping their culture and tradition alive in their children. They saw it as their duty to pass on their culture and tradition in the midst of a strong Westernized influence when living in the US. Some mothers shared that they want their children to have both their native and American identity, as their children belong to both. In essence, these mothers want their children to adapt well, live successful lives, and be respectful and honor the country that their parents are from.

**Resiliency and faith.** *Resiliency and faith* is the last major theme for this study. Each story highlights these mothers' distinctive strengths and resiliency in themselves and their family. These mothers' stories show how much these mothers have sacrificed to keep their families alive and healthy in the midst of war and other experiences of trauma. *Resiliency and faith* has three subthemes: *having faith, helping others, and hope for the future.*

The first subtheme, *having faith*, speaks to these mothers strong belief in God. A few mothers shared that they believe that only God had protected them during war, violence

and trauma, resettlement stressors, and parenting struggles. The following quotes from these mothers' stories highlight this subtheme of *having faith* in God:

- “In our language, the way we say ‘how God help you in all that’, it’s, it’s kind of different a little bit, you cannot keep saying that my experience was really worse. I will keep it in the worse way. I say that my experience in this war was really worse, but I am blessed to be in the position I am now.” Sudanese mother (1)
- “We thank God, we are in America. People can help you in a different way. Back home, nobody can help you, you have to do everything. If you are a mother, you have to do everything, you now in Africa men do not cook, women cook. So if you just have a baby today, tomorrow you have to find something for yourself to eat because man cannot do anything for you. You have to take care of that baby, you have to do everything, you have to know if your child is sick or not.” Sudanese mother (2)
- “I am a single parent here (i.e., United States) and I am taking good care of my son. I normally hate...I live alone because I can’t take. I can’t live with neighbors. I like to be alone always, but the good thing is that my son is the only company I have and I like him a lot! I can’t stay without him for even a second. I give him this love and care. So that is the only part always thank God and saying that if I couldn’t even lose to take care of my son.” Somali mother (2)
- “I thank God that I am still alive today and talking to you.” Somali mother (1)
- “God. God only protected me.” Rwandan mother

Specifically, in the Rwandan mother’s story of escape, she gives a vivid illustration of how she believed God had saved her and her family. She recalled when her husband

decided to abruptly leave a refugee camp in the Democratic Republic of Congo, while others tried to convince them to stay.

- Rwandan mother - "Everybody else was saying, 'Oh no!' They are just rumors. We are not going to be attacked. All of sudden my husband said we need to leave this camp. We need to find somewhere else to go. And people are looking at us and saying 'Where are you going, you are leaving the camp. We are being helped. There is food. The United Refugee Services are feeding us. Where are you going?' My husband said 'No, we need to leave.' So we left, um...after we left... I think almost like a month, the camps, the refugee camps were attacked."
- Me - Oh, wow
- Rwandan mother - "Bullets, there were...it was horrible. Many people died there. A lot fled and went to die in the bush forest. Other people were returned back home, and ...and again we survived that. Even the experience, we didn't have to see that horrible thing happening...so its not just us, its God."
- Me - So, when you said when people go through things in life where they shouldn't have lived, there belief in God is...
- Rwandan mother - "It's strong because you know its not you. Its not...we didn't do anything to survive. Its nothing that you can do. Other people tried to survive too, but they didn't. So what do we have more. Its only God who protected us."

*Having faith* represents these mothers' strong belief in God in all that they do. They shared in their stories how God's presence in their lives has saved them through all their bad experiences, referencing that it can be much worse. For example, Rwandan mother explains that although she was saved and her family remains intact, it was because of God's

blessings that brought them to where they are now, she shares that many families separated and a lot of lives were lost because of the war. She thanks God for all that for keeping her family away from war. This subtheme characterizes how spiritual health is important in surviving traumatic events like war and displacement.

The second subtheme is *helping others*, which highlights that these mothers felt that they needed to help other refugee mothers who are going through what they have been through--escaping war, raising children, and starting their lives all over again in the United States.

Both Sudanese mothers made a point in their interviews to state that they were ready to help others less fortunate, who share their experiences:

- “The part of the experiences is that I can help somebody. Now, I can say, now I can help somebody. I know what it feels like to be in war and stay for some days without food and all of that. Now I can say that I am not a kid, so I can stand for somebody to help me.” Sudanese mother (2)
- “If I get a job today, let me give an example, to be with those (Sudanese) teenagers how can I educate them. I will educate them through the life that I have been through. It is good to be with your mom, it doesn’t matter, if she is telling you something bad, or something good, it is good to be with your mom. No matter what. So, I came here as a teenager I didn’t come here with my mom, but I think it is good to be with your mom.” Sudanese mother (1)

On the other hand, within this subtheme, many mothers experienced a sense of collectivism, where survival was based on helping one another—family and/or stranger. Their experiences were highlighted with giving and receiving assistance from others.

- “There are a lot of things we did to survive. Us in that position either one in the family, the relative or the mother or the father or the child, everybody has to search for something that is going to help all of you. No matter what, so you can go in the forest and go find some little fruit, vegetables, and something that is going to help all the family to eat. So it was not like one person had to wait to bring something.”

Sudanese mother (1)

- “I escape my country and I get help from my neighbors.” Somali mother (2)
- “When we were in this war, everybody was so blessed! Everybody was outgoing, being polite, be soo nice. So, I was with other women and their children are facing the same thing. They were treating me like their child.” Sudanese mother (1)
- “Until the attacks started again. And then...one of the ladies that was around the village with me came over and said that, *This girl is our girl. I am not going to leave her here.*” Sudanese mother (1)

One story, Sudanese mother (1) shares is when she saved her uncle from a life of being a soldier. Her story represents this theme of *helping others*. Although, she was a young child, she knows that when her uncle found her, he decided to give up his life as a soldier and bring her home. When her uncle heard about her from strangers that she was lost and went to find her, abandoning his mission as a soldier.

Sudanese mother (1) shared in her story of helping her uncle:

I experience a lot of things on my what and then she (refugee woman) tell the soldiers and the soldiers end up having my uncle. So, my uncle was crying. He kept shooting the gun everywhere. He was so happy because he heard from the letter saying that I'm lost. This is my uncle from my dad's side. So he said from now on



I'm done, I am not going to be a soldier anymore. I am not going to be soldier anymore. I am taking her to where her family are. So it was like quiet for a little bit. So about, I was young, so I didn't know how many months or how many years and all that. So my uncle took me to my uncle from my mom's side and my uncle from my mom's side took care of me.

*The helping others* subtheme illustrates the power of altruism. These mothers shared in their stories the importance of help, both in giving help and receiving help. These mothers shared that their journey out of war was not without the assistance of others that have helped them; therefore, to return the favor, they help others in need. This continues the cycle of altruism, which makes the trauma and violence less painful for families in need.

The last subtheme is *hope for the future*, and represents a heartfelt hope from all these refugee mothers that their children will live happy and fulfilled lives. They aspire to be the best mothers in order for their children to feel safe and happy. These quotes highlight their wishes to be the best mothers they can be for their children:

- "I love it and I am giving him whatever he wants to get in life. I want to be a good parent. Let me say and I want to complete all of his needs, be educated, and not being in the sad, emotional life I was in." Sudanese mother (1)
- "I believe, I need to make my son happy, to make sure he goes to school. Make sure he gets whatever he needs if it is something that is helping him. I don't do what he wants for him. I do what is good for him." Somali mother (2)

Somali mother (2) speaks about her own future; she speaks about overcoming her troubles, which shows her resiliency.

- “Find my own things and do my best. I always have. I always think that things will change and that I will have the best life. There is a lot of opportunities that if you take your time you can overcome it.”

Sudanese mother (1) speaks about her strength and resiliency:

- “I have fought through hard stuff that what I am experiencing through this life that I am married now. There is no gun...there is no gun shooting going on around. There is no worry about what I am going to eat tomorrow... I am blessed to be standing on my own two feet.”

In this last major theme of *resiliency and faith*, there are three subthemes: *having faith, helping others, and hope for the future*. In summary, these mothers' stories represent the power and bravery that each mother has in surviving their experiences of war and parenting their children to the best of their ability. These mothers highlighted in their stories that their trust and faith in God has kept them and their families safe. In addition, this section shares these mothers' stories of helping others on their journey, as a way to pay back individuals that have helped them survive war and displacement. Finally, all the mothers in this study hope that their children will live fulfilled and happy lives, which will make all of these mothers sacrifices well worth it.

In addition, I wanted to highlight one poignant quote that is the basis of why this study is so important. Sudanese mother (1) shared in her interview,

Listening to somebody or asking questions about all this war stuff and...there is no fear in it. Because we cannot let fear win. Let's say that I am not going to ask this person because she was in or he was in war. No!! Because we (victims) didn't do it!

Overall in this result section, there are five major themes: *experiences of war, lasting negative effects of war, resettlement challenges, parenting issues, and resiliency and coping*. These themes capture these six East African refugee mothers' experiences of war and how it affects parenting. In their interviews, they described their experiences in vivid details, with metaphors that capture the emotional experience of refugee women surviving war and resettlement. Their stories reveal their internal experiences of being in war, being forced to become refugees, and then raising children in the US.

## Chapter 5: Discussion

The third step of the first process in IPA is: “the experience is understood through the lens of both the participant and the researcher, resulting in a third person, psychologically informed description which tries to get as ‘close’ to the participants views as possible” (Larkin et al., 2006, p. 104). The findings from this study are my interpretation of these mothers’ stories of war and resettlement, categorized into five major themes: *experiences of war, lasting negative effects of war, resettlement challenges, parenting issues, and resiliency & faith.*

### Discussion of Themes

**Experiences of war.** The first major theme, *experiences of war*, has six subthemes: *naming my experience, witnessing while escaping, remembered feelings, becoming orphans, separation from family and community, and trauma while displaced.* It was important that these mothers name their experiences of war, as their experiences have been minimized and marginalized both in refugee studies and in refugee policy (Beswick, 2001; Blackburn, 2010; Deacon & Sullivan, 2009; Schafer, 2002). Many refugee mothers, after their experience of war and forced displacement, feel powerless and helpless, but in naming their experience, they have the ability to take that power back (Ghorashi, 2007).

Looking back to how they named their experience, the majority of the mothers had a negative name for their experience, while other mothers had mixed or even positive names. Surprisingly, some of the names were more positive as these mothers defined their experience as something they survived. However, this fits in with the literature of resiliency, when refugee women can acknowledge their traumatic experiences and make

meaning from it in a positive light for themselves they develop resiliency (Landau, 2007; Williams, 2007). Further literature on resiliency will be addressed later on in this chapter.

Some mothers shared that living in the US has given them opportunities to obtain better employment and attain higher education goals that they might not had otherwise living in their home country (Atwell et al., 2009). It is important that we do not make blanket statements about their experiences, but empower refugees to name these experiences for themselves, in order for them to gain some of the power that was lost during their experience of forced migration (Blackburn, 2010; Ghorashi, 2007). As noted by Ghorashi (2007), in her study of Iranian refugee women combating their war trauma experiences: “by telling their life story, some women were not only confronted with a past they would rather forget, but finally, they were offered an opportunity to give this past a place in the present” (p. 121).

