

REFUGEE WELL-BEING IN NEW MEXICO

A PROFILE OF REFUGEES FROM AFGHANISTAN, BURUNDI, DEMOCRATIC REPUBLIC OF CONGO, IRAQ, RWANDA & SYRIA RESETTLED FROM 2013-2016



PRESENTED BY: UNIVERSITY OF NEW MEXICO
REFUGEE WELL-BEING PROJECT

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Executive Summary

This report presents summary data on areas relevant to refugee resettlement collected through the Refugee Well-being Project (RWP) between 2013 and 2016. Data were collected from refugees from Iraq, Afghanistan, Syria and countries in Africa's Great Lakes region (Burundi, Democratic Republic of Congo and Rwanda). Findings in this report are from interviews conducted with refugees before they began participating in the Refugee Well-being Project. To be eligible for the project, refugees needed to be newly resettled in the United States (defined as living in the U.S for less than 3 years). On average, refugees had lived in Albuquerque for 29 weeks before enrolling in the study. Key findings are highlighted below and are more thoroughly described in further sections of the report. Select quotations from qualitative interviews conducted prior to, during and following participation in the program are used to add context to our findings. Implications and recommendations are described. We hope that the information in this report will be useful for resettlement and assistance organizations, service providers, advocates, and refugees.

Demographics: We interviewed 287 refugee adults, which represents about 85% of the local refugee adult population from Afghanistan, Iraqi, Syria, and the Great Lakes Region of Africa. Our respondents are: 37% Afghan, 31% African, 30% Iraqi, and 4% Syrian. Fifty-eight percent are married, while 33% are single. Fifty-two percent are female. Of refugees over 18, the average age is 36 years old, and ages range from 18 to 71.

Households and housing: The majority of participants reported obtaining housing as "somewhat" or "very" difficult. On average, refugee households consist of about 5 people. Approximately half of household members are over the age of 18.

Children/ Childcare: On average, refugees with children have 3 to 4 children. The majority of participants (59%) reported difficulty with childcare.

Transportation: The majority of refugees do not have access to a car and almost half (39%) considered transportation to be "very difficult."

Employment: Among newly resettled refugees, 70% of participants were not currently employed. Among those participants who were employed, most were working part-time, and most were working in some sort of service job. Most refugees considered finding employment to be difficult and were dissatisfied with their income.

Language/ Literacy: Most refugees (84%) reported being able to read or write in some language. The majority reported having "some difficulty" with English.

Education: The majority of participants reported wanting to return to school, but perceived that returning to school would be difficult. Almost half of refugees (49%) did not have a high school

degree, with 19% reporting a high school diploma or GED, 22% having an associate or bachelor's degree, and 5% reporting a graduate or professional degree.

Health and Access to Healthcare: More than 90% said they had health insurance for themselves and their children. Most participants reported they were satisfied with their current health (59%) and their access to healthcare (about 75%).

Social Support: About half of participants reported the ability to rely on family members, but most reported that they had no or few other adults with whom they could discuss important matters with or seek help with getting things done or getting advice when life is difficult.

Trauma: The five most commonly experienced traumatic events were: 1) fear for the life of a loved one (60%); 2) separation from a family member or loved one (52%); 3) the destruction of their community (50%); 4) fear for their own life (49%); and 5) being forced to leave their home (48%). Women were significantly more likely than men to have experienced separation from a family member or fear for their life.

Mental Health: While the majority of refugees reported low psychological distress and PTSD, about 20% had scores that are clinically significant.

The Refugee Well-Being Project

The Refugee Well-being Project (RWP) is a community-based participatory research project designed to better understand resettlement stressors, prevent psychological distress, and promote mental health, well-being, and integration of refugees in the United States.

The RWP is a partnership between refugees, community organizations that work with refugees, and the University of New Mexico in which undergraduate students commit to a two-semester long course from which they earn nine credit hours. Students in the course learn about refugees and advocacy, and through their work with refugees during Learning Circles and one-on-one partnerships with refugee families, apply these advocacy skills through direct work that helps refugees better adjust to life in the United States in a sustainable manner.

Meeting together in weekly Learning Circles, refugees and their student partners learn from each other during cultural exchange time meant to facilitate the sharing of cultural and intergenerational learning and help refugees recognize their personal contributions and their potential to effect changes in their own communities. One-on-one learning is designed to assist refugees in expanding knowledge, improving personally chosen skill sets and other abilities they consider important to their lives in the United States.

More information about the Refugee Well-being Project can be found at <http://refugeewell-beingproject.weebly.com/>

Methods

Data

Data in this report come from baseline interviews from four cohorts of refugees enrolled in the Refugee Well-Being Project (2013-2016). Data were collected as part of a randomized control study designed to demonstrate the efficacy of the Refugee Well-Being Project in improving the well-being and integration of refugees into the United States, preventing psychological distress, and promoting mental health. This study is funded by the National Institute of Minority Health and Health Disparities (R01MD007712) and has received approval from the University of New Mexico's Human Research Protections Office.

Participants

All participants are adult refugees over the age of 18 who have resettled in the United States within the previous three years and were living in Albuquerque at the time of enrollment. Participants are from Iraq, Syria, Afghanistan and the Great Lakes region of Africa (Burundi, Democratic Republic of Congo, and Rwanda). Overall, this study includes 287 enrolled participants: 103 from Afghanistan, 85 from Iraq, 10 from Syria and 89 from the Great Lakes region of Africa.

Data Collection

Participants completed both quantitative interviews on a computer administered with a bilingual/ bicultural interviewer in the participant's native language and qualitative semi-structured interviews conducted by a trained interviewer and an interpreter who spoke the participant's native language. Interviews addressed topics such as participants' personal background, resettlement experiences in the United States, perceived benefits and challenges associated with life in the United States, the impact of resettlement on the participant's family, experiences with cultural differences, perceptions of social support, and hopes and goals for the future.

Refugees were randomly assigned by household to either the intervention (Learning Circle and student partnership group) or to a control group that was offered a one-time stress management session. All participants with clinically significant PTSD symptoms were also offered Narrative Exposure Therapy.

Refugee Participants

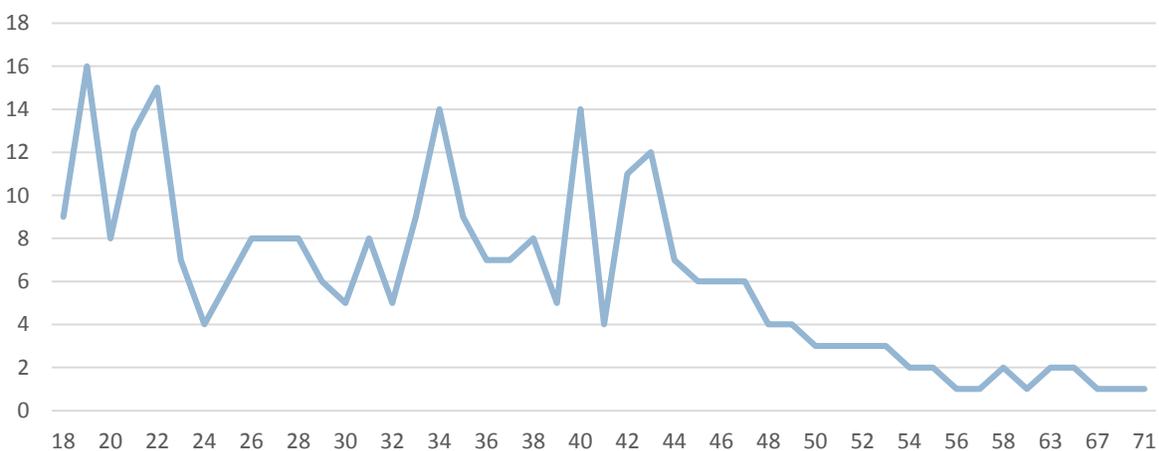
Nationality	Number (Percent)
Afghan	103 (35.9%)
African	89 (31.0%)
Iraqi/Syrian	95 (33.1%)

Gender	Number (Percent)
Male	137 (47.7%)
Female	150 (52.3%)

Marital Status	Number (Percent)
Married	167 (58.2%)
Single	95 (33.1%)
Widowed	19 (6.6%)
Divorced	6 (2.1%)

Time in US	
25 th percentile	0- 5 months
50 th percentile	5- 11 months
75 th percentile	Over 11 months

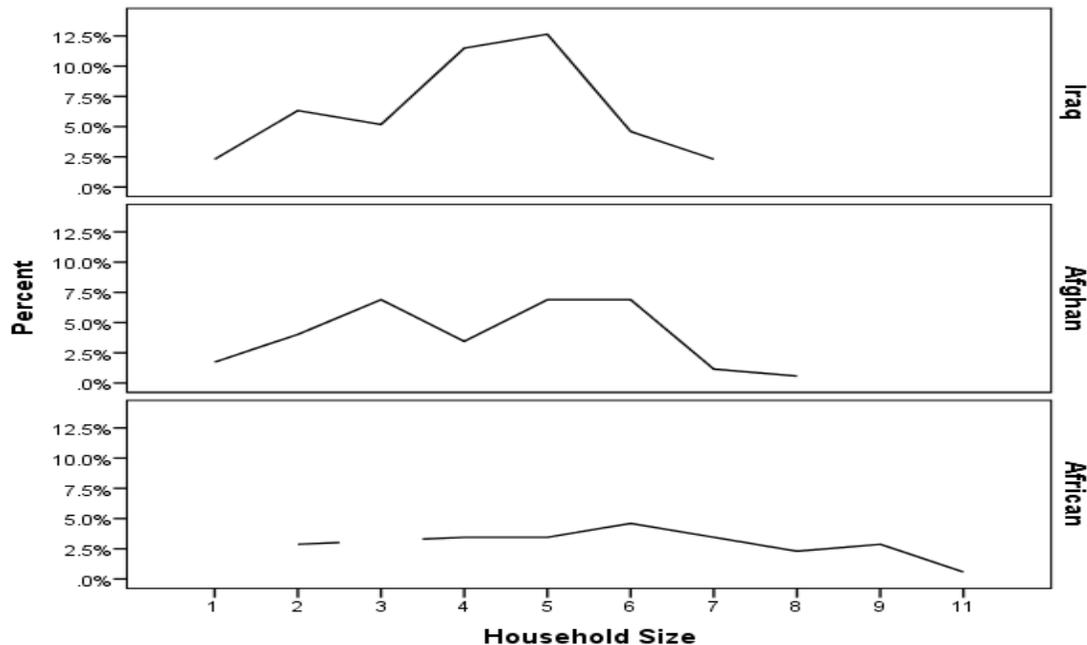
Age of Refugees



The above chart shows that 9 participants were 18 years old and one participant was 71 at the time of their baseline interview.

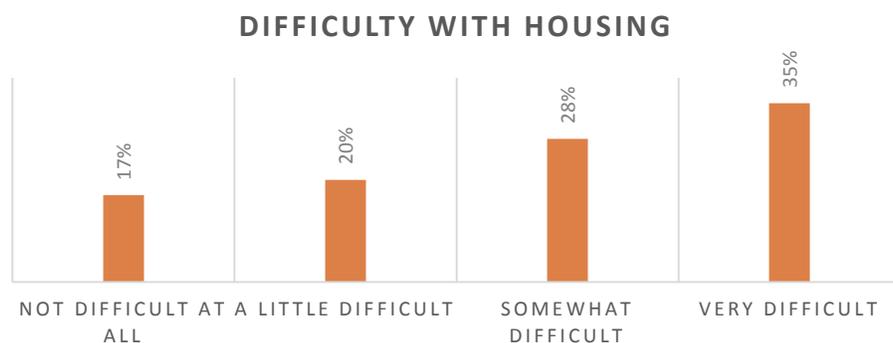
Households and Housing

- Household sizes range from 1 to 11 people. The average household size is about five people. Iraqis tend to have smaller households than Afghans and Africans.



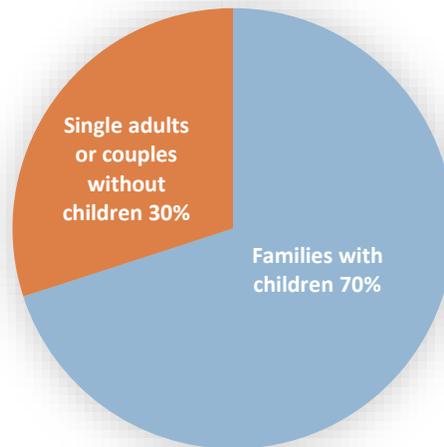
- Few refugees reported no difficulty with housing and roughly two thirds reported that housing was somewhat or very difficult. A Congolese woman provides a noteworthy description:

“The most important thing is ... the house. The rent. The fact that I’m working and all my paycheck is going towards the rent and I have nothing left. And so, that’s the other thing that I need help with. Everything is just gone once I pay the rent. All my money goes to that. I’m left with nothing.”



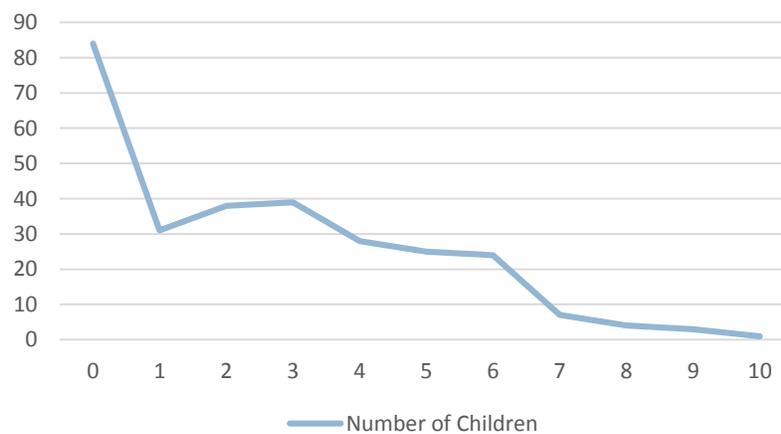
Children and Childcare

Participants with Children



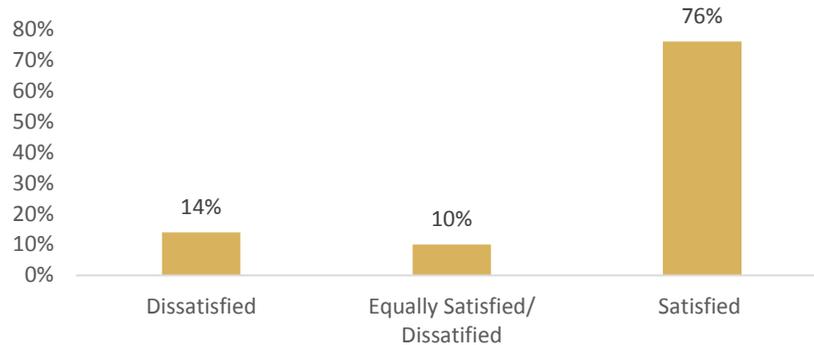
- The average refugee family with children has 3-4 children living with them.

Number of Children



- Thirty-one participants reported having one child, 38 reported having two children, and 39 reported having 3 children.
- Three quarters of refugees with children reported being satisfied with their childcare.

Satisfaction with Childcare (Either Personally or with Other's Help)

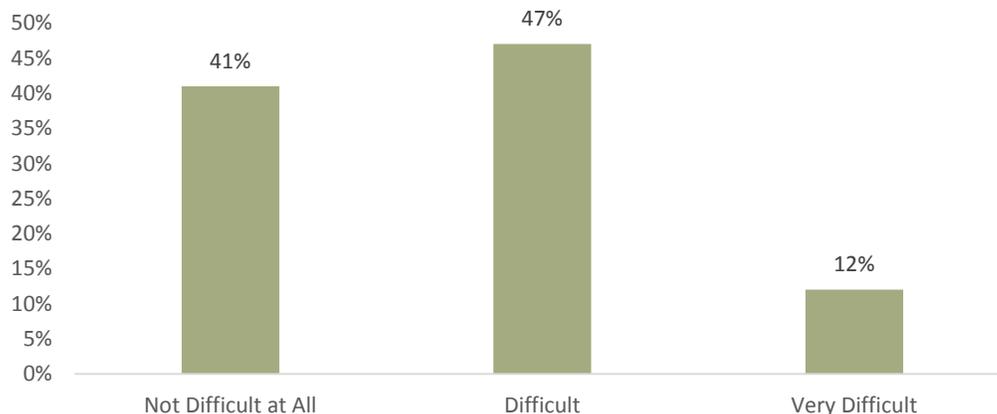


The additional challenges that come with resettling with children, particularly when it comes to childcare, are described by an Iraqi woman participant:

“I will almost be here for a year, but I could not move a single step forward. And I did not achieve anything. I want to work, but I have children. I want to study, but I have children. I have to drive my car, and my doctor prevents me from driving... Besides, my sons [are young] and I don’t have money in order to get them a babysitter. Even if I want to work, what kind of job I should get that would pay me so much to have a baby sitter! Then, there should be different things to help those who have limited income like having a daycare [next to] the CNM. Or for parents who have young children and they can’t leave them home alone, and they are in the age of 10, 11, or 12 they should consider having the classes started during the school hours, when the kids are actually in school. I don’t know, but I feel that these are difficult things and they are so incapacitating, or crippling.”

- About half of refugees with children considered childcare “not difficult at all” while the rest considered it “difficult or “very difficult” .

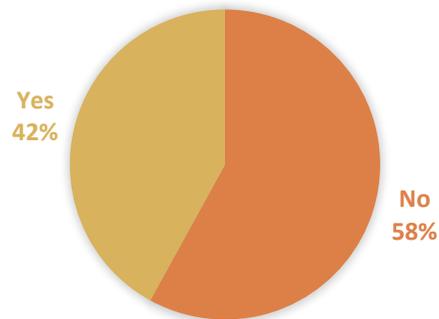
Difficulty with Childcare in the Last Two Months



Transportation

- More than half of refugees (58%) do not have access to a car.

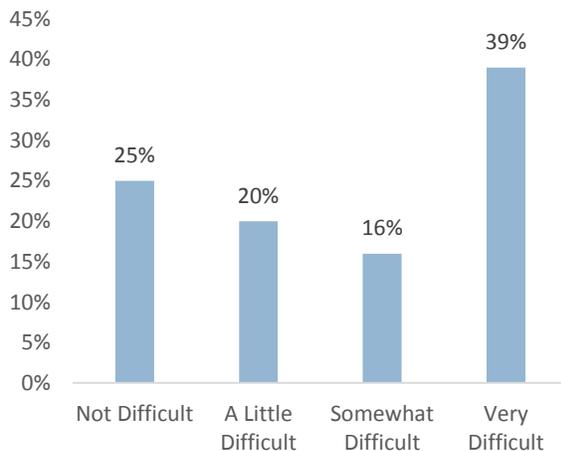
REGULAR ACCESS TO A CAR



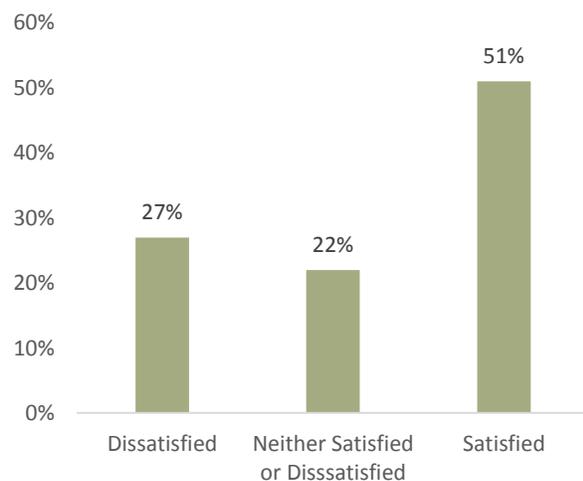
- More than half of refugees (55%) considered transportation to be somewhat or very difficult, but about half reported satisfaction with the access to the transportation that they have. A Congolese man discussed his challenges with transportation:

“It has been much easier because now we know the city more than we used to. We know these students from the program. The only thing that is still the same is that we still don't have a transport especially when we need to go get groceries.”

Difficulty with Transportation in the Last Two Months



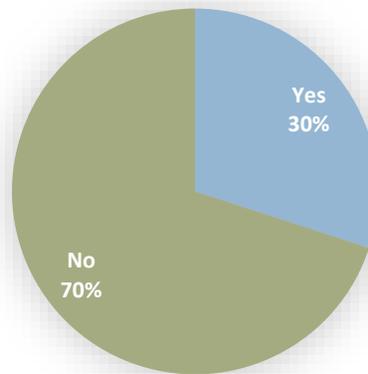
Satisfaction with Transportation



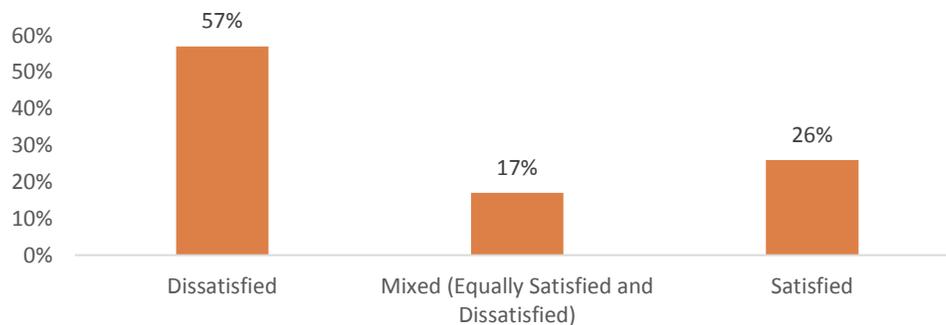
Employment

- Most participants have been in Albuquerque for only a short amount of time and have not found find employment yet.
- Of the participants who are working, only 21% have a job that offers fringe benefits.

Currently Employed

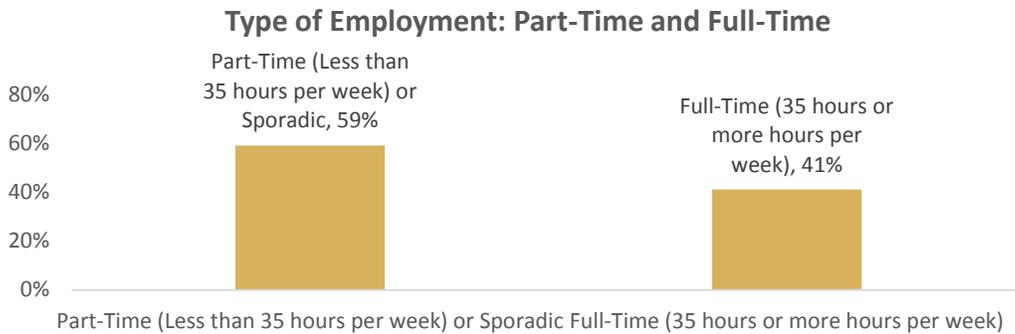
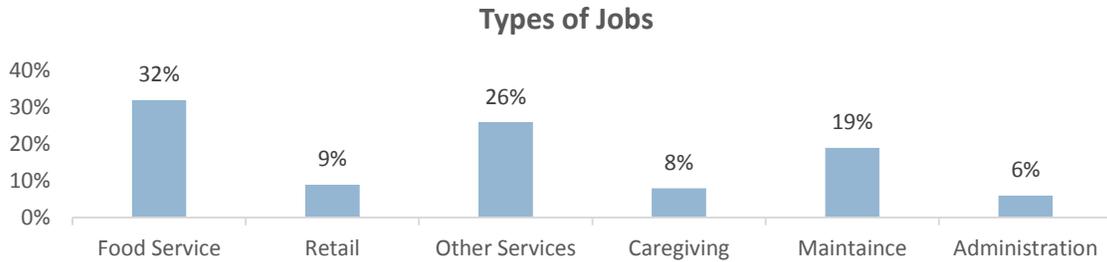


Satisfaction with Income



Describing overlapping relationships between employment, income, language proficiency and well-being, an Iraqi man stated:

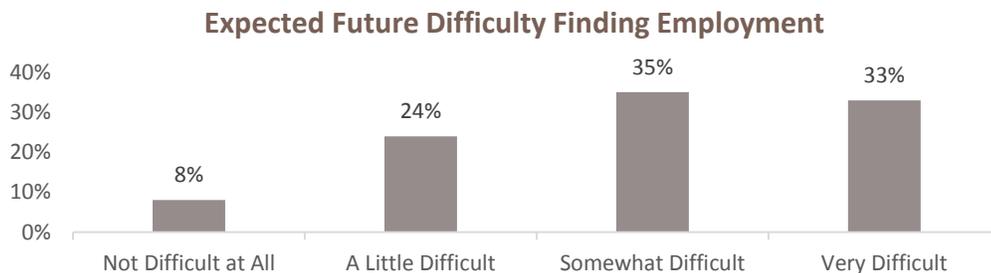
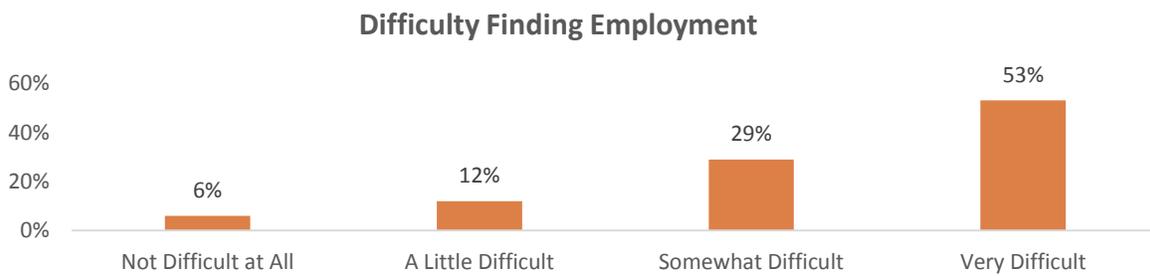
“A lot of the refugees here are suffering from the difficulties of the language and how to get a job. Especially the householder because [he is] not a single man. He has a family. He’s responsible for them. When the refugee first arrived to the United States, the support from the government is for a limited time. After this specific period if he didn’t find any job everything will be difficult for him. He will start after that suffering from a lot of things.”



A Congolese male participant described a common situation for many refugees, which is part-time employment that does not guarantee a minimum number of hours per week or a livable income:

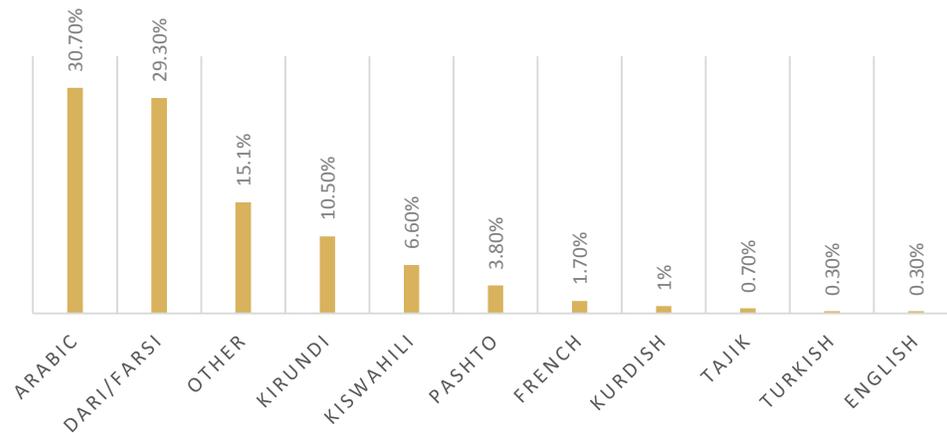
“For now I’m working. I am not happy with my salary... I only work between 15 and 17 hours a week. It’s not enough.”

The interviewer asked if he was looking for a different job, and he replied that he had applied to eight different places without finding another job.

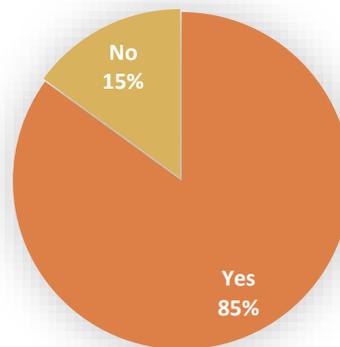


Language and Literacy

First Language

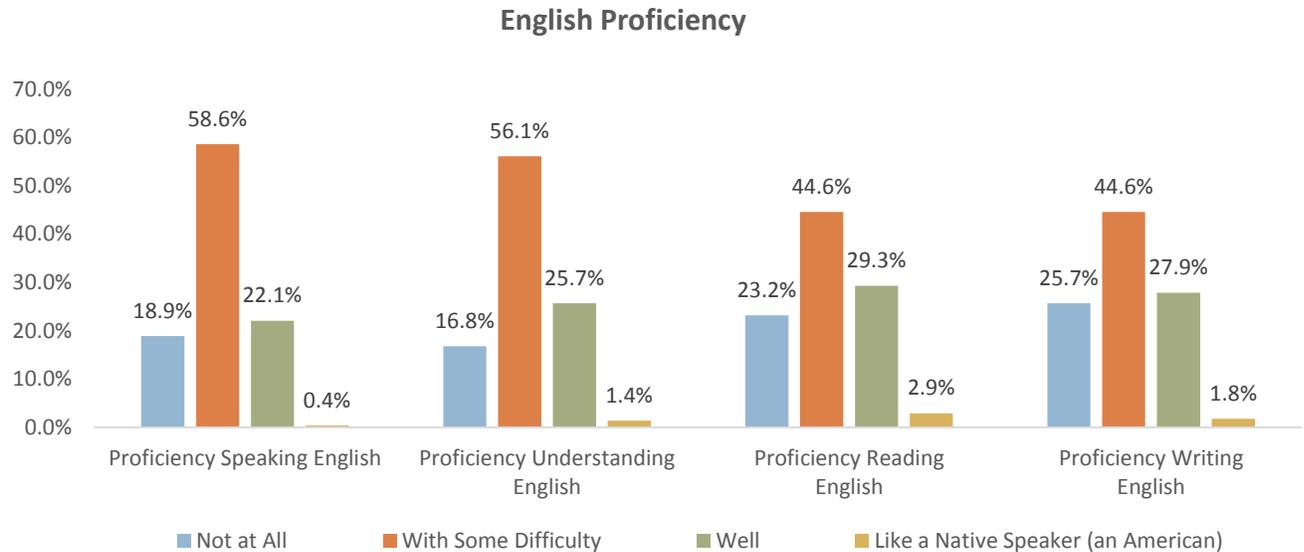


Ability to Read or Write Some Language

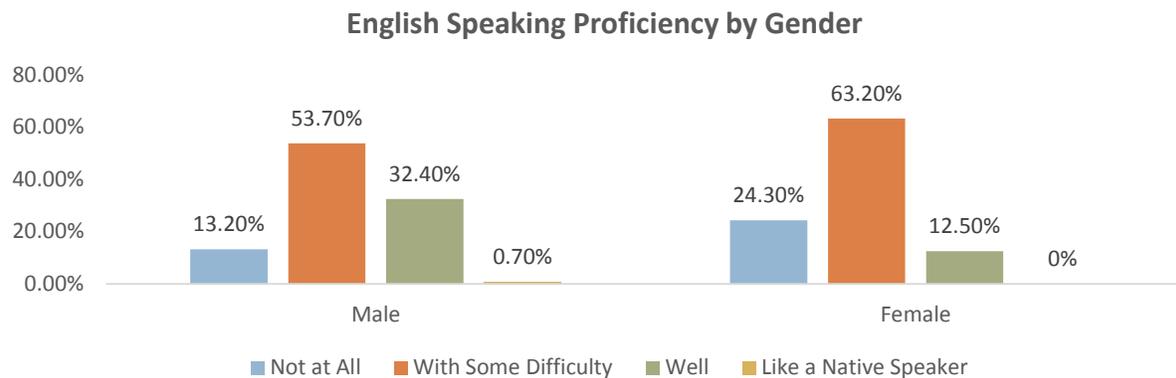


The importance of English proficiency was described by an Iraqi woman in this way:

“The language is the most important thing now. The language is the key to live here. When I have the language, I have that key [that] might open all of the doors, like all the other doors, like having a job or I might do something different, I don’t know, but the key here now is to know the language and have it.”



- The largest proportion of participants reported they could speak, understand, read and write English “with some difficulty.”

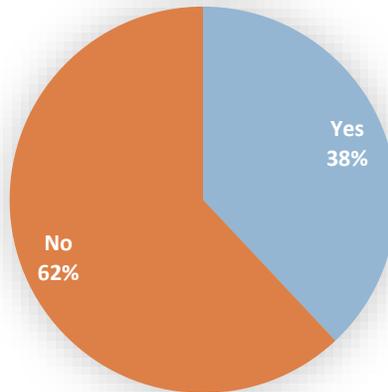


- More women report they cannot speak English at all while more men report they can speak English well. Frustration with learning opportunities is described by a female Iraqi participant:

“When we first came here we went to take classes, but they teach us only grammar. For example, I speak Arabic, and I go to learn the grammar. I need to know how to speak English, communicate, conversation. I need someone to give me more vocabularies, sentences. When we went there, I went with my husband there. When we will sit together, he will listen and explain it to me in Arabic. It becomes very hard on him. Should he concentrate on the teacher, or should he explain it to me? I went for a while there, but I couldn’t see any improvement. I didn’t feel anything. I just left it. I stopped.”

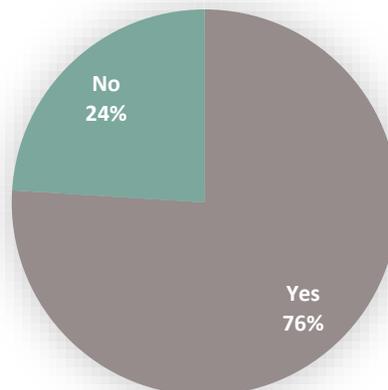
Education

Currently Taking Classes



- Of those participants currently enrolled in classes, 80% are taking ESL only and all but a few are attending part-time.
- About two-thirds of participants have a high school degree or less.

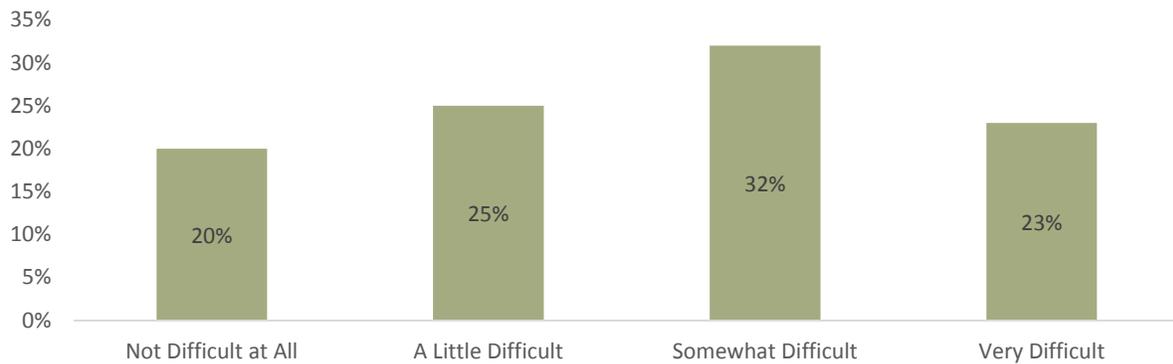
Wanted or Needed to Return to School
in the Last Two Months



As described by an Afghan woman, the chance to continue to learn in the United States is taken very seriously:

“I have a wish. When I was in Pakