HOW TRAUMA AFFECTS REFUGEE MOTHERS

by

Egette Indelele
A Thesis
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of
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Committee:

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Egette Indelele
Bachelor of Science
George Mason University, 2021

Director: James Thompson, Advisor, Professor
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DEDICATION

This is dedicated to my loving grandmother Bridgette and mother Francine and the rest of family who were former refugees. Your resilience and strength empower me.

ACKNOWLEDGEMENTS

I would like to thank my boyfriend Toby, my Godmother Caroline, my cousin Karalise, and my three close friends, who have made this happen by encouraging, loving and constantly reminding me of my worth. My committee member Dr.Goodman who trusted me with her data and who also assisted me through it all. Dr. James Thompson for welcoming this topic in his lab. Dr. Fuertes, for sharing his work and knowledge. Finally, many thanks go out to my lab and my lab mate for her support and assistance.

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ABSTRACT

HOW TRAUMA AFFECTS REFUGEE MOTHERS

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Refugees often experience many traumatic events before, during, and after their journey that predispose them to mental illnesses and affects their transition to the host country. Due to that understanding, the purpose of this research was to identify ways to better support refugee mothers and their families in having an easier transition, understand the experiences of refugee mothers as they relate to stress and trauma, identify coping mechanisms that refugee mothers use, and educate and raise awareness about the different trauma and stressors that mothers experience before and after migration. The challenges that this paper reviewed are intergenerational trauma, experiences of identity changes, and investigated coping styles engaged by refugee mothers. The questions purposed were 1: How do the experiences of trauma before migration and stressors after migration affect the day-to-day lives of refugees? 2: What is the impact of identity change? And 3: What strategies have refugee mothers utilized to cope with trauma? The current study used secondary data by a team of researchers at George Mason University,

led by Associate Professor of Counseling, Dr. Rachael Goodman. The original study conducted by Goodman and colleagues (see Goodman et al., 2017) used purposeful sampling (Patton, 1990) to identify participants who would be information-rich (Patton, 2002) and thus able to provide a depth of understanding of the lived experiences of refugee and undocumented immigrant women. Our results suggested that the way stressful experiences impact individuals depended on previous experiences that they had gone through, such as situational, sociopolitical, and war. Our results also showed that stressors impact individuals differently. Although we can't generalize our findings due to the number of interviews that we obtained and not enough detailed information on the topic of interest, we were able to identify changes directly from the mothers that are needed to decrease post-migration stressors for. Our research focused solely on the experiences of refugee mothers in Northern Virginia from a few different countries. The results of our study do not represent other mothers who are from or who have resettled in other regions.

Keywords: Refugee, Trauma, Mental Health, Refugee Mothers

INTRODUCTION

According to Jamil, H., et al (2010), compared to non-forced immigrants, refugees are experiencing a dramatic increase in somatic, psychosomatic, and psychiatric disorders (Jamil, H., Nassar-McMillan, S., Lambert, R., Wang, Y., Ager, J., & Arnetz, B.,2010). Literature has focused on Post-Traumatic Stress Disorder as a disorder that is commonly diagnosed in this community. Still, many mental illnesses go undiagnosed due to a scarcity of services and the stigma that is associated with mental health (American Psychiatric Association., 2021). The purpose of this research was to identify ways to better support refugee mothers and their families in having an easier transition, understand the experiences of refugee mothers as they relate to stress and trauma, identify coping mechanisms that refugee mothers use, and educate and raise awareness about the different trauma and stressors that mothers experience before and after migration. We hope to inspire compassion in resettlement agencies and limit post-migration stressors. The author hopes that this research will add and lead to the creation of resources that will help mental health providers and counselors better work with refugees. In this study, we are investigating the following questions: 1: How do the experiences of trauma before migration and stressors after migration affect the day-to-day lives of refugees? 2: What is the impact of identity change? And 3: What strategies have refugee mothers utilized to cope with trauma?

We will discuss previous research in this field focusing on qualitative research methods and ways in which they capture phenomena. Then we will give an examination of the major themes, and finally, we will analyze secondary data from Dr. Rachael Goodman at George Mason University to help us gain insight into refugee mothers' mental health needs.

According to the United Nations High Commissioner for Refugees (UNHCR), a refugee is anyone who has been forced to leave their country due to persecution, war, violence, or other tragedies and is unable to return to their home, or is afraid to do so. The process to obtain refugee status is very long according to the United States Citizenship and Immigration Services. Many individuals and families throughout the world are displaced due to various experiences (UNHCR). Those experiences include but are not limited to, political persecution, ethnic cleansing, war, the threat of violence, environmental pollution, natural disasters, and human rights violations. All these reasons force individuals to leave their home country and seek refugee status. In order for an individual to receive refugee status, they must procure a referral. After that, they are assisted to fill out an application and then be interviewed to determine whether they are eligible for refugee status (Refugees USCIS, 2022). The process may take up to a couple of years and not all individuals who apply receive legal refugee status or assistance with resettlement.

The refugee experience is divided into three phases; preflight, flight, and resettlement. During the preflight phase, before the individual or family has left home, refugees are exposed to a variety of severe events forcing them to leave in fear for their

safety or their lives. Both the events that drive them to leave and the loss of their home, culture, familiar people, and places can be traumatizing (Riber, K., 2017). In the flight phase, refugees may experience uncertainty during the journey from their country of origin to the resettlement site and may have to stay in camps or detention centers where children may be separated from their families. During the resettlement phase, refugees are often welcomed with challenging experiences such as the loss of culture, community, language barriers, the stress of being placed in a different social structure with new social norms, and very little information on how to navigate social services and other complexity of the government. All these experiences play a role in the development of mental health challenges (Refugee Health).

According to Goodman et al., (2017), trauma is a reaction to different life-changing events that create wounds, and the reactivation of those wounds leads to complex trauma often seen in refugees. Many refugees experience atrocities like the ones described above that contribute to the risks of trauma. Refugees also experience identity changes as a result of the loss of culture, relationships, social identity, and various acculturation issues (Meekes, A., Verkuyten, M., Çelebi, E., Acartürk, C., & Onkun, S., 2017). Previous research has observed how identity changes can increase the chances of developing mental health challenges which can be characterized by 'the sense of feeling alienated from oneself and loss of roles and relationships (Conneely, M., McNamee, P., Gupta, V., Richardson, J., Priebe, S., Jones, J. M., & Giacco, D., 2021).

Trauma related to identity changes such as loss of relationship, culture and areas that individual are connected to can also affect descendants of refugees as seen with

intergenerational trauma, which we will briefly discuss in this paper later on. Intergenerational trauma is trauma that affects the children and descendants of survivors of trauma. In those secondary generations, the transmission of trauma may look like behavioral challenges, emotional neglect, or the feeling of taking on the parent's pain and responsibilities (Sangalang, C. C., & Vang, C. 2017). Research has discussed identity changes as they relate to intergenerational trauma.

While refugees experience the prolongation of trauma, they also develop coping strengths such as resiliency (Goodman, R. D., 2017). The way that we cope with stress caused by events and situations can have a positive or negative impact on our mental health. Positive coping mechanisms may lessen the chances of developing mental illness and negative coping mechanisms do the opposite, predisposing individuals to mental illness (Alzoubi, F. A., Al-Smadi, A. M., & Gougazeh, Y. M., 2019). It is important to understand refugees' ways of coping in a contextual sense so we may better support them (Fuertes, A.,2004).

Previous Qualitative Research

Qualitative studies have connected different disciplines to better understand individuals. (Riber, K., 2017). Qualitative research approaches help offer a greater understanding of individual and group experiences. By choosing different approaches to observe and measure the phenomena being studied, qualitative research creates an understanding of the meaning of life, the dimensional experiences of humans, and their social questions. Thus, as a result, practitioners can gain knowledge in areas that were previously poorly understood.

In a qualitative study by Goodman, et. al., (2017), researchers explored the multiple sources of trauma and stress that refugee and undocumented immigrant women experience and how they cope and adapt. Participants of this study were 19 immigrant women and 9 refugees who participated in semi-structured interviews. Researchers used a phenomenological approach, which allowed them to look objectively at participants' experiences through their perspectives and understanding. The research used this method to limit personal bias, which may impact the ethical interpretation of the interview (Goodman.,2017). Researchers coded their interviews and placed them into parent trees to determine emerging patterns. Many themes and subthemes were identified. Researchers found that traumatic experiences are dependent on the type of trauma a person is exposed to. Stressors, mental health outcomes, and resilience processes are also affected differently depending on the type of trauma.

In another qualitative study by Riber, K. (2017), researchers aimed to identify trauma types over the life course of adult refugees and to explore their accounts of childhood maltreatment. The participants in the study were 43 Arabic-speaking refugees with posttraumatic stress disorder (PTSD) who were interviewed. The participants had been exposed to the atrocities of war for an extended period and were invited to share their experiences in a semi-structured clinical interview. Researchers drew their methods from consensual qualitative research. They interpreted the participant's perceptions by developing descriptive codes for important ideas and themes, and then put them into categories. This process was used to develop a "Trauma Coding Manual" for qualitative research analysis. The results of the research highlighted high levels of the trauma of

varying types across the developmental history of the individual refugees. Many themes emerged from the analysis, not the least of which was that 27 out of 43 traumatized refugees who participated reported one or more types of child abuse or maltreatment. These findings are important because they help us account for how past child abuse and neglect add to the complexity of traumas experienced among refugees, such as war, violence, and displacement.

In compilation, the two studies show the significant value in qualitative research as context and perception can be taken into account. The results show the vast complexities of the refugee experience and the number of traumatic events individuals and families face. Both researchers used qualitative approaches to capture and interpret the individual experiences of participants. This is important because it helps us to understand the person holistically. The coding and interpretation of the results of each of these studies strongly advise this current study.

Intergenerational Trauma and Stress

In many cases, a parent's trauma can have a long-term effect on their children (Sangalang, C. C., 2017). Oftentimes children absorb their parents' pain and responsibilities, predisposing them to mental illnesses. Research shows that trauma can be epigenetic, and thus, the next generation may be predisposed to intergenerational trauma. For example, a literature review of 30 articles by Sangalang et al., (2017), examined the transmission of the effects of refugees' trauma onto their descendants. The research focused on survivors of war, genocide, and political instability. Ten of the studies found that children of traumatized parents showed higher levels of depressive

symptoms, post-traumatic stress, anxiety, attention deficiency, and psychosocial stress disorders. Three studies in the review found that children's negative psychological outcomes were associated with refugee parent's trauma. One other study examined the transmission of the psychological trauma of German refugee parents with PTSD and its impact of it on their offspring (Muhtz, C., Wittekind, C., Godemann, K., Von Alm, C., Jelinek, L., Yassouridis, A., & Kellner, M.,2016). Researchers also investigated the influence of the experienced burden of refugee history on their children. They interviewed 50 offspring, 36 women and 14 men. Of the 50, 25 of the refugees suffered from chronic PTSD, and 25 did not have PTSD. Although researchers saw that parental PTSD status did not significantly influence mental health or quality of life in their children, talking about the experience of their parents did correlate with phobic anxiety and affected the mental well-being and quality of life of their offspring. Although more research is needed in this area, these results have shown the important reality that the effects of trauma extend beyond the individual who had the experience, to their children and future descendants. This knowledge Analyzes the impact of cultural or historical trauma and the inadvertent impact it may have on future generations. In this current study, the interviews that were obtained did not allow us to explore this topic in-depth due to the use of secondary data and the absence of the children in these interviews. Since the interview and the study focus solely on the experiences of mothers, further studies are needed to explore the transmission of trauma symptoms from parents who are refugees to their children.

Experiences of Identity Changes as it Relates to Intergenerational Trauma

Identity change is a factor that contributes to refugees' mental health challenges (Connelly, M.,2021). According to Volkan, V. D. (2001), a person's core identity has been described as the consistency, "sameness" and experiences within an individual. Refugees share experiences of leaving their homes, native communities, and cultures that makeup part of their identity, escaping unsafe environments due to poverty, conflict, or war. Having their homes stripped from them, experiencing loss of relationships, and culture shock, increase the likelihood of identity changes, confusion, and complications leading to the increased probability of experiencing mental health issues(Connelly, M.,2021, Hogman., 1998). The trauma refugees experience can also be transmitted to their children causing identity challenges in descendants of the survivor. This is where we see the connection between identity and intergenerational trauma. In a study by Kwan.,(2020), the researcher examined how refugee identities and daily diasporic experiences share refugee subjecthood in 27 Cambodian American college students. The study used a semi-structured interview to gain a better understanding of the Cambodian Americans. The researcher saw the ways that descendants of survivors came to recognize their identities and the refugee experiences and war shaped their identities were very complex. They saw that although transgenerational trauma may manifest in other challenging ways, the experience of trauma may serve as inspiration for children when they are experiencing challenging times.

In another study by Fuertes.,(2016), researcher examined how Karen refugees described peace in the context of displacement. The refugees were displaced due to war under the Burmese military and were placed in refugee camps in areas dominated by other cultures and groups. Interesting information that came out of this study was the way individuals discussed the impact that the war had on their sense of identity. Due to the war, displacement, and camps that did not recognize their culture, Karen refugees were unable to celebrate historical and cultural events that were important to them. They were also not able to practice their traditions. All of this led to difficulties in their experienced sense of identity as well as individual experiences of low self-esteem, frustration, and questioning their identity as Karen.

Although the research we have reviewed concerning intergenerational trauma in refugees assisted us in having a better understanding of the connection. It is not surprising to see that first-generation refugees are prone to identity changes due to the various experiences and challenges they go through. What is surprising, however, is the impact it has on the descendants of the trauma survivors and their identity. Our study touches on the experiences of mothers and the impact of their identity changes it does not go in-depth about the intergenerational experiences, of their children or descendants.

Coping Styles in Refugees

Refugees develop many coping strategies that may be positive or negative which may affect or increase their likelihood of developing mental illnesses. Inefficient and disordered coping abilities affect the health status of and may predispose individuals to

diseases and mental disorders. Alzoubi (2019), examined the coping strategies of Syrian refugees in Jordan in relation to their demographics. Of the participants, 88% reported seeking social support, 64.5% reported using avoidance, and 39.5% reported using problem-solving to cope with their stressors. Those with higher education, higher income, who were employed, and free of chronic illnesses, reported higher problem-solving scores. Women, elders, and widowed individuals scored higher in social support seeking. Those with lower levels of education, lower income, unemployed, or who had chronic illnesses scored higher in avoidance. Others have also examined coping styles in refugees. For example, Al-Smadi (2017), examined coping strategies used by Iraqi refugees in Jordan. The researcher found that individuals who were female and older, went to school, were single, and lived with more than three family members used problem-focus coping strategies which included, instrumental, and planning coping. They also saw that females who were educated and unemployed used active emotional coping strategies which included venting, positive framing, humor, acceptance, and emotional support. Researchers found that being male, unemployed, not able to read, and living with less than three members of the family, most often used avoidant emotional coping strategies such as self-distraction, denial, behavioral disengagement, self-blame, and substance use. Goodman et al., (2017), another researcher focused on the resilience of refugees and immigrant women and found that women used internal and external processes to cope with everyday stressors. External being social support from others and internal being beliefs and the way refugee and immigrant women reshaped their

experiences. Once analyzed collectively, these results reveal the many different factors that contribute to how individuals cope with trauma.

Our review of previous studies indicated that refugees experience many traumas pre-migration that increase their difficulties in transitioning into their new society as well as the chances of poor mental health outcomes. Our review also showed the consequences of trauma and how it affects future generations of those who have experienced trauma firsthand and the change of identity due to various traumatic experiences. We also examined past research that identified coping mechanisms that are most used in the refugee population.

The literature review reveals various themes that will be briefly discussed in our current research on mental health challenges in refugee mothers. Although we are not going to touch on each theme in-depth, we will identify areas of the interviews that require further research and awareness, including intergenerational trauma, the impact of identity changes, and coping styles engaged by refugees.

Method

About the Researcher

The researcher was born in a refugee camp in Tanzania, Africa. Her parents and grandparents, along with other extended family lived in refugee camps in Rwanda, Burundi, and Tanzania for over 30 years before arriving in the United States in 2006. She is currently a master's student at George Mason University. She has worked to support

incoming refugees' transitioning to life in the United States and has raised awareness about mental health in the refugee community. Her identity, experiences, and aspirations have driven this study with hopes to increase insight and knowledge on the impact of trauma on refugees.

Secondary Data

The current study used secondary data collected by a team of researchers at George Mason University, led by Associate Professor of Counseling, Dr. Rachael Goodman. The original study conducted by Goodman and colleagues (see Goodman et al., 2017) used purposeful sampling (Patton, 1990) to identify participants who would be information-rich (Patton, 2002) and thus able to provide a depth of understanding of the lived experiences of refugee and undocumented immigrant women. After obtaining Institutional Review Board (IRB) approval, women were recruited from resettlement agency in the Washington, DC area, and were interviewed in a location of their choosing (e.g., home, library). When requested by participants, translators were provided to assist in the interview process for those participants who preferred to be interviewed in a language besides English (e.g., Arabic, Dari). The research team used a semi-structured interview and a phenomenological approach to understand the experiences of 19 immigrant women (see Goodman et al., 2017). The focus of the interviews included: understanding refugees' experiences or resettlement, including their experiences as mothers; identifying mental health concerns, including trauma; and identifying ways of coping and resilience pathways. Women in the study were all low income and had an

average age of 35.6 years. Pseudonyms are used to identify all participants. For the purpose of the current study, the researcher selected a sub-set of 5 women from the original study, all of whom identified as refugees and as having experiences of persecution or threat in their country of origin (COO) that necessitated leaving their COO.

The researcher of this study was originally interested in the impact of identity changes and the different mental challenges that those changes may contribute to in refugees such as psychosis. Due to time constraints, it was decided that this study would use previous research data. Researchers at George Mason University who had previously worked with refugees were contacted in order to obtain secondary data. Dr. Goodman's data appeared to be the best fit, however, it did not include information about psychosis. Rather, the data was collected from general interviews with refugee mothers from a previous study she conducted. The researcher of this current study reviewed the data and proposed the questions relating to refugee mothers and mental health which could best be answered using the obtained interviews.

Participants

For the purposes of this study, we obtained five interviews that were already translated and transcribed. The adult mothers were refugees living in Northern Virginia, a state within the United States. The criteria that we used to identify the interviews that aligned with our study were having a refugee status, and having experienced challenges

before and after migration that we were interested in exploring. The areas of regions of the mothers were South Asia, Middle East , North Africa and West Africa. Pseudonyms were used in our study to protect all participant identities including children that were brought up in the discussion.

Study Bios of the Mothers

Samantha was born in a country in South Asia. She earned her master's degree in political science and got married and had two children who were both born in her home country. She and her family were victims of religious persecution and discrimination. The government in her country did not recognize the Islamic sect that she belonged to as "True Muslim" since 1987. The government banned her sect from practicing the religion and threatened to kill them if they did. She continuously stated that she and her family were not safe due to her religion. After the police put out an arrest warrant for her husband, she and her family left for a refugee camp in Southeast Asia. In the refugee camp, they applied for refugee status and after years of waiting, they legally became refugees and were resettled in the United States of America. When she arrived in the US, she described her feelings as being mixed. She described feelings of being safe but also scared and anxious about other Islamic sects harming her children. She experienced challenges with employment, daycare, resettlement agencies, and adapting to the culture and language in her new country.

Carry was born in a country in West Africa. She has two children with her husband, who is also from West Africa. She earned her associate's degree in science and worked as a secretary in a post office before getting a second degree in Marketing. She

opened up her own business shop selling jewelry and clothes. In her country, she and her family experienced political and economic instability. Her husband was put in jail for attempting to "change the system" while she was pregnant. She and her family worked hard to gather the funds to get him out of jail and send him to the United States through diplomacy. He had been incarcerated for a long time and had been beaten in jail. She and her family believed he would die in jail if he stayed any longer. After her husband came to the United States, she stayed in her country for many years. She worried about the police coming to find her. She said that the experience was traumatic for her. She eventually came to the United States of America as an asylum seeker with her children. When she arrived in the United States of America, she faced challenges with the language, employment, and culture. She expressed feelings of loneliness and isolation. She wasn't able to find sufficient work because her degree was not accredited in the United States.

Jane was born in a country in South Asia and experienced war at a very young age. Her family escaped the war by fleeing to neighboring country, where she then needed to find a doctor to treat her sick mother. After the civil war was over, she and her family moved back to a country in South Asia. She graduated from high school and got a degree in English, becoming a teacher. She later met her husband, who worked for the United States government, and they applied to be resettled due to the instability of the country and fear of political persecution against her husband. She explained her transition as not being too difficult because she had her husband with her and received education on

the culture and norms when she arrived. She discussed having difficulties with the language and feeling alone since she couldn't communicate with others in the area.

Sarah was born in a country in the Middle East, but her was from a country in South Asua. She experienced political unrest at a very young age and lost her father due to religious persecution. She married when she was 13 years old to a partner who physically abused her for many years. The abuse resulted in her development of physical disabilities. They had two children together and she later divorced him. In her home country, she worked at a salon despite her physical challenges. She was invited by the United Nations in her country to teach how to style hair for young girls. She met a person who told her that she was eligible to be resettled due to the disabilities her abuser caused. When she arrived in the United States, she faced many challenges, such as issues with her resettlement agency, unemployment, and language barriers that exacerbated her physical challenges. She experienced challenging times with her son who she felt had declined emotionally and mentally from when she was in her home country.

Kate was born in a country in North Africa and graduated with a High School degree. She and her family fled to a country in Northeast Africa from her country of origin due to war, tribal persecution, and problems with the government. Kate married and had two children with her husband . She later applied for refugee status through the United Nations and went through an interview process that took four and a half years. She arrived in the United States with her children but was unable to bring her husband with her. In America, she experienced many challenges that impacted her, such as lack of

daycare, unemployment, language barriers, issues with resettlement agencies, and feelings of loneliness.

Qualitative Data Analysis

When analyzing the secondary data, we first familiarized ourselves with the interviews and reviewed them with the original researcher Dr. Goodman to confirm an accurate understanding and the insight gained from each interview. After we had a better understanding of the interviews, we created a coding manual and used a thematic analysis approach to examine patterns in the interviews. In the coding manual, we identified recurring themes, patterns, and codes of the interviewers. We then identified themes that aligned most closely to our focus and questions 1: How do the experiences of trauma affect the day-to-day living of refugees? 2: What is the impact of identity change? And 3: What strategies have refugees utilized to cope with trauma? Lastly, we reviewed those prominent themes and connected them to the experiences of the women by disaggregating the sub-themes within each interview from the stories of those impacted by our research topic.

Results

In our analysis, several themes emerged. These were "experiences of trauma and stress pre-migration and post-migration,", “symptoms and impacts of stressors” and “coping strategies”. In the first theme, "experiences of trauma and stress pre-migration

and stress post-migration," there were two sub-themes that arose which we were interested in exploring: (a) traumatic drivers of migration (trauma that led them to migrate, i.e., sociopolitical trauma, such as religious conflict), and (b) post-migration stressors (stressful experiences, experienced after the transition to the host country, i.e., situational stressors, agency stressors, language barrier, and employment). In the next theme, “symptoms and impact of stressors”, we focused on exploring the impact of their experiences psychologically. In their discussion, participants revealed symptoms of anxiety, depression, and suicidal thoughts. We used a western lens to describe the psychological symptoms. This study did not include cultural or religious norms that may have contributed to how the mothers interpret the symptoms found in our results. Two sub-themes that emerged in the symptoms and impact theme were the “transmission of trauma” from parents to their children (behavioral and emotional challenges experienced by children, i.e., anger issues) and “identity changes” (loss of culture, community, and relationships). The last theme, “coping strategies”, explored ways participants coped with stressful situations and events. The mothers discussed similar coping strategies that assist them in dealing with trauma experienced before migration and the daily stress they experienced post-migration. Some were internal (i.e. individual beliefs and resiliency) and many were external (i.e. social support and relationships).

Experiences of Trauma and Stressors

For most participants, traumatic experiences occurred before migration and experienced stressors after migration. Events that occurred before migration forced women to flee to neighboring countries until they moved to the United States. The

traumatic experiences described before the migration were political, religious, and discriminatory. Participants also discussed experiences of post-migration stress, which included employment, and language barriers. We also saw discussions surrounding previous traumatic experiences of the participants and the impact on their daily lives.

Traumatic Drivers to Migration. Traumatic drivers of migration were a subtheme that was salient to most participants in our study. Many of the participants' experiences of trauma that led them to migrate to neighboring countries similarly highlighted conflict and fear. After arriving in refugee camps, some participants migrated further to escape discrimination, physical difficulties, and a lack of safety and security. For example, Jane described leaving her country with her family when she was young because of the tragedies of war and moving to neighboring country to seek safety and find doctors to treat her sick mother. Later, her family moved back to her country because the country was stable. Eventually, she and her husband migrated to America due to the danger posed to her husband as an employee of the US government. Sara and Kate also migrated to neighboring countries and later moved to the United States. Sara said, *"When I was a child, I went to a country in South Asia once, I don't remember. We stayed there for a while. My father was killed by a group and after that, we moved back to a country in Western Asia . It was a matter of different religions; because in my country, there are two branches of Islam; Shia and Sunni, and because my father was a Shia, a group killed him, and we were staying in a part of Kabul that belonged to Shia people, not to Sunni, and that was the biggest reason.* Kate also migrated for similar reasons. *"My country in North Africa has wars and problems, and we had things happen to us at our house, and*

the government sent armed people that come to you and the house, that hit, the houses not knowing whether the people are children or adults, they hit the houses. Two of my brothers got killed."

Sara experienced partner violence when she was 13, which led her to migrate to the USA.*"I was hired by the United Nations to teach a group of eight girls styling work; at the United Nations, there was a nice woman who told me that because I was sick and had so many problems, and now that I couldn't work anymore, I could request to be sent abroad so that I could have a better life for myself and my kids and their future, so I asked to be sent to the United States after filling out the required forms."*

There were also discussions of sociopolitical-based trauma in the interviews that led to migration. Many of the participants reported fleeing due to being scared for their lives, their husbands' lives, and family members' lives. Samantha worried that if she and her husband stayed, they would be put into prison and most likely die since the husband worked for the government. Carry reported that her husband was protesting and was put in jail for wanting to change the system. She discussed feeling scared for him and, because of the abuse her husband endured while in jail, her family collected money to bail him out of jail and send him to America, where she later joined him because of the fear of police officers coming after her and her family. Another participant reported migrating due to religious discrimination in her country. *"Yes, so the problem happened in the sales tax department because we are a different sect of Islam. Some of his friends are from another sect of Islam. But before that, they create some problems, and they are*

talking about religion. But, first, my husband, says, Please don't say anything about religion, this is our job. You do yourself, I do myself." But they say after that, "No, no. Please tell me what's your belief? What's your belief?" And my husband sometimes tells them and they are listening and they are impressed very much, they come to our home and sometimes they visit our places, they ask us "You give me some literature?" my husband give him some literature, but we say after that they show the police the literature and they say this person is preaching of his belief, so the police issue him an arrest warrant. But before that, we leave and go to a country in Southeast Asia."

***Post Migration Stressors*:** Participants also discussed post-migration stressors after arriving in the United States of America. We saw that most participants discussed trauma related to the agency that resettled them, including language barriers. They discussed feelings of being alone, being "left behind," and not being cared for. A lack of employment was also a salient topic. Most of the participants reported difficulty finding employment because their degrees were not accredited in the United States, and they did not receive adequate assistance finding jobs. Sara felt this way. *"I kept looking for a job, when I couldn't find one, I went to a resettlement agency to talk to my case manager; they told me it is not their job, that I had to look for a job myself and solve the problem myself. After that, when they called me to go to the resettlement agency, I didn't have enough money to pay for the trips that I had to make to their office. One day, in the morning, they called me at 6 am in the cold winter weather to go there just to schedule a doctor's visit and I had to walk all the way to the agency location from here at six in the morning and I got there around noon."* Sara and Kate reported facing the threat of

homelessness and feeling abandoned after benefits from agencies expired. *"After not paying the rent for two months, the court sent me a notice, and I kept receiving letters from the leasing office telling me the charges and how much I owe them. When I went to the court, the judge asked me to go and or get in contact with the UN's office for refugees to solve this issue. But I couldn't find their address and I wasn't able to go because I don't have a car. Then I went to social services, and they told me they don't provide emergency services, and these are my problems, and I don't know how to solve them."* Later in the interview with Kate, she discussed how the benefits that her family received were not enough to support them, which led her to face possible homelessness. She said, *"I was here in America for two months and a half and they took me to court. I have been to court, And I have another court date on the 24th. They said why you are not paying the rent. The money we get is $600 for the rent, I have to buy the diapers, I have to pay for transportation, and the food stamps are $200-$300, which is not enough for the family in a month, I have to buy soap, and everything, even flip flops I can't get, I brought winter clothes with me from my country, we don't have summer clothes now that summer is here. I can't pay for the rent."*

The language barrier was another salient theme among the participants. Kate stated how easy it was talking to people in her country of origin and expressed difficulty communicating with people in the United States, which led to feelings of frustration.

It is clear from the data that many refugees face countless traumas before migration, and stressors after migration that contribute to difficulties assimilating and

may increase the chances of psychological challenges. In the next theme, we see the impact that their previous trauma and stressors have had on them.

Symptoms and Impact of Stressors

Psychological symptoms reported by participants seemed to be caused by both past and present experiences including daily stressors. Physiological symptoms of trauma were also observed based on the DSM5 and the National Institute of Mental Health (NIMH). We observed symptoms of anxiety, depression, and suicidal ideation. The mothers themselves did not use these terms and may have explained their symptoms differently according to their cultural and religious norms. According to the National Institute of Mental Health, anxiety is characterized by excessive fear, feelings of nervousness, being restless, and feelings of danger. Many other participants reported showing signs of depression, characterized by persistent sadness, a feeling of "emptiness", and feelings of hopelessness (National Institute of Mental Health,2022). Although the mothers were in America and expressed feelings of freedom and safety, they also expressed feelings of being afraid and unsure. Samantha gained refugee status before coming to America. She expressed her love for her religion but also discussed feelings of anxiety about people from other Islamic sects in America hurting her and her children. *"In America now I know that I am safe, but I am a scared, I am a scared now still because you know that the other Muslim ladies come in front of you maybe I express I am a different Islam sect, now I am here, and I am scared. In this community there are lots of Muslims but they are different sects, so maybe something*

happens with my kids. So, I am not in front of, I know in America, I am safe, every religion, but I am scared because when I am a child, I listen about this."

We also saw that many of the symptoms of anxiety and depression impacted the way that participants functioned in their daily tasks as well. For example, two of the women had health concerns before they arrived in the United States. Specifically for Kate, she felt that her health had declined due to the daily stressors that she was experiencing. She couldn't stand up for very long, often dropped cups and knives, and had body aches throughout the day. Others expressed feelings of anxiety about unemployment, lacking childcare, not having a place to stay after an eviction, or experiences with financial hardship.

In our analysis, we found that one person discussed feelings of suicidal ideation. For Sarah, her experiences impacted her physical and mental health leading her to feel overwhelmed, fatigued, and wishing to no longer be alive. *"Since my marriage to that man and ever since my kids have been born, I faced and had to put up with his tyranny, I had so many problems and difficulties and he did whatever he could to me. Now I am so exhausted and tired of living like this, I don't know what to do or where to go".* Sara also showed signs of psychological symptoms of anxiety. *"I have become very tired, throughout the day and night, I have stress and I suddenly get awaken from sleep; because I think about our future, and I get shocked thinking what will happen to me and my kids"*. For other participants, anxiety from past traumatic experiences impacted the way they interact with other people. For example, Samantha experienced religious

persecution in her home country and when she arrived in the United States she was self-conscious about her interaction with other people in other religious sects.

The results found in our analysis showed the different ways past and present experiences impacted the refugee mothers. Most were impacted psychologically (signs of anxiety depression and suicidal ideation) and some physically.

Transmission of trauma*:* The transmission of trauma in our analysis focused solely on identifying the impacts of stress and trauma on the participant's children. Although few participants discussed their children's well-being in-depth, one participant discussed the difficulties she faced with her son. A small background on the mother, Sarah experienced political unrest and was married at a young age to a partner who physically abused her for many years. The couple had two children together. She described worrying about her uncommunicative son, who refused to attend school, spent increased time in his room alone, and showed signs of "anger problems" as she said. She explained that these behaviors increased after they arrived in the United States, this is what she said discussed about her son: "*He is mostly angry, he doesn't come out of his room, he doesn't go to school, and he does not want to go out of the house, he does not want to see or talk to anybody. He fights with me too and he keeps to himself all the time. I am tired of this life." She also said, "Running a family with 2 teenage kids during puberty is very difficult to do. For example, Tom is not going to school and gets angry, and has faced some mental problems."*

Identity Changes and Impact

Identity change was something that researchers were interested in looking at. We defined identity changes as the loss of community, relationships, and locations with which they felt a great connection. Most of the participants experienced a loss of community and relationships before and after arriving in the United States. The impact of the loss was both internal and external. Many felt alone and estranged when they lost their community and relationships, which affected them psychologically, as we saw above. Samantha felt this way after leaving her country due to religious persecution. She reported that the government in her country stated that the Islam sect that she belonged to couldn't be Muslims. The loss of community was salient among the rest of the participants. Many felt that the loss of their community and relationships made living in America difficult. Another participant, Kate, described the difficulties she experienced would have been different if her family were still together. *S*he said, *"If there was no war, and the war that the government started for us, it would have been good, thank God. Before the war, we were living with our family and with everything good. The war is what dispersed us and emptied us. If there was no war in my country in North Africa, I would have been happy as a mother there with my family. But here I'm really not happy."*

Coping Strategies

Although many of the participants experienced challenges throughout their lives, they still found ways to live with these challenges by developing coping processes. Some were external while others were internal (Goodman et al., 2017). External coping

processes included community and family support, while internal processes included one's beliefs and bearing with the challenges which indicated resilience and perseverance.

Community and relationship in coping: Some of the participants in the interview had similar ways of coping with the challenges that they experienced. When asked "what do you do when you feel sad? ," Jane and Kate reported speaking to their friends and families. They discussed feeling a lot better after speaking with them because they understood their challenges. Jane's mother encouraged her by giving words of wisdom and affirmations. In our analysis, we saw that family support positively increased the mood in the participants and was the number one stress reliever for the women. Jane found relief in speaking to her husband about the challenges she faced with coworkers playing with her daughter after a long stressful day and speaking to family members back home. "*Most of the time, I talk to my sister. She's older than me, but she's a really, close friend to me. So when I talk to her, I tell her whatever is in my heart, I tell her everything, and then she does the same, so it makes me calm."*

We saw that some participants coped through sharing with individuals who were currently going through similar situations *"English language class is there so we meet there in a week 3 times and every Friday have a potluck party and we talk different topics, sometime the problems", "Yes. Most of the people here are refugees, and we understand the problem of refugees and what it means when you come, and we also feel the emotion. When you came here you feel scared, you feel shy, you don't know how to speak, so it's a very helpful place for you to guide other people."*

Religious coping: participants' religious belief systems were also used as coping strategies. Two out of five participants reported religious practices as ways of coping with challenges, and one used both religion and community. Sara stated that she prays upon waking in the morning, indicating the importance of religious practices for her. Samantha used this process to cope with current day-to-day challenges as well. She also mentioned not talking to others, because she was afraid others would gossip and felt like no one would listen to her. When asked if she confide in anyone, she said, *"No, not talk to people, don't, we bear these all things, and only pray go".*

In our results, we examined the mother's coping strategies. Most of the participants reported positive coping mechanisms. Although one participant shared that she didn't have specific coping strategies indicating perseverance, it is important to recognize the resiliency and perseverance of these mothers and the strength of all the women to continue with work and caring for their families despite these many challenges.

Discussion

In our study, we observed how traumatic experiences, pre-migration, and stressors post-migration impact refugees' day-to-day lives, how identity changes and impacts refugees' and coping strategies that have been utilized to cope with trauma in the mothers. Our results suggested that the ways stressful experiences impact individuals depended on previous experiences that they had gone through, such as situational, sociopolitical, and war. Our results also showed that stressors impact individuals

differently. For example, participants who had a community that shared their identities and experiences, connected to each other's worries, feelings, and resources, were seemingly less impacted by the stressors that they experienced than individuals who didn't have a community. Participants with little to no community reported more symptoms of suicidal ideation, anxiety, depression, and fewer social coping mechanisms. Again, these symptoms were identified by the National Institute of Mental Health, which is written through a western ideological and medicallens.

Identity changes have been identified as a factor that contributes to mental health challenges and may be transmitted to descendants of the trauma survivors. Although we did not find an in-depth discussion about intergenerational trauma in the interview, we did, however, see one parent go a little bit in-depth about their son. In a review by Sangalang et al. (2017), the authors observed high levels of mental health symptoms in descendants of traumatized parents. Sara's son displayed symptoms of depression and mood dysregulation that are commonly seen in descendants of traumatized parents. Whether or not these behaviors and symptoms resulted from intergenerational trauma was not clear in our study. In the results, we also observed the impact of identity changes in this study. We saw that loss of identity in the mothers resulted in participants feeling lonely, frustrated, and alienated.

Our results also indicted ways refugee mothers coped with previous trauma and everyday stressors. Most of the mothers reported social and communal coping strategies, some reported religious coping strategies, and others showed resiliency and perseverance. It was interesting to see one mother use experiences that she went through in the past as a

coping mechanism. For example, Samantha was persecuted for religious practices in her home country, and in the results, we found that she gravitated towards religious communities and religious coping styles.

The results of our study confirm those of previous research that has been conducted with refugee populations. As we have seen in other studies, many factors contribute to how refugees cope with stress and trauma (Alzoubi.,2019). In this study, we saw that most of the mothers used social coping strategies and relationships as ways to cope with everyday stressors showing that women use social support as found by Alzoubi (2019). Next, our results added to current research on refugee mothers. There is limited research surrounding refugee mothers and although our research did not dive in-depth on each topic and how the mothers related to each topic, it gave a start in this area.

Limitations

The secondary data used in this study assisted us in overall insight into the refugee mothers' experiences. It did not, however, provide us with detailed information on the specific topics of interest of the transmission of trauma as it relates to identity changes. Had we been present in the interviewing process to ask follow-up questions and elicit clarification, we could have gathered more data on those topics. Our absence limited us to firsthand experience and made more room for assumptions. We are aware that the original purpose of the data was not to examine the transmission of trauma or identity changes, still, we were able to find some indication of those topics. Another limitation of our study was the number of interviews we obtained. We obtained five interviews, and although they were helpful, the limited number of experiences represented is not enough to generalize or make big inferences about all refugee mothers. Lastly, our research focused solely on the experiences of refugee mothers in Northern Virginia from a few different countries. The results of our study do not represent other mothers who are from or who have resettled in other regions.

Implications

While there were limitations to our study, it was effective in bringing to light important implications for providers who are mental health professionals, counselors, and refugee resettlement agencies. The results showed changes that needed to be made to decrease post-migration stressors. Many of the mothers raised concerns about their experiences after migration. Many stated that they felt that they were doing much better in their home country because of the challenges they now face including limited benefits, language barriers, employment, family separation, and feeling like they didn't have a community or support system to assist them through the transition. One participant stated that even asking for help from agencies was a difficult process on its own. These concerns indicate changes that should be examined to better assist with the transition of refugee mothers and their families so they may feel at peace with little to worry about.

There needs to be more education for agencies that are resettling refugees around the common struggles that refugees experience pre-migration. This may inspire compassion in personnel in these agencies and help limit post-migration stressors. There also needs to be a better system for communicating with families after their benefits have expired to refer them to other resources that may assist them.

Next, counselors and mental health professionals are needed during the transitional period to support the families' well-being. Oftentimes, refugees transition with previous experiences of traumatic events that make them prone to different stressors post-migration. This increases the risk of developing mental disorders and makes it

difficult for them to assimilate. As seen in our results, some participants displayed signs of anxiety due to persecution in their home country, which led them to feel anxious about sharing their internal struggles post-migration. Therefore, it's important to assist them as they arrive to ease the transition and add to their coping strategies. Providers should be culturally, religiously, and ethnically sensitive to provide the best service to individuals and families. Counselors and mental health professionals should also work with individuals, groups, and interpreters that the community is familiar and comfortable with to provide these services.

Identity and community were other topics that this study implicated. Relying upon a community during the transition is something that many of the mothers stated helped them to feel better and not alone. They expressed that their community brought joy to them especially when the individuals in the community shared common experiences. They also expressed that they shared resources within their communities which helped them access resources more quickly. This indicates that increasing housing placements in communities that newly arrived refugees identify with and are familiar with will ease the transition and decrease feelings of loneliness.

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BIOGRAPHY

Egette Indelele was born and raised in a refugee camp in Tanzania, Africa, and is the oldest of five children. She graduated from Patrick Henry High School located in Roanoke, Virginia, in 2017. In 2021, she received her Bachelor of Science in Psychology from George Mason University and became the first person in her family to obtain both a high school diploma and a college degree. She was employed as a Registered Behavior Technician in Fairfax, Virginia for two years and will receive her Master of Arts in Psychology from George Mason University in 2022. Egette has been a vocal advocate for mental health awareness. She founded a non-profit organization called Safe Haven Space, to educate refugee families in the US about mental health and wellbeing. Egette's passion for advocacy and humanitarianism extends to her work helping children worldwide. She served as President for George Mason's chapter of UNICEF and was even on the Leadership Development Team for the UNICEF USA National Council.

Egette has received numerous accolades in recognition of her achievements, such as Black Scholar of the Year, OSCAR Student Excellence Award, Outstanding Community and Campus Leader, Humanities and Social Science Excellence Award, and was recognized in Forbes as a "young changemaker shaping a better world". Egette would like to further her academic journey in Neuropsychology and continue researching the effects of Neurodegenerative Disorders and Intergenerational Trauma on the refugee population. Eventually, she would like to open a center for wellbeing education in Burundi, Africa to breakdown the stigmatization of mental health.