The *naming my experience* subtheme is also comparable to Blackburn’s (2010) study of Iranian refugee women. Blackburn addressed how re-storying Iranian refugee women’s war experiences in therapy has brought on change in how these women defined their experiences, from the role of victim to survivor. Blackburn used narrative therapy techniques to bring out these women’s preferred identities; as a result these women felt empowered, decreased shame, and felt more hopeful about their future. McGoldrick, Giordano, and Garcia-Preto’s (2005) shared, “we need to go beyond many of our cultural labels and develop a more flexible language that allows people to define themselves in ways that more accurately reflect their heritage and cultural practices” (p. 7).

*Witnessing while escaping* is the second subtheme. *Witnessing while escaping* gives the vivid details of three of the mothers' escape out of their home country—Somali mother (1), Rwandan mother, and Burundi mother.

Witnessing violence is traumatic. Refugee families experience trauma and stressors prior to leaving their country (Atwell et al., 2009). Witnessing violence is a traumatic experience for them, as shared in these mothers' stories. The literature that confirms the findings for *witnessing while escaping* subtheme is summarized below. The witnessing of a traumatic event on others fits in the DSM-5, posttraumatic stress disorder (PTSD), diagnostic criteria A of "directly personal experiencing the traumatic event; or witnessing, in person, the event(s) as it occurred to others; or learning that the traumatic event(s) occurred to a close family member or close friend." Furthermore, in the PTSD literature, van der Kolk (2000) states, "when people are faced with life threatening or other traumatic experiences, they primarily focus on survival and self-protection. They experience a mixture of numbness, withdrawal, confusion, shock, and speechless terror" (p. 8). Witnessing violence toward loved ones, neighbors, and other community members was a traumatic experience for these mothers, therefore it is necessary to address how these experiences affected them.

In addition, Hooberman et al. (2007) completed a study of 325 refugees, mostly African refugees from Cameroon and Ethiopia, recruited from the Bellevue/NYU Survivors of Torture via semi-structured interviews and questionnaires about their diverse traumatic events, which they have classified as torture. The results from this study showed that witnessing trauma was ranked the highest and the most common experience(s) among this group of refugee individuals. Hooberman et al. (2007) defined witnessing trauma as the

participant seeing someone else who had experienced torture and trauma. This study confirms the theme of *witnessing while escaping* is common among diverse group of refugees.

*Remembered feelings* is the third subtheme. When I asked about these mothers' feelings about war, all the mothers shared that war was a traumatic experience and that they still have negative feelings about their war experiences. They shared feelings of fear, anger, sadness, and loss. For example, Rwandan mother shared,

It was sad ...scary... it was angry (dragging her words). Um... so many things happened. So many people died and we didn't know what led to all of that. So my experiences varied...depends on the time because the war was long.

According to deVries (1996), reactions to trauma are highly dependent on the individual's cultural context. The *remembered feelings* findings confirm that these mothers' reactions to trauma are influenced by their cultural context (deVries, 1996), internal processes (DeZuleta, 2007, van der Kolk, 2000), and the availability of social support (Schweitzer et al., 2006; Weine, 2011). For the refugee mothers in this study, sharing their feelings gives us insight to the psychological internal processes of what these women have been through as they recall their war experiences. The memory of the traumatic events (i.e., war) comes to dominate the victims' consciousness, depriving their lives of meaning and pleasure (van der Kolk, 2000, p. 7). This subtheme of *remembered feelings* confirms research by Rasmussen et al., at a New York torture treatment clinic, that shows that there are high levels of PTSD symptoms among West and Central African refugee individuals (Rasmussen et al., 2007). This Rasmussen et al. study will be discussed in further detail in the *trauma symptoms* subtheme of the *lasting negative effects of war* major theme.

The fourth subtheme, *becoming orphans*, describes the narrative accounts of three mothers who became orphans at a young age due to war. Being an orphan at a young age has influenced their experiences of war and displacement, identities as mothers, values and beliefs, and relationships with their families and communities. To the best of my knowledge, there is no research on the experiences of refugee mothers who were orphaned as children, specifically studying how their war experiences affect parenting. However, Bolea et al.'s (2003) and Schweitzer et al.'s (2006) studies examine the experiences of Sudanese unaccompanied minors living in resettlement countries; these studies found that these Sudanese unaccompanied minors experiences of war trauma, loss of family, and the loss of their homeland led to psychological and emotional problems, somatization, and poor social functioning.

To highlight Somali mother (1)'s story of becoming an orphan at a young age, experiencing trauma from war, abuse from adoptive parents, and being a single mother with two small children; all of these combined factors have left her seeing her children's reaction to problems differently than how she sees her own reactions to problems. This finding relates to a number of subthemes, including *becoming orphans*, *trauma symptoms*, *protecting children from war*, and *abuse and trauma in resettlement*. In her narrative about parenting experiences, she highlights that her children having strong reactions to *little problems* compared to when she was a child. She recalls her past trauma experiences does not allow her to have strong reactions to problems. This is what she states is the difference between her reactions to problems compared to her children's reactions; she feels that they are innately different due to not sharing an experience of war and of abuse from



adoptive parents. The following quote by Horowitz (1986) illustrates the Somali mother (1)'s internal processing.

People stop having an emotional response when they have realigned their expectations of what is supposed to happen with what is actually happening—either by taking action that adjust the given situation to their expectations, or by changing their expectations to fit better with what is actually going on. (Horowitz, 1986; qtd. in van der Kolk, 1996, p. 219)

Almqvist and Broberg's (1997) study of Kosovar refugee mothers' experiences of war trauma (i.e., rape, beatings) shows that refugee children are affected by refugee mother's experiences of trauma. These Kosovar refugee mothers' internal representation of herself and her children were damaged because of mothers' war trauma. These mothers had difficulty processing their trauma, where they experienced episodes of anxiety and depression, flashbacks, humiliation, somatization, and trauma-born symptoms. This led to children displaying negative behaviors towards their mothers when their attachment needs were not met. In addition, Almqvist and Broberg's (1997) study found that these Kosovar refugee mothers described their children's behaviors as clinging, violent, aggressive, and controlling, which was the same description they used for the perpetrators who attacked them during war. However, for Somali mother (1), she does not see her children as perpetrators of her war trauma, but sees her children as clinging to her when faced with problems. She displays mixed feelings about how her experiences made her life much harder for her, compared to her children. As a result, she mentions that her children do not have anything to complain about because they have a mother who comforts them for both *small* and *big* reasons, while she didn't have a mother at all. Somali mother (1)'s

story of parenting represents how being an orphan at a young age and experiencing interpersonal trauma (i.e., abuse from adoptive parents) affects parent- child relationship dynamics.

The fifth subtheme, *separation from family and community*, addresses these mothers' stories of losing loved ones, friends, neighbors, and their community. In African culture, the family is considered the most important social institution; therefore traumatic experiences are often interpreted through a relational lens (i.e., family, community, and country) (Lacroix & Sabbah, 2011; Nickerson et al., 2011). deVries (1996) states,

Strong attachments to persons and lifestyles leads to a deeper sense of loss when the life of the culture is disrupted. When people adhere to a system and bond to the other individuals within, the loss of those persons and the disintegration of the system become traumatic. (deVries, 1996, p. 400)

To some mothers in this study, the worst experience of the war was being separated from the people they love. One mother shared "there are losses in the family and um...there are separations. People are never, its never going to be the same because we all fled...everywhere so we are separated." This subtheme is supported by Nickerson et al.'s (2011) quantitative study of Mandaean refugees, which measured the relationship among loss, trauma, and mental health. Nickerson et al. found that feelings of loss and grief in separating from extended family has had a significant impact on newly resettled Mandaean refugee families as a whole that extends beyond individual mental health (Nickerson et al., 2011, p. 30). Lacroix and Sabbah (2011) addressed the need for multigroup and multiple-family group treatment to assist refugees in rebuilding their social and community networks and to build empowerment and resiliency within these group models.

The majority of the mothers in this study came from communal backgrounds. For individuals who come from a collectivistic or communal lifestyle maintaining relationships, having a strong network, and the giving and receiving support is essential in maintaining their cultural values and beliefs (deVries, 1996). The loss of interpersonal relationships and the lack of social support has negative effects for marginalized populations (i.e., refugees) living in Westernized countries (deVries, 1996; Kamy, 2005). For refugee mothers it may be difficult to relearn how to function without these supports. However, highlighted in these mothers' stories from this study, they shared how they are taking care of their children on their own, passing on their culture to their children, and also providing for their children without familial support. These findings will be discussed further in the parenting theme.

Experiences of war and displacement, psychological and physical symptoms born from war trauma, and being isolated from community, are leading factors that exacerbate mental illness among refugee women (Murthy, 2007). The loss of relationships also means loss in support—both physical and emotional support (Ghorashi, 2007; Martin, 2004). Through these mothers' stories, we understand that war separates individuals from multiple relationships that are meaningful and important to them. Sudanese mother (2) shared in her story of being an orphan at a young age and that being separated from her family felt like, "everybody was running in different ways, so we can't feel like, the love of the family. So we were living like orphan children everywhere in the world."

The subtheme, *trauma while displaced*, describes the traumatic experiences of leaving one's home country in search of refuge and safety from war. These mothers shared their traumatic experiences from war, which entailed witnessing violence, experiencing

hunger and dehydration, and being subjected to discrimination. Research on refugee women's experiences of living in the refugee camps confirms that refugee women are at a greater disadvantage when they leave their home country due to the lack of policies protecting women from sexual assaults (Beswick, 2001; Murthy, 2007; Schafer, 2002). Single refugee mothers are ostracized and face discrimination while living in the refugee camps that abide by patriarchal rules. Refugee women living in these camps and temporary shelters may face increase likelihood of violence, poor living conditions, and lack of medical resources (Beswick, 2001; Deacon & Sullivan, 2009; Kneebone, 2005).

Some of the mothers disclosed that they experienced violence while living in the camps, but did not go into further detail about what happened to them or what they witnessed. Overall, these mothers shared that, like other refugee populations, living in the camps was a traumatic experience for them and their families.

In summarizing *experiences of war*, this collection of stories from these mothers' experiences of fleeing one's country due to civil conflict and/or war speaks to how their experiences affected them personally, psychologically, and emotionally. These mothers shared their feelings about their war experiences, the experience of losing loved ones and other important relationships (i.e., extended family members and friends), witnessing the violence against others, and personal accounts of trauma and abuse while displaced. Furthermore, the orphan mothers in this study expressed the emotional toll of losing one's parents and family members because of the war; their experience gives us insight into how orphan children experience war and displacement.

**Lasting negative effects of war.** The second major theme, *lasting negative effects of war*, has three subthemes—*trauma symptoms*, *losing identity*, and *negative feelings about*

*their home country. Lasting negative effects of war* speaks to the unforeseen consequences of having been through war. These mothers' stories illustrate the effects that war experiences has on their lives, even though their experiences may have happened years ago.

The first subtheme, *trauma symptoms*, addresses these mothers' psychological, physical, and emotional symptoms born from their war experiences. In these mothers' narratives, they shared experiencing traumatic symptoms that fit the description of the following mental health diagnoses—PTSD, Complex PTSD, PGD, and Somatoform Disorder. This confirms the studies highlighted in the literature review that traumatic expression of symptoms is dependent on the individual, cultural context, political context, and also the resources that are available for the mother to assist in buffering their symptoms (Alcock, 2003; Hauck et al., 2002; Hollifield et al., 2002; Schaal et al., 2012; van der Kolk, 2000). There are several research studies that address the high rates of PTSD, anxiety, depression, and other mental health symptoms among refugee survivors of torture and trauma (Rasmussen et al., 2007; Schaal & Elbert, 2006; Schaal et al., 2012). Murthy (2007) states that refugee women are more vulnerable to having psychological symptoms and physical illnesses due to being in war. Psychosocial interventions that address refugee mothers' mental health symptoms, medical needs, and increasing mother-child attachment has shown to have a positive effect of mother's overall health, children's overall health, and increase mother-child attachment bond (Almqvist & Broberg, 2003; Dybdahl, 2001; Loar, 2004).

In the *trauma symptoms* subtheme, Somali mother (1) and (2) shared in their stories that they had both medical and mental health symptoms that interfered with their ability to

work and go to school. Somali mother (1) sees a social worker and reads her Qur'an in order to cope with her psychological symptoms and interfere with work. Somali mother (2) sees a number of medical professionals to address her chronic medical symptoms. She is unable to get a diagnosis for her illness; therefore it leaves her limited in pursuing her education and work opportunities. Somali mothers' stories of traumatic symptoms born from war experiences gives us insight into how Westernized understanding on how to treat war trauma is not effective in treating diverse refugee populations (Hauck et al., 2012). Both mothers have avoidance, numbing, and somatoform symptoms, which fits with research on African refugees presenting with medical/mental health professionals with culturally congruent symptoms that fit their beliefs (Hauck et al., 2012; Fox, 2003; Zarowsky, 2004).

To explore and understand trauma symptoms experienced by refugees, it is important to explore how refugee individuals define and make sense of their symptoms. There are culturally sensitive approaches to explain refugee individual's physical and psychological symptoms that are more congruent to his/her cultural lens (deVries, 1996; Hauck et al., 2012; Hollifield et al., 2002). However, the research on refugee trauma symptoms has primarily been defined through a Westernized lens. In Whitaker, Hardy, Lewis, and Buchan's (2005) research on Somali refugee women and war trauma explained the Somali spiritual belief of *zar*; if *zar* was ever to possess a person, it would cause anger, nightmares, unusual behavior, pains, and pregnancy. It is the belief that women had to have *zar* ceremonies to get rid of the *zar* spirit (Whittaker et al., 2005). For clinicians working with culture specific refugee groups, it is important that he/she does a thorough research on how these groups define trauma and develop cross-cultural interventions to

assist refugee groups in addressing their mental health needs. For example, Whitaker et al. noted that for clinicians working with Somali refugee women, it is necessary to work with the community in promoting well-being and resilience, and not targeting symptoms. For specific refugee cultures, there is a lot of shame in stating that you have a mental health symptoms or illness, there is a fear of the system, and “losing face” in the community (Whitaker et al., 2005). It is important that more research is conducted to address (war) trauma symptoms from the perspective of the refugee’s cultural beliefs in order to best address his/her physical and mental health needs (Hauck et al., 2012; Zarowsky, 2004).

The second subtheme, *losing identity* is a summary of the multiple losses experienced within this group of refugee mothers. The orphan mothers shared their loss of biological parents and family members. In their stories, each orphan mother highlighted how not having their biological parents had a negative effect on them. All the mothers experienced loss of their homeland, culture, community, and to some degree their identity. Their losses speak to these refugee mothers having to mourn the loss of what was ‘home’, in order to start all over again in a new country.

The loss of family relationships and community is addressed Schaal et al.’s (2012) study of Rwandan genocide survivors; these mothers share symptoms of prolonged grief disorder which is a bereavement symptoms of depression, PTSD, and anxiety. These mothers’ stories illustrate a strong feeling of loss in relationship, and their symptoms of grief are profound when they share missing their family members, extended family members, friends, neighbors, and community. Some mothers shared that it hurts them in their heart, which is a representation of a psychological, physical, and emotional distress from the loss of relationships.

Literature that addresses refugees' experience of losing their home country is addressed below. Alcock's (2003) study of refugees and immigrants defined their experience of loss their country as *homesickness*, which is the feeling of losing one's home country and not feeling that they belong in their resettlement country. From this study, an osteopathic who treated refugee patients in London summarized this as: "[refugees] seem to have a feeling of bodily dislocation, as if their system has never quite adjusted to their new environment" (p. 293). Additionally, in Zarowsky's (2004) ethnographic study of Somali refugees, Somalis described the loss of Sudan as *hummad*; this word equates to the passion, desire, and yearning for their homeland. This word *hummad* describes the oranges of Hurso, green leaves after rain, the laden camels; this represents the poetic version of Sudan. Zarowsky's (2004) study emphasizes that loss is experienced multiple contexts – sociopolitical and economic, historical, biosocial, and cultural patterns. To use a diagnosis of PTSD does not address the multitude of ways that traumatic symptoms are defined, expressed, and mean to culturally specific refugee groups (Hauck et al., 2012; Nickerson et al., 2011; Schaal et al., 2012; Zarowsky, 2004). One characteristic that I would like to have added to my research is to ask the mothers to find words that capture what *loss* feels like and how do they making meaning from the losses experienced because of war and displacement.

The last subtheme, *negative feelings about their home country*, speaks to these mothers' experience of war and displacement that have left them with negative feelings about their home country. Some mothers shared that their past experiences have influenced their decision to stay in the US permanently. Some mothers also shared that the reason they would not move back to their home country is because of their children. They



feel that their children have grown accustomed to living in the US and they do not want to uproot their children any more. These findings are in contrast to Faria's (2014) study of Sudanese women, where the women define their citizenship as "*cultural nationalism and/or long-distance citizens*" of Sudan. In Faria's (2014) study, the Sudanese refugee women had resettled in Australia for a period of time, but they saw themselves as still connected to Sudan. These women sent money and other resources to Sudan as means to help and stay connected to their family that resides in Sudan. Their mission was to work towards uplifting Sudanese women living in Sudan and to fight for women's rights and egalitarian marriage, which the same sentiment of altruism shared among Somali mother (1) and (2), who wish to help young women in their community. This will be addressed further in the last major theme, *resiliency and faith*. Faria's (2014) study of Somali women and mothers did share that some mothers had a hard time negotiating their roles because their children grew accustomed to living in Australia and had no desire to move back to Sudan. Therefore, for refugee parents, raising refugee children in a resettlement country does have an effect on the mother's feelings and decision to move back to their home country.

In summary of *lasting negative effects of war*, these findings highlight the long-term consequences to having been through war and displacement among refugee mothers and their children. These mothers' shared that experiences of war causes internal (i.e., psychological and physical symptoms) and external experiences of loss (i.e., loss of relationship, loss of culture, loss of country). War and civil conflict disrupts family stability and structure (Pedersen, 2002); however, families do learn how to adjust and persevere through all of the changes. The next three major themes will summarize the findings on

parenting experiences, their resettlement process, and, finally highlighting areas of strength and resiliency.

**Resettlement challenges.** *Resettlement challenges* is the third major theme. In this theme there are three subthemes: *experiences of discrimination, racism, and othering; abuse and trauma in resettlement; and starting all over again*. This theme speaks to the challenges these mothers' faced during their multiple displacements in the refugee camps and also during their resettlement processes.

The first subtheme, *experiences of discrimination, racism, and othering*, describes the experiences of being discriminated against during displacement and the resettlement process. This fits with prior work (Beswick, 2001; Schafer, 2002; Yako & Biswas, 2014) showing some mothers shared that the journey from camp to camp was horrendous for them; most of the camps lacked adequate housing facilities, lacked food and water, and medical facilities. Rwandan mother shared that her children were excluded from afterschool activities because of their refugee status while living in the camps, she and her husband could not work in the occupations that they went to school for both in the camps and in the US. Overall, she felt discriminated against because of her refugee status.

Her story is not uncommon among research studies about refugee individual and families' experiences of living in the refugee camps and host country (Lacroix & Sabbah, 2011; Yako & Biswas, 2013). Ghorashi's (2007) study of Iranian women living in the Netherlands and the US found that Iranian refugees living in Netherland experienced more discrimination and acts of othering by the Dutch compared to the Iranian refugee women living in the US. The Iranian refugee women had a strong Iranian refugee community in the US, where they can turn to in order to buffer negative occurrences of discrimination. On

the other hand, the Iranian refugee women living in the Netherlands did not have an Iranian refugee community to turn to, as a result they felt less welcomed and more fearful living about living in the Netherlands. This is comparable to Sudanese mother (1), Sudanese mother (2), and Somali mother (2), whom all three shared that they did not connected to a community in the US, they do not receive support and feel that they have to solve their problems on their own. For Somali mother (1), at her employment, she does not feel connected to her American co-workers and does not share her story with them because she feels that her story would not be understood.

Some mothers addressed feeling like *nonhuman* or *other* to people who lived among them in the resettlement country. Somali mother (1) shared that, at times, she is overwhelmed at work, but she does not share what she is feeling with her coworkers because she knows that they will not understand her. Refugees oftentimes feel *less than* the people who live in their host country; they may feel like this because of witnessing or encountering discrimination against them or others because of their refugee status (Svenberg, Mattsson, & Skott, 2009; Yako & Biswas, 2013). Therefore, it is important that host countries are educated about the refugee process and the experiences of refugees prior to resettling into a new country. Establishing a forum to address the refugee crisis in host countries will assist in building a bridge of understanding, it will also assist in the healing process for refugees as they were forced out of their home country because of war and civil conflict (Schmitz et al., 2003). Schmitz et al.'s (2003) study addressed how Catholic Charities in the state of Maine adopted a social justice model in assisting refugee families in their transition to living in Maine. Catholic Charities has created partnerships with school and other community supports to assist families in the following needs—

trauma recovery, legal advocacy, education/employment, and healthcare. For example, the Riverton Elementary School and the Center for Grieving Children developed a program to assist refugee children in dealing with grief and loss (Schmitz et al., 2003).

The second subtheme, *abuse and trauma in resettlement*, addresses Sudanese mother (1)'s and Somalia mother (1)'s experiences of trauma with their foster parents and/or foster care system. Both mothers shared horrific experiences of abuse and trauma. Somalia mother (1) was abused by her adoptive parents for many years. The abuse by her adoptive parents left her fearful of any stranger being near her two kids. Sudanese mother (1) experienced trauma and abuse when she resettled in the US as an unaccompanied youth. She was placed in multiple foster homes and placements, until she finally decided to leave the resettlement agency and be on her own. Vervliet, Mol, Broekaert, Derluyn's (2014) study of unaccompanied minor refugee mothers addresses the trauma and abuse experiences of these mothers living in a resettlement country and addresses ways to meet their needs due to their unique position (i.e., intersectionality – refugee, unaccompanied, adolescent, mother). Although Vervliet et al.'s (2014) study is about the experiences of unaccompanied refugee minors who are mothers, there are some similarities to experiences of the three refugee orphan mothers' narrative in this study. These three mothers experienced the loss/lack of support from family, navigating resettlement as an unaccompanied minor, which in turn led to complications in housing, employment, and education.

Despite, the mothers in this study not addressing racism issues while living in the US. Experiences of racism based on skin color are common among African American population living in the United States (Boyd-Franklin, 2003); however, there is lack of

research that addresses how the color of skin for refugee groups may influence resettlement services and resources available for African refugee families. Unfortunately, this may be a culture shock for newly arrived African refugees who have not had this experience in their home country. For East African refugee mothers, this is an additional challenge and barrier when addressing lack of access to resources, employment opportunities, and school opportunities.

The last subtheme, *starting all over again*, summarizes these mothers' experiences of having to live in a number of refugee camps. For example, some of the mothers shared that they learned to speak in several different languages and abide by a number of cultural rules in countries that housed them as refugees. Their stories address the many hardships that refugee families face while fleeing out of their home country. Most of the refugee camps are not equipped for displaced families to stay for long periods of time, but it is not uncommon for families to wait for months, sometimes years for their asylum applications to be accepted (Beswick, 2001; Schafer, 2002). These mothers' story speaks to the adversities of leaving their homeland because of war.

The *starting all over again* subtheme included stories of refugee individuals who had attained high levels of education and careers, but were not able to work in their professions due to the host country not acknowledging their professional achievements, which supports prior research (Yako & Biswas, 2013). Rwandan mother shared that she was a teacher and her husband was a bank manager in Rwanda. Since leaving Rwanda, they have not been able to find work in their respective fields in the US. Rwandan mother states that all of her children went to college and/or a university to study their desired occupation. She and her husband have supported their children's education and careers. However, for

Rwandan mother and her husband they did not go back to school to receive additional degrees and training for jobs that they already obtained in Rwanda. For Rwandan mother, she shared that losing their occupation and titles due to the war was another stressor for her, which fits in this subtheme of *starting all over again*. For refugees who were professionals in their home country, they often come to the US and other countries working menial jobs because they do not have the time and financial resources to enroll in additional training, therefore there is a large population of talent and specialties that are not being utilized due to the constraints put on refugees (Schmitz et al., 2003; Yako & Biswas, 2013).

Refugee studies have noted that many refugees coming into host countries have worked in high level occupations (i.e., doctors, lawyers, teachers, etc.) and because of the host country not acknowledging their degrees and licenses, these refugee adults end up working menial jobs (e.g., as dishwashers and cab drivers). The idea of starting all over again resonates with refugee adults, if host countries continue to deny the academic and occupational achievements of refugees coming into their country (Yako & Biswas, 2013). An example from Yako and Biswas' (2013) mixed method study of Iraqi refugees addresses this issue of *starting all over again* with employment opportunities:

The majority of the individuals in this study had some job skills, but that did not help them in the US. One respondent knew of a fellow refugee who was trained as a physician in Iraq and had to take up menial jobs in the US. Another one, an aeronautical engineer, was working as a grocery store clerk. (p. 138)

However, this is dependent on the state and city, where programs can be built to assist refugee individuals with professional skills. An example from Schmitz et al.'s (2003)

study about how different agencies in Maine have assisted newly arrived refugees in housing, employment, education, medical, and other services in order to assist newly arrived refugees into their state. Schmitz et al. (2003) reported that Portland's Department of Health and Human Services' Social Services Division planning to create a program to address this issue of licensing and employment among refugee professionals resettling into Maine. The New Mainers Mentoring Project assists with highly skilled professional refugees finding mentors in their field to assist in finding jobs that match their skill level. Although this program does not guarantee a job, it is moving in the right direction to provide support of refugee professionals looking to continue their occupation in a new country.

A summary of *resettlement challenges* findings represents these mothers' experiences of trauma and abuse while in resettlement. Their challenges of being discriminated against and treated as 'other' during the resettlement process can have devastating effects on refugee families. Host countries should educate their citizens about the refugee crisis that is happening all around the world. Therefore, it will help prevent acts of discrimination against refugees resettling in their states and cities. Information about refugee families experiences of war and displacement will lead to cities and states in being more active agents in assisting the needs of specific refugee groups (Schmitz et al., 2003).

**Parenting issues.** *Parenting issues* is the fourth major theme and it has four subthemes--*protecting children from war, learning how to parent without a network, passing on culture to their children, and challenges to US culture*. This section will summarize the

findings and discuss these mothers' experiences of parenting while displaced and during their resettlement process.

It is important to note that five out of the six mothers at the time of the interview had children under the age of 10. Rwandan mother was the oldest participant in this study; she had raised four adult children and assists in helping to raise her four grandchildren. Her story is different from the other younger mothers in this study. Rwandan mother shares that her children experienced war trauma and were displaced with her at an age where they understood what was going on. For this section of parenting issues, the majority of these refugee mothers' stories, besides Rwandan mother, are referencing their experiences of parenting children under the age of 10.

The first subtheme, *protecting children from war*, addresses how these mothers' protect their children from hearing stories about these mothers' war experiences. These mothers believed that there would be negative consequences if their children knew about the events that happened during war, especially traumatic events that happened to their mothers. Refugee parents and children avoid talking about certain events and feelings in order to avoid hurting one another with the painful memories; there is a fear that it would increase sadness and anxiety for both sides (Bala & Kramer, 2010; Lin et al., 2009). Bala and Kramer (2010) stated:

Children often feel freer in expressing their reactions and worries in the absence of the parent, as they want to protect them and avoid hurting them by triggering painful memories, sadness, or anxieties. Some family member express unequivocally that they do not wish to speak about certain issues in the presence of children. (p. 156)



Therefore, in relation to the findings from this study, the mothers' shared that they kept this information away from their children, believing that their children are impressionable (at their young age) and hearing about these negative events could cause undue harm to their children.

The findings from this theme speak to the potential breakdown of communication between mother and child, which may lead to (relationship) distancing in the future. Two studies confirm the possibility of communication challenges between refugee mothers and their children. Bala and Kramer (2010) and Lin et al. (2009) found that it is common among refugee parents (across different cultures) to withhold information about their war experiences from their children, believing that it would affect their children negatively. The outcome of not communicating their experiences with their children creates tension and distance in the parent-child relationship, and leaves the children lost in understanding their history and cultural identity. Lack of communication between the generations can also lead to *acculturative family distancing* or intergenerational transmission of trauma, as refugee parents do not inform their children about their experiences, but the dynamics are played out in the parent-child patterns of silence and withholding information (Renzaho et al., 2011).

However, Dyregrov et al.'s (2000) study of refugee families' experience of research participation found that Bosnian refugee parents and children found it difficult to talk openly about their trauma experiences, but necessary. The parents were more sensitive about what was being said than the children and adolescents. All the participants were triggered with sharing their experiences, but the effects were short-lived, especially for the refugee children. Dyregrov et al. (2000) found that doing the research together was

beneficial, their research experience positive for their whole family. The effect of the research participation for these families gave them a sense of relief, more open communication between parents and teenagers, and made them want to conduct more research on refugee families' experiences of war and displacement, in order for host countries to understand their experiences.

The second theme, *learning how to parent without a network*, addresses these mothers' stories of not having their family and/or community support in raising their children. Some mothers shared that if they still lived in their home country, they would receive support from their family and community. Childrearing is seen as a shared responsibility among family members and community members in most African countries; new parents lean on their elder family members and community to assist in learning new skills in rearing their children (Ambert, 1994; Levi, 2014). This was a significant subtheme, in which these mothers' highlighted in their stories that the lack of support is a challenge for them in the US, especially since some of the mothers had family support before the war started in their home country.

There are several studies of refugee mothers that address the difficulties of raising children without familial and community support (Ambert, 1994; Levi, 2014; Nilsson, Barazanji, Heintzleman, Siddiqi, & Shilla, 2012). The point of contention is that Westernized concept of parenting is seen as an individual task for primarily the mother's responsibility to take care of the children's need and the father provides the financial support for the family (Ambert, 1994). Literature on refugee parenting argues that the idea of parenting as a shared responsibility is more beneficial for the parents and the children because parents are given support and guidance, and children have more people that they

can turn to for support, this shared responsibility also increases belongingness and keeps the culture intact (Ambert, 1994; deVries, 1996). Ambert (1994) argues that the concept of multiple mothering is common in many diverse cultural groups, where elders, close knit extended family members may provide a mothering role for a child and this may be the norm in their society, but in Westernized definition of parenting, the parent is seen as negligent in his/her role by giving her role to others. For refugee parents who have been through war trauma and torture, not having a community network to turn to can exacerbate preexisting symptoms prior to resettlement, increase isolation, and increase stressors between parent and children (Ajdukovic & Ajdukovic, 1993; Punamaki et al., 1997; Renzaho et al., 2011).

Nilsson et al.'s (2012) study of Somali's women reflection on parenting adjustment of raising children in the US, speaks to similar parenting challenges that are shared with the mothers in this study. In Somalia, the community helps raise children, community can entail relatives and friends, Nilsson et al. (2012) stated that the women shared in their narratives about the lack of support from US resources and services. However, the mothers in this study (Nilsson et al., 2012) supported each other by providing childcare and resources; they learned how to build their own network. Levi's (2014) study of Sudanese mothers resettled in Australia, shared that losing their connection and relationship with family members and community back home represented a sense of grief, which increase their sense of isolation and made it hard for them to start over again in Australia.

This subtheme of not having support from family and community addresses the need for more research on how to assist refugee parents in building supports in resettlement countries, in addition to developing parenting skills and building parent-child

relationships that may have suffered due to the number of challenges that refugee parents face.

The findings from *learning how to parent without a network* also highlights that these young mothers felt inadequate in their new parental role because they did not have the physical or emotional support from their elder family members when it came to raising their children. Traditionally, first time mothers receive guidance from their elders on how to raise children, this support helps families maintain their traditional and cultural standards. Sudanese mother (1) and (2) and Somali mother (1) and (2) shared in their stories about parenting that war has separated them from their family (i.e., parents and grandparents). As a result, these young mothers lost the opportunity to receive guidance from their elders, and most importantly their children lost an opportunity to have a relationship with the family elders too. For Sudanese mother (2), this issue of not having family and community support has caused them to doubt their abilities of being a good mother. Levi's (2014) study of Sudanese mothers confirms this theme, in her study these mothers' shared in their narratives, "there is a sense of grief for the loss of proximity to relatives and the support they offered, and more generally the sense of shared responsibility that was part of child-rearing in Sudan" (p. 486). As a result, one the themes from Levi's study was that the Sudanese mothers feared that they have lost their teenage children to Australian culture, due to the lack of support from family and the strong influence of Australian culture on their children.

The third subtheme is *passing on culture to their children*; all the mothers spoke about passing on their own culture and traditions to their children. Several research studies from the perspective of the refugee women highlight that passing on their culture

to their children in important during their resettlement process, including qualitative studies of Sudanese mothers (Baird & Boyle, 2012; Faria, 2014) and Somali mothers (Nilsson et al., 2012). Language is an important factor in maintaining cultural ties and family ties to their home country. All the mothers in this study have taught their children how to speak their native language. The mothers in my study reported that their native language is spoken at home with their children. Faria's (2014) research on Sudanese mothers found that mothers tried to strengthen their children's cultural ties to Sudan by using these methods of parenting: speaking the regional language, cooking regional dishes, and recalling life at home.

The mothers in this study addressed wanting to raise their children to belong in their native (home) culture and US culture. A few mothers shared that it was challenging to figure out a way to follow their own cultural and traditional parenting practices and adopt some American parenting practices too. Sudanese mother (2) shared that she thinks she will judged by her family and community back home, because she learned how to be a mother on her own and is raising her son to have both Sudanese and American values. Furthermore, some mothers shared that they grew distant with their family members who live back home because they did not receive the support they needed both as an orphan child and now as a first-time mother. Sudanese mother (1) shared her feelings about not having support while her American counterparts had support from their family. She shares,

When I see American kids that are really close to their mother and their father. I see that they are too tight, but for me, I am not that tight I lost it on my way through all the situation.

Another factor addressed in the *passing down of culture to their children* is that some mothers have been raising their children to have dual heritage. They want to take the positives of both cultures, their native culture and American culture and raise their children in that manner. A couple of mothers shared that their fear was that their children would be ostracized, therefore they raised them to adapt to both cultures. All the mothers stated that they were fearful of the host countries' values and beliefs taking over their children's personalities; therefore, these mothers emphasized the importance of having open and honest communication with their children. Several research studies (Atwell et al., 2009; Chambon, 1989; Renzaho et al., 2011; Weine et al., 2004; Williams, 2008; Yako & Biswas, 2014) have shown that refugee parents are fearful that host countries' culture will have more influence over their children, therefore passing on their culture to the children, also entails children honoring their parents and parents having a hierarchal position over their children.

These mothers' stories of passing down their culture to their children show that these mothers still have ties to their home country, however they do acknowledge that their children also have ties to the US. Research that reflects on refugee mother's internal processes of living between two cultures has shown this to be a positive experience when refugee mothers who come from a patriarchal country move to a host country that emphasizes women rights and egalitarian marriage. Some refugee mothers are able to take advantage of their new role by working outside the home, going to school to advance their education, and to request egalitarian relationships with their spouses while living in a new country (Baird & Boyle, 2012). Some mothers shared that living in the US has given them

more opportunities for employment and education, which they might not had if they lived in their home country.

The challenges in passing on culture to refugee children are when the host country has more power and influence on how refugee parents should raise their children, which leads to refugee parents feeling powerless in trying to teach from their own cultural and traditional practices (Baird & Boyle, 2012; Faria, 2014; Levi, 2014). This may lead to challenges in parent-child communication and attachment (Ajdukovic & Ajdukovic, 1993; Lustig et al., 2004).

Related to this, the last subtheme, *challenges in US culture*, represents the many challenges that these mothers' face in rearing their children in the US. Many of the mothers talked about losing authority over their children, because they were told that they could not use physical punishment. A few mothers shared that they felt helpless in parenting their children in their own cultural and traditional manner for fear of the legal system being involved. These mothers talked about how the US systems is too involved with parenting practices, which leaves parents feeling helpless and unable to control their children. Rwandan mother shares her thoughts on the subject of parenting challenges:

In America, everything is abuse and that lead to parents just being...well... I'm not going to be reported. They are going to take away my child, so he can do anything he wants and that is difficult. I have seen my fellow parents going through that.

Several research studies confirm host countries interfering with (or challenging) parenting practices of refugee parents. Renzaho et al.'s (2011) qualitative study of African refugee parents found that these factors were important to them in keeping their family healthy and happy: good communication between parents and children, children's respect

for and listen to their parents, and appropriate healthcare for the whole family. The African parents in Renzaho et al.'s (2011) study found that living in Australia has been challenging for them due to the misinformation they received upon arrival about the Australian childcare systems. In Atwell et al.'s (2009) study of factors that were challenging for refugee parents during the resettlement process, the parents from this study reported the following challenges: language barriers, lack of resources, separation from family, and child's independence. Nilsson et al.'s (2012) study of Somali women showed that they felt that unsupported and misunderstood by law enforcement and the school system; several mothers shared that "it felt that the institutions worked against them." (p. 246)

The mothers from this study shared about having to find ways to change their parenting styles in order to adhere to US values. A few mothers shared that they speak differently to their children, for example, in a 'softer' way, in order to keep the peace in the house. Past studies have shown that refugee parents change their parenting style in order to fit in with the host countries' values and beliefs (Lenette, Brough, & Cox, 2012; Levi, 2014); therefore resettlement agencies have created parenting programs to help bridge the difference and assist refugee parent in parenting skills, understanding Child Protective Services and other systems, connecting parents to community resources, and increasing parent support by linking them with other refugee parents (Renzaho & Vignjevic, 2011; Weine et al., 2004; Williams, 2008).

The major theme of *parenting issues* addressed the parenting challenges and successes in parenting their children in the US. All the mothers in the study have taught their children how to speak in their native language, which to them is a great asset in



maintaining their cultural ties to their home country and 'not losing face' to the relatives who live back home. These mothers shared their thoughts about the US system being too involved in their parenting practices, which makes it difficult for them to parent their children in their own cultural way. Some mothers talked about finding new ways to parent their children, acknowledging that their children should have ties to both their native country and the US. Some mothers shared that their children still have ties to their native cultural beliefs and values, as evidenced by one mother being involved in her children's decision-making process.

**Resiliency and faith.** *Resiliency and faith* is the last major theme in this study, and it has three subthemes: *having faith, helping others, and hope for the future*. These mothers' share their stories and experiences of having faith and resiliency in order to endure the things that happen in their lives and hope for a better future for them and their children. Research on refugee women and children can be subjected to only their traumatic experiences and how it has affected their lives. Refugee women are not passive and weak victims of their war experiences, it is necessary to highlight that their experiences are full of resiliency, endurance, and strength (Lenette et al., 2012).

It is important, when addressing refugee individual's experiences of war, especially female refugee's accounts of war, that we do not paint them in a role as passive victims (Oguntokun, 1998). These mothers' stories represent the strength and bravery of leaving one's home country and resettling their children in a new country. Their feelings about their war experiences are a small part of what represents their whole experience (Martin, 2004). Therefore, in this study, I have also addressed both their experiences that were

traumatic and also their experiences of strength and resiliency (Lenette et al., 2012; Wadsworth, 2010; Williams, 2007).

*Having faith* speaks to the constant presence of God or a Higher Power in their lives, helping and guiding them through all their traumatic experiences of war, displacement, and resettlement stressors. This is a consistent finding from this study, all the mothers shared having a strong spiritual faith got them through their traumatic experiences of war. These mothers' stories highlight their challenges and successes, while referencing receiving help from God or a Higher Power. These themes are confirmed by the research stated below: Bentley, Ahmad, and Thoburn's (2015) study of East African refugees found that religiosity and spiritual coping skills among survivors of torture and war were found to be effective in addressing post-traumatic symptoms. Leaman and Gee (2012) explored religious coping methods as protective or risk factors for psychological distress among African torture survivors; they found that negative religious coping (i.e., anger, fear, and doubt) was associated with PTSD symptoms and depression, compared to private religious behaviors were found to be more helpful in combating PTSD symptoms and depression. Leaman and Gee (2012) defined positive religious coping as having trust, hope, and faith in God representing a secure relationship with God and a connection to others. Spiritual and religious coping are alternative coping mechanisms for refugees to use when addressing their traumatic experiences of war, loss of homeland, and the loss of family. Studies of Somali refugees emphasized power of reading the Qur'an has helped them deal with psychological, physical, and spiritual challenges, specifically reading the Qur'an in group settings have shown to have healing powers among Somali refugees (Whittaker, Hardy,

Lewis & Buchan, 2005). Research on religious coping is still in its infancy in regards to refugee studies (Iskason & Jurkovich, 2013; McLellan, 2013).

The subtheme of *having faith* is confirmed by Schweitzer, Greenslate, and Kagee's (2007) study of resilience in Sudanese refugees. Schweitzer et al. (2007) found that "belief in God provided participants with a mechanism by which they could regain some of the control and meaning they had lost over their lives" (p. 285). Schweitzer et al.'s (2007) study also confirmed that the Sudanese participants' attitudes in responding to severe stress was a factor that influenced their coping; this study confirms that refugee individuals have resiliency, their actions and words speak to their ability to experience a traumatic events and define it in a positive way.

Raghallaigh and Gilligan's (2010) study of asylum-seeking unaccompanied minors found that coping strategies for these youths included attending religious institutions (i.e., church), referencing and trusting God to assist in their problems, and adhering to a bicultural identity. Sudanese mother (1) and (2) spoke about teaching their children to have a bicultural identity, which involved raising their children to maintain their native heritage and their identity, while adopting the positive aspects of their resettlement countries values (Raghallaigh & Gilligan, 2010). These studies (Raghallaigh & Gilligan, 2010; Schweitzer et al., 2007) confirm that *having faith* is consistent in the stories of resilience for individuals surviving from war and displacement.

The second subtheme, *helping others*, summarizes these mother's experiences of receiving help and assistance by strangers while they were displaced. In return, these mothers have talked about helping other refugees because they were helped in the past. This reciprocity of help is emphasized with Sudanese mother (1) and Sudanese mother (2),

they shared in their stories that they are grateful for the assistance they received while escaping out of their home country as small children. They believe that this assistance can only be paid back by helping others in need. Now that they are settled in the states, they plan to help young mothers in the community with giving advice and resources.

Puvimanasinghe, Denson, Augoustinos, and Somasundaram's (2014) qualitative study of Burundians and Sierra Leoneans found that altruism and helping others were important in these two refugee communities living in Australia, helping both individually and collectively assisted in their healing process from having been through the atrocities of war.

The last subtheme, *hope for the future* emphasizes these mothers' wishes for their children to have bright and happy futures. Being mother for them is a new start in life; a new beginning for their family. Some of the mothers shared that their children have a different life than they did and they want their children take advantage of all the opportunities that living in the US has given them. These mothers talked about how much they love being mothers, that having a family of their own has been important and crucial to their healing process. These themes are shared in a number of research studies in refugee parenting, that refugee parents have high hopes for the future in having their children that are happy, healthy, and successful adults (Atwell et al., 2009; Baird & Boyle, 2012; Nilsson et al., 2012; Vervliet et al., 2013).

In summary, *resiliency and faith* includes three subthemes—*having faith, helping others, and hope for the future*. This theme speaks to these mother's experiences of being resilient in the face of trauma, making meaning from their experiences, and having goals for a brighter future for themselves and their children. There is lack of research that addresses

the resiliency qualities among diverse refugee groups (Schweitzer et al., 2007; Tempany, 2009). In Goodman's (2004) of Sudanese Dinka youth, resiliency was maintained through utilizing effective coping mechanism, with specific coping mechanisms including suppression and distraction, finding comfort in relationships, constructing meaning from suffering, and focusing on hope during resettlement. Goodman (2004) found that the youths relied on each other to survive and be resilient in the face of trauma, and these relationships provided the means not to give up; relationships were essential for these youths in believing in themselves when faced with trauma. Goodman's (2004) study confirms how important relationships are and how healing it can be to be in relationships when faced with the atrocities of war. These studies confirm this theme as these mother's share their stories of war trauma and parenting that these experiences not only shaped them, but choosing to see that these events have given them a better opportunity to raise their children in the US, accomplish their personal goals, and also spread the message about assisting other refugee mothers and their children going through trauma (Raghallaigh & Gilligan, 2010; Schweitzer et al., 2007; Tempany, 2009).

*Resiliency and faith* is the representation of the innate strength and endurance that all these refugee mothers showed. These mothers shared a drive to be "the best parents" for their children, give their children experiences that they did not have, and also give themselves a new start on their lives with their children. Isakson and Jurkovic (2013) found that torture survivors were striving to move on after torture, and that several factors promoted the idea of 'moving on': "the use of their own cultural belief and values systems, the use of available environmental supports and coping strategies for safety and stability, and establishing emotional support enabled an environment that will help a refugee

individual move on” (pp. 756-757). The mothers in my study do not dwell in the past; they agreed to participate in this study in order to share their stories with other refugee mothers that are going through the same thing. They hope that sharing their experience will create change for refugee women and children around the world in refugee policy, resettlement policy, and parent-child challenges.

In conclusion, the findings from this study confirm many areas in the preexisting literature in refugee studies of the experiences of refugee women across multiple racial and cultural backgrounds. Unique findings from this study are the experiences of orphan refugee mothers and how their relationship with their children is influenced by their experiences of being an orphan. Additionally, the theme of spirituality is prevalent in all of these mothers’ stories of war and resettlement. This study adds to the literature on East African refugee mothers’ experiences of war and how it affects parenting and mother-child relationships. Finally, these mothers’ in-depth description of their experiences of war and resettlement does confirm that it affects parenting and parent-child relationship in a multitude of ways. The findings from this study confirm that refugee mothers and their children are embedded in multiple systems that influence their day-to-day interactions, bonding, and communication. Refugee mothers are dependent on a system that is relationship oriented in order for mothers to raise healthy children. These findings show that refugee mothers experiences are influenced by the systems that influence their families, such as government, state, city, employment, school, DHS, community, and extended family; these systems can assist or hinder these mother’s ability to care for their children. Therefore, as we explore and make meaning of their experiences, it is essential to

assist in building mother's relationship with these systems to help them in rearing healthy children.

### **Clinical Implications**

First and foremost, when providing mental health services for marginalized cultural groups (i.e., refugees), it is imperative that therapists understand their own judgments, bias, and limitations (Laszloffy & Habekost, 2010; McGoldrick et al., 2005). A "not-knowing stance" is critical in developing rapport and relationship with families in therapy (Larner, 2000 p. 70). It is essential for the therapist to gather as much information about their experiences, history, cultural values and beliefs, spiritual faith, family dynamics and other pertinent information (McGoldrick et al., 2005). In addition, marriage and family therapist need to educate themselves on the diversity of refugee cultural groups, keeping in mind that it is not the client's job to educate the therapist on everything that they need to know about their culture. Reading studies such as this one can help therapists better understand the realities of the refugee experience. McGoldrick et al. (2005) state that it is not only important to learn the "facts" about other cultures, but also to change our (therapist's) attitudes. These authors stated that in training culturally competent (marriage and family) therapists, it is important to understand our own cultural paradigms in order to recognize and challenge our own bias and limited understanding of different cultural groups than the ones that we are born in. "We need to find a balance that allows us to validate the differences between us, while appreciating the common forces that bind us together, because the sense of belonging is vital to our identity" (McGoldrick et al., 2005, p. 6).

It is important that marriage and family therapists are flexible in their thinking because families are unique in their own make-up and experiences. Furthermore, Laszloffy

and Habekost (2010) address the need for family therapists to have experiential training to enhance cultural sensitivity, they state:

It is one thing to listen to what it feels like to experience some form of oppression, but it is quite different to feel it for oneself. Moreover, it is one thing to learn about a particular group by hearing a lecture or reading an article or a book, but it is another thing altogether to interact directly with members of that group. The capacity for sensitivity hinges to a large degree on talking with and interacting with others whom one is different from, and struggling to relate across and through differences. Inevitably, during interactions with people from other groups, mistakes are made. We say things that the other perceives slight, or we may look foolish for not understanding the meaning of a certain thing. It is these strained and awkward moments that promote sensitivity-based learning and growth. (p. 335)

Laszloffy and Habekost (2010) believe it is important for marriage and family therapists to enhance cultural awareness in working with marginalized populations. Similarly, Loewy, Williams, and Keleta (2002) addressed how clinicians need to be aware of their own biases and particularly potential Eurocentric bias in addressing the needs of refugee groups, as the westernized model of therapy interventions deems to be culturally inappropriate and unhelpful. Therefore, Loewy et al. (2002) created the *Kaffa* Ceremony, which is an example of a cross-cultural intervention when working with East African women. This study will be addressed in greater detail later on.

Dow and Woolley's (2011) study of Albanian immigrants found that due to their political history of 50 years of complete isolation from the world and no mental health information or services, Albanian immigrants have a limited understanding of mental



health and mental health services. For clinicians, working with Albanian families it is important that this is taken into account—their sociopolitical history, collectivistic values, and high levels of shame in the community affect clinical work (Dow & Woolley, 2011). Similarly, for East African refugee populations living in the United States, they may also not be accustomed to working with mental health professionals in addressing their mental health needs. Therefore, culturally relevant psychoeducation on mental health helps bridge the relationship between mental health professionals and East African refugee population. When working with populations that have been through severe trauma, it is important to explore how they view mental illness and work from where the family is at, in order to be effective in their treatment. When working with African refugee populations, the significance of receiving mental health treatment is wearisome for many due to their negative experiences of Westernized systems, therefore for marriage and family therapists it is essential for them to explore how they define mental health and mental wellness.

Secondly, my study informs us that refugee women's experiences of war and trauma are complex. Their stories of their experiences of war and displacement and how it has affected their parent-child relationships speak to how trauma is experienced relationally. These mothers' shared in their narratives about the relationships that were lost due to war and displaces and how important it is to have (their) family physically present with them in raising their children. Additionally, having a strong relationship with their children while living in the US was essential to the family's survival. Relationships are integral to the health and well-being of the refugee individual and his or her family; having social support assists in buffering traumatic experiences from the past. For marriage and family therapists, it is important to increase social support networks for refugee mothers and

their children. Social support networks can be created using therapy interventions that are stated below. For marriage and family therapist, this may mean adding therapy groups, skill building groups, social hours/gatherings, and other group functions, in addition to individual and family therapy treatment.

Studies of working with refugee mothers highlight the effectiveness of group therapy interventions. For example, the *Kaffa* Ceremony is a cross-cultural intervention that incorporates the traditional coffee ceremony with group therapy. This intervention follows a three thousand year practice, of making coffee and drinking coffee within a circle of women, they believe the process of making and drinking coffee has both spiritual and psychological healing powers. Women sit in a circle and talk about their problems; they listen to one another, and share both their sorrows and triumphs. This ceremony was used to assist East African refugee women in addressing their past trauma of war, losing their family, psychological symptoms, and present stressors. Loewy et al. (2002) translated this ceremony into a group therapy intervention that entails 6 weeks of sessions, each session matching a part of the traditional *Kaffa* Ceremony. For instance, when the women shared the responsibility of roasting the *Kaffa* (i.e., coffee), the facilitator talked to the women about confidentiality, assisted the women in establishing rapport with one another. For example, the first session of the *Kaffa* ceremony, these women learn to be in the moment, work together in roasting the coffee beans; the goal is to remind one another to stay in the present, while admiring the scent of the coffee beans. Each stage of the *Kaffa* Ceremony represented a deeper level of storytelling, sharing, and building of relationships among the group of women.

There are a number of group therapy interventions for refugee parents (and families) to assist in building relationships and community networks while living in their respective resettlement country, such as the Coffee and Families Education and Support group (CAFES); a multi-family education and support group developed by Weine et al., (2004) and the African Migrant Parenting Program by Renzaho and Vignjevic (2011). In addition, Lacroix and Sabbah (2011) explained a need for more family/group interventions to assist in mitigating resettlement stressors among newly resettled refugee families. Group therapy interventions and parenting interventions targeting skill building and increase social contact for refugee parents has shown to decrease mental health symptoms among parents, build parent-child bonds, increase communication skills between parent-child, and increase parental/family support system (Weine, 2011).

Weine (2011) and Weine et al. (2004) addressed using a preventive intervention development cycle for refugee families highlighting these processes- changes in family roles and obligations, changes in family memories and communication, changes in family relationships with other family members, changes in family connections with ethnic community and nation state. Weine et al. (2004) concluded that when the refugee trauma experiences are interpreted within a family context, the family experiences a wide range of changes due to experiences of war, displacement, and resettlement. Weine et al.'s (2004) three-year longitudinal study of Bosnian refugee families gives an insider's perspective of the multiple refugees families experiences that created the model of FAMCORT–Family Consequences of Refugee Trauma model.

Renzaho and Vignjevic's (2011) African refugee parenting group had positive results for the parents and the children. They conducted an eight session parenting

program for only African refugee parents. The sessions consisted on knowing and responding to children's needs, clear communication skills, effective discipline, and dealing with family conflicts. African parents were shown to have more appropriate expectations for their children, increased empathy towards children's needs, decreased need for corporal punishment, and decreased role reversal between parents and children.

In addition, refugee mother and child interventions have been shown to have positive results for the whole family. Loar's (2004) study of refugee mothers and their children found that play therapy interventions improved parent-child interactions, parent-child bond, and overall child's gross motor skills, fine motor skills, and speech and language and mathematical concepts. These play therapy techniques also assisted refugee mothers recreate their stories of trauma to stories of survival and also help families create positive memories of their home country.

Haene, Rober, Adriaenssens, and Verschueren's (2012) study of using a dialogical approach to refugee trauma therapy explored a heuristic approach to addressing the experiences of refugee families. This study highlights that a dialogical and collaborative approach, where the refugee clients/families make meaning of their experiences, allows multiple voices and perspectives in the family to be heard in order to heal from past traumatic experiences. Highlighting that the therapist is also co-authoring their experience in asking the client to delve deeper in meaning of both remembering and forgetting, a balance of their trauma experience. This intervention is also congruent with van der Kolk and McFarlane's (1996) belief that refugee individuals and families need to piece together their experiences as, much of the time, traumatic memories lay fragmented in the brain.

Group therapy treatment models for refugee parents have been shown to have positive effects in decreasing parents' mental health symptoms, building communication between parents and child(ren), and improving children's overall health (Renzaho & Vignjevic, 2011; Weine, 2011; Weine et al., 2004). These research studies are examples of effective clinical interventions that help meet the whole families' needs. Individual treatment models, such as Blackburn's (2010) narrative therapy, have been found to be effective in restorying refugee women's stories from that of victim to survivor. Neuner, Schauer, Klaschik, Karunakara, and Elbert's (2004) study of Sudanese refugees living in a Uganda refugee camp and Catani, Schauer, and Neuner's (2008) study of Sri Lanka and Afghanistan refugee children found that Narrative Exposure Therapy (NET) was found to be effective in addressing traumatic war experiences. NET is the combination for the individual's narrative of their whole traumatic experiences, while concurrently using exposure therapy techniques, in which the therapist asks the client repeatedly to talk about the worst parts of their traumatic events in order for the client to re-experience all the emotions associated with this event. The NET's goal is to reconstruct a new autobiographic memory of their experiences using both narrative and exposure therapy techniques (Catani et al., 2008; Neuner et al., 2004). Neuner et al.'s (2004) randomized controlled trial of NET, Supportive Counseling, and Psychoeducation group interventions found that NET was more effective than the other two group intervention one year post-op in reducing posttraumatic stress disorder among Sudanese refugees. Catani et al.'s (2008) study found used a version of NET and created KIDNET used for Sri Lanka and Afghanistan refugee children found that multiple exposures to traumatic war events correlated with high levels

of exposure to family violence (i.e., father beating on mother, child sexual abuse, and child work laboring).

Thirdly, this current study speaks to the challenges for refugees in raising children in the US. This is an area where mental health therapists can assist in building bridges for refugee families and the outside community. Landau, Mittal, and Weiling's (2008) study of The Link Approach emphasizes working with the whole family to highlight their strengths and resiliency. The Link Approach is a model where the clinician has a collaborative relationship with one person in the family, and that person works with the clinician to make decisions about how to resolve issues that the whole family is experiencing. The clinician also helps the family connect to outside resources that can assist in alleviating the problems. The goal of the Link Approach is to enhance positive connectedness, explore intergenerational stories, and recreate rituals and celebrations (Landau et al., 2008). Family therapists and other mental health professionals could be used as liaisons for refugee parents in learning how to navigate the different systems (i.e., work, medical, school). We can be used as cultural brokers to help refugee parents in assisting them with understanding the different systems and teach them how to best utilize the resources available. With our knowledge of diverse cultural groups among the refugee population, we can be used in multiple settings outside of the clinic to best serve refugee families. This is seen as both therapeutic and helpful for refugee families that not only need mental health services, but may also need medical, legal, and other assistance too.

Lastly, family therapists and other mental health clinicians can assist these families by creating programs to assist refugee parents in learning how to maintain their cultural identity in the home with their children, at the same time, teach refugee parents about the

US child welfare policies, school policies, and other policies pertinent to raising children in the US that they might now know about. This will assist refugee parents in eliminating the fears in their mind that when you raise children in the US, you have to follow US culture and values, when in fact we should promote that all cultural practices in raising children are welcomed when the focus is on the health and well-being of the child and the whole family.

### **Limitations**

This study is not a representation of all East African refugee mothers, but a study of this specific group of East African refugee mothers. It is important to not make generalizations from these findings to all refugees, but look into how to increase more culture-specific research on different refugee groups. This study describes the experiences of refugee mothers in war trauma and how it affects parenting; refugee fathers were not a part of this study. Interviewing refugee fathers could have given an alternative perspective on how war trauma affects parenting practices.

Another limitation is that all the participants were required to understand and speak in English. This limited the potential pool of participants, as the focus of this study was to explore the experiences of newly resettled refugee mothers. Participants were recruited at a resettlement agency, at churches, and at social gatherings where East African mothers tend to congregate. Unfortunately there were several mothers who were interested in participating in this study, but could not because of the language barrier. If interpreters were available for the interviews this may have increased the applicant pool, increased the diversity of the stories obtained, and also been more congruent with the purpose of this study. Since the research question was what were the experiences of war

and how has it affected parenting and parent-child relationship, having the mothers speak in their native language could give us a clearer picture of their experience by using the language that is more comfortable for them. Recalling experiences of war may be difficult to talk about in general, having to share their experiences in English may have made it even harder for them. However, this would have also increased the expense of the study.

Another limitation of this study was that some of the questions did not make sense or translate well for the majority of these mothers. When I asked the question about mother-child attachment and bonds, this is a Westernized concept of attachment, which was not congruent with how these mothers seemed to define attachment. Most of the mothers had a hard time understanding that question and some of the mothers had a strong reaction to that question, which made me restate the question to best fit their understanding of parent-child relationship. The research question inquiring about mother-child attachment was “How have your experiences affected the way you respond to your children’s emotional and physical needs? Or have your responses stayed the same?” In a way, these mothers all stated that “I am responding to all of my children’s emotional and physical needs, if I wasn’t I wouldn’t be their mother.” This question did not end up exploring their parent-child dynamics. I changed the way I framed the question by stating “How are you close to your children?” some mothers answered, “by being open in communicating with my children.”

Lastly, I did not have the opportunity to have a second interview with these mothers. This did not give an opportunity conduct member checking, which would have increased the trustworthiness of this study. All the participants either had a full-time job or went to school; therefore it was difficult to set a date and time for the first interview.



There were times that the first interview had to be rescheduled due to work, childcare issues, and other obligations. Therefore, all the interviews were conducted one time and all the participants agreed that I could call them for clarification on their interview at any point of the transcription. If there was an opportunity to conduct a second interview with all six participants, it would allow for follow up questions to the first interview. As a result, there would be an increase in the stories obtained of what we know about these mothers' experiences of war and displacement and how it has affected parenting, with the second interview it the mothers and I would have had some time to reflect on the first interview and add more to this study.

### **Suggestions for future research**

One of the suggestions for future research is to add in translation services and interpreters to this study in order to gather stories from the language that these mothers are most comfortable in, it will increase the diversity in the stories, add in cultural concepts that are congruent to their experiences, and also create a dynamic where the research is addressed from their perspective, not these mothers trying to find English words to fit their experiences.

Another suggestion for future research is to interview both the refugee mothers and their children in order to address mother-child relationship and dynamics. This will increase our knowledge in mother-child attachment among a distinct refugee group.

Lastly, after completing this study of East African refugee mothers, three of the mothers had their own unique story of being orphaned at a young age due to the war. A study about the experiences of orphaned refugee children, growing up as refugee adults,

would increase our knowledge about this unique population, highlighting the challenges and struggles they face during war, displacement, and resettlement.

### **Conclusion**

War has devastating effects on families and communities (de Zulueta, 2007). The Office of the United Nations High Commissioner of Refugees (2014) report estimates that by the end of 2014, there will be 59.5 million displaced people around the world. This is a global crisis, as more wars and civil conflicts occur around the world, people from these countries flee with little to nothing out of war, in hopes of finding refuge in safer countries (UNHCR, 2014). Due to the high number of refugees coming from Africa and the Middle East, there is an increase need to understand their experiences of war and displacement, in order to assist them as they adjust to living in a new country (Schmitz et al., 2003; Yako & Biswas, 2012).

This study represents the in-depth narratives of six East African refugee mothers' stories of war, and how their experiences of war affect parenting and mother-child relationship. All of these mothers experienced war and forced displacement. Each story highlights their unique experiences. For example, three of the mothers lived as orphans during the war, these orphan mothers' lost their relationship with their biological parents because of the war. Their outlook on parenting may look different from other refugee mothers that didn't experience losing their parents. These six refugee mothers in this study share a common thread with many refugee mothers around the world that war affects families in a multitude of ways. War and forced displacement disproportionately affects refugee women and children (Martin, 2004; Wadsworth, 2010). However, refugee

research studies from the perspective of refugee women (mothers) experiences is minimized and marginalized (Deacon & Sullivan, 2009).

This study found that war experiences do have effect on refugee mothers' well-being and mother-child relationship. These mothers' shared in their stories—their negative experiences of war, the long-term consequences due to war experiences, and how it has affected these mothers as individuals, how it has affected their family life, and parenting in the US. These mothers experienced a tremendous amount of hardships, struggles, and challenges in their journey to seek safety for themselves and their family. However, their stories also illustrate enormous amount of strength, resiliency, and bravery that has brought them to where they are now.

War affects refugee women differently than refugee men (Deacon & Sullivan, 2009; Kneebone, 2005). Refugee women are most likely to have less educational and economic resources compared to men, and live in a gendered society that adheres to patriarchal rule (Deacon & Sullivan, 2009; Schaefer, 2002). This leads to severe stressors for refugee women, in addition the performing the role of caretaker to elders and children (Martin, 2004). Refugee women's experiences of war and displacement emphasize the multiple roles and burdens that are placed on women, and yet their voices are often marginalized and minimized in the research of refugee studies (Deacon & Sullivan, 2009; Murthy, 2007). Traumatic experiences for refugee women/mothers are defined relationally, which is emphasized in this study. Their stories have multiple themes of loss—the loss of family, the loss of culture, and the loss of country.

This study speaks to the complexity of refugee women's experience of war, displacement, resettlement, but also how it has affected their parenting practices and

experience of living in the United States. Two qualitative studies by Whitaker et al. (2005), of Somali refugee mothers and Lenette et al.'s (2012) of refugee mothers share similar themes of experiences of war, parenting, resettlement challenges, and resiliency and faith as this study does. Therefore, this study validates a shared experience among a large group of refugee mothers from a variety of cultural backgrounds. These mothers shared in their stories that raising children in the US has many challenges due to US culture, values, and beliefs. These mothers are pressured to assimilate their children to Westernized ideologies, which causes further traumatization in their children losing their cultural identity due to resettling in a Westernized country. However, this study of East African refugee mothers share how they have maintained their cultural identity with their children through speaking their native language at home, abiding my cultural practices (i.e., parents involved in children's decision-making process), and also having open communication with their children about their history, culture, and the events that happened to their family that caused them to resettle in the US.

What can we learn from their stories? For the most part, we can learn about the challenges and issues that refugees face living in the US. Most of the time, the refugee issues are invisible, unless you have direct contact with refugees. The United States is so vast that, in some cities, there are people that have never met someone outside their own racial or cultural group. Therefore, why do we need to learn about the refugee issues? For me, the answer is that we have to learn because our own everyday challenges are irrelevant compared to what others have to go through when they are forced to leave their home country. It is because of our privilege that allows us to stay ignorant to these issues because they do not directly affect us. At the same time, it is our privilege that we can also

enact change for refugees, by educating ourselves with the international issues around the world, listening to our politician's, senator's, and mayor's views on immigration and refugee policies and vote for pro-immigrant and refugee family policies that make it easier for these populations to succeed and thrive. On a macro level, when we fight for social justice, we can make a difference no matter our education status, occupation status, age, gender, and so on because it takes one rock to make a ripple of change.

### **Personal Reflections and Researcher Reflexivity**

My journey during this dissertation has been a challenging and rewarding experience. I will address how this research started from my personal background as a refugee child, my clinical training as a Refugee Therapist/Marriage and Family Therapist, and finally as a Marriage and Family Therapist/researcher. I am an advocate for refugee women and children since my high school years working as an intern in Grand Rapids, MI. I read books and watched movies about refugee/immigrant women from Asian backgrounds, similar to my own, in search for answers to my questions about identity, family dynamics, and values/beliefs. Growing up as a first generation refugee female, I knew I was different, but I didn't know where I fit in the US society of race and identity. I am so grateful that my parents gave me a Vietnamese name to ensure that I am still connected to Vietnam. Being born and raised in the US, people will see that although I am fluent in English and grew accustomed to US culture; I am different. For the most part, this research validates some of my experiences of being a child of refugee parents. I lived in both worlds, where I abided by my parent's cultural traditions and lived in a Westernized society that screams "assimilate, assimilate to our culture." I straddled that line as a child,

unsure about a lot of things, until I started my academic and clinical training as a Marriage and Family Therapist.

During my doctoral clinical internship in Grand Rapids, MI, I worked as a trauma therapist at the Refugee Center for Victims of Torture and Trauma. This experience of working with refugees who recently resettled to the US from war torn countries, civil conflict, and displacements, opened my eyes to the current refugee crisis that is going on in different parts of the world. My time as a trauma therapist is extremely precious to me, when a client comes in my room, although he or she may feel helpless and hopeless in addressing his or her current stressor and/or challenge at home—my job was to help empower these client's to make the best choices in addressing their concerns and give them resources available to assist in their dilemma. The majority of my time spent at the center with my refugee clients was listening to their stories of trauma, hardship, endurance, strength, and the fight to keep their families alive. Specifically, for the refugee women and mothers who shared heartfelt stories of strength and resiliency through the trials of being a victim of war torture. It amazes me to this day that I have been honored to be in their presence and to listen to their stories. These clients encouraged me to be active in the human fight, that war disrupts lives, families, and communities. I saw it day in and out the struggle to live in the US. Although I was employed in a center that helped to assist diverse groups of refugees in meeting their needs in housing, employment, education, and therapy; it wasn't enough. More needed to be done, and I saw the fallacy of a system that was built on grants and temporary funding, with goals that resulted in only temporary solutions for problems that occurred way before they settled into the US. Many clients continued to experience trauma in the US. More research needs to be conducted to address

refugee's needs in host countries. The negative perception of refugees in the US needs to change because for them to be here in the US is an asset to us. There is much to be learned about survival and endurance in learning from the refugees' experiences, at the same time, there is a need for US systems to be more adaptable and flexible in meeting the needs of diverse refugee groups.

Finally, an accumulation of my family background, academic and clinical training, and now as a doctoral student starting a dissertation has brought me to this research study of how war trauma affects parenting among East African refugee mothers. This study is one step in many projects that I hope to build in the area of refugee awareness. When conducting this study, from the very beginning of reading articles about refugee women's experiences of war, displacement, and resettlement; themes emerged about their experience. The experiences of refugee women are complex and diverse; yet, there are commonalities as well. These commonalities include being women, living in a society that subjugates them, experiencing motherhood and other roles of caretaking. In reading about refugee experiences in academic journals and articles, I was shocked to see that there weren't many articles written about these experiences. Yet, the articles written were thorough in detail and the female refugees' experience is a lot different and sometimes harder than that of male refugees. Being immersed in the reading brought out my own personal feelings and emotions about my female relatives, my mother, and others that I know about why certain thoughts and actions made sense to them. Reading about the injustices of refugee women and children's experiences around the world made me look at my own privileged background.

When I started seeking participants for this study and started to advertise my flyer, I received a lot of praise and accolades. I was encouraged to write from both refugee women and men. On the other hand, a few refugee women were surprised that their story was important to me, important enough to write about in a dissertation and publish. A couple of refugee parents shared with me their struggles with living in the US and how difficult it is to parent their children in a foreign country. When it came time to interview, another layer of in-depth processing occurred within me. During the interviews, there was an unspoken connection, that here I was a female researcher, who was also a refugee child, and also a trauma therapist at a well-known refugee center, wanting to hear and use their story to conduct her dissertation. The intersectionality of multiple identities that I embodied and performed allowed me to have an easier access to interviewing these East African refugee mothers that I believe I would not have had, if I did not have all those identities.

During the interview in the participant's home, I also had access to seeing these mothers with their husband and children. I had access to see what the inside of their houses looked like, I sat in the chairs that relatives and friends have sat on. This intimate setting allowed the interview to be free from the constraints of a clinic room or other more formal settings. When I asked my questions and listened to their stories, I was struck with such emotion and feelings. It was difficult to process that these events and experiences happened to them, when you see the final product in front of you. These women shared intimate experiences that made them the person and mother that they are today. At times, during the interview I restrained myself from having too much emotion, but it could be read on my face. Some found solace in that; at the same time, I was worried that now that I



know, more needs to be done to help refugee mothers and their children. Each mother was unique and special in her own way, all of their stories and lessons they taught me could not be distilled into just black words on white paper. Yet, I knew that this study was a first step in many steps that needed to be done. I am beyond grateful for this experience of sharing these six mothers stories in my dissertation and for these mothers, they were happy to see that their lives are important and need to be learned from others that have not had this experience. I am here as an agent and hope that this study bridges connection, relationship, awareness, and advocacy for refugee women and children that are marginalized in different parts of the world.

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Table 1

*Themes and subthemes*

Major Themes	Subthemes
Experiences of war	Naming my experiences Witnessing while escaping Remembered feelings Becoming orphans Separation from family and community Trauma while displaced
Lasting negative effects of war	Trauma symptoms Losing identity Negative feelings about their home country
Resettlement challenges	Experiences of discrimination, racism, and othering Abuse and trauma in resettlement Starting all over again
Parenting issues	Protecting children from war Learning how to parent without a network Passing on culture to their children Challenges in US culture
Resiliency and coping	Having faith Helping others Hope for the future

## Informed Consent Form

**STUDY OF EAST AFRICAN REFUGEE MOTHER'S WAR EXPERIENCES AND ITS EFFECTS ON FAMILIES****RESEARCHERS**

Binh Pham, MA – Lead Researcher

Kevin Lyness, PhD – Advisor

In this study we hope to understand how war has affected you and your families. We want to hear your stories of war and how it affected your relationships with your children. You are being asked to be a part of this study. Please feel free to ask questions anytime.

If you decide to be in this study, your part will involve:

- a. A brief meeting to fill out a survey asking a few questions about you and signing this form.
- b. An interview that will take about one to two hours.
- c. There is chance we will contact you for more information. Therefore, I will be asking for some information about how to contact you.

If you decide that you do not want to continue on with this interview, please let me know. I will end this interview immediately if you want me to. You can also leave the room, this will indicate to me that you do not want to continue on with this interview. If you decide later that you want to withdraw from this study, you will have three months to contact me and I will remove your interview. The gift card of \$15 will be given to you if you complete or do not complete this interview. You will be receiving the gift card on the day of the interview session.

We believe there is low risk in participating in this interview. Some things that you may feel during and/or after this interview might include feeling - sad, unhappy, distressed, feelings of anger towards oneself or others, and feelings of embarrassment or shame. If you do have these feelings and wish to talk to someone about it, I will help you find someone to talk to.

Telling your story helps us explore how war affects refugee mothers and their families. Some personal benefits in telling your story is that it may give you better insight into how war affects you and your family. The stories we collect may help other refugee mothers who have had the same experiences. This information will also help therapists to know how war affects people like you.

We will do our best to keep your identity private. The interviews will be typed up and you will have a fake name. Only the lead researcher and advisor will know your true name. Only your fake names will be used in publications and/or presentations. All of the interviews will be kept locked in a private location. I will keep your contact information separate from your interview.

For further information about the study contact you can contact me, Binh Pham, MA at XXXXXXXX or you can contact my advisor, Kevin Lyness, PhD at [klyness@antioch.edu](mailto:klyness@antioch.edu) or at (603) 283-2149.

If you have any questions about your rights as a participant, you may contact Dr. Katherine Clarke, Chair of Antioch University New England IRB at (603) 283-2162 or Dr. Melinda Treadwell, Vice President for Academic Affairs at (603) 283-2444.

*Signing my name at the bottom means that I agree to be in this study.*

THANK YOU FOR YOUR PARTICIPATION.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Researcher's Signature

\_\_\_\_\_  
Date

## Appendix B

### Screening Questions

#### Informal Phonecall Questionnaire Template

Hi, this is Binh Pham. Are you calling to ask about the flyer for research participants needed in the study of East African Mothers' Stories of War Experiences?

Thank you so much for calling me today. I have a couple of questions to ask you, before we can start the study and set up an interview date. These questions will only take a couple of minutes.

1. Are you from or have you lived in the eastern region of Africa? For example, Rwanda, Burundi, Uganda, Democratic Republic of Congo, Tanzania, Uganda, and Somalia. (Y/N)
2. Are you 18 years old or older? (Y/N)
3. Do you have children that are 18 years or younger? (Y/N)
4. Are you comfortable answering questions in English? (Y/N)

#### *Questions that ask for participant's mental wellness:*

5. Have you ever gone to the hospital for having thoughts about hurting yourself or someone else? (Y/N)
6. Do you currently have thoughts about hurting yourself or someone else? (Y/N)
7. Do you hear sounds and/or voices that other people do not hear? (Y/N)
8. Do you see things that other people do not see? Do you have any visions that are unexplainable? (Y/N)

---

If participants answered "Yes" for Question 1 – 4 and "No" for Question 5 – 8, the researcher will answer with the following example: "Thank you for answering my questions over the phone. You are a great fit for this study. Are you comfortable with me interviewing you at your home? (Y/N)

- a. If participant answered, "Yes" – "What date and time works best for you? Please keep in mind, that your interview will take 1 to 2 hours."

b. If participant answered, “No” – “Is there another place that you feel more comfortable with in doing the interview? Researcher and participant have to agree on a secure location.

c. If participant and researcher cannot agree on a location, then the researcher will state the following: “Thank you so much for your time, unfortunately I am unable to interview you for this study. Good luck with you future endeavors.

If participants answered “No” for any Question 1 to 4 or “Yes” to Question 5 - 8, the researcher will answer with the following example: “Thank you for answering my questions over the phone. I am sorry, but we’re looking for people who have [list criteria not met]. I really appreciate your time. Good luck with all your future endeavors.”

**Appendix C**

Demographic Questionnaire

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Age: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Please list war and/or civil conflicts experienced:

- 1.
- 2.
- 3.

Type of Trauma: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Resettlement Country and Year \_\_\_\_\_

Status:      Single \_\_\_\_\_      Married \_\_\_\_\_      Widowed \_\_\_\_\_

Children: How many? \_\_\_\_\_

Name	Gender	Age	Age of Arrival to Resettlement Country
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\*Any additional information or comments please write them on the backside of this paper.

### Appendix D

#### Recruitment Flyer

## East African Refugee Mothers – Do you have an important story to tell?

[Image of a woman holding the earth]

*Participate in a Confidential Research Study of the experiences of war and how it affects parenting and mother-child relationships among East African Mothers. Refugee mothers have to be 18 years or older and can speak & understand English.*

For more information, please contact Binh Pham, MA, LMFT at (XXX) XXX-XXXX or XXXXXXXXXXXXXXX.

\$15 Gift card to Meijer for participating

Call Binh Pham at (XXX) XXX-XXXX or XXXXXXXXX

Call Binh Pham at (XXX) XXX-XXXX or XXXXXXXXX

Call Binh Pham at (XXX) XXX-XXXX or XXXXXXXXX

Call Binh Pham at (XXX) XXX-XXXX or XXXXXXXXX

Call Binh Pham at (XXX) XXX-XXXX or XXXXXXXXX

Call Binh Pham at (XXX) XXX-XXXX or XXXXXXXXX

Call Binh Pham at (XXX) XXX-XXXX or XXXXXXXXX

Call Binh Pham at (XXX) XXX-XXXX or XXXXXXXXX

Call Binh Pham at (XXX) XXX-XXXX or XXXXXXXXX

Call Binh Pham at (XXX) XXX-XXXX or XXXXXXXXX

## **Appendix E**

### Research Questions

1. What were your experiences of war; how did you feel about it?
2. What did you do to survive?
3. What thoughts do you have about it today?
4. What do you call your experiences of war?
5. What parts of the experiences stand out for you?
6. How have these experiences affected your life?
7. How have war experiences affected your family relationships?
8. How have they affected your parenting and parenting style?
9. How have your experiences affected the way you communicate with your children?
10. How have your experiences affected the way you respond to your children's emotional and physical needs? Or how has your responses stayed the same?
11. How have your experiences affected how your children relate to you?
12. What are the most important aspects to you in having a good relationship between mother and children?
13. What were your parenting experiences before you immigrated compared to having resettled in a new country?
14. Do you think resettling in a new country has affected your parenting and relationship with your children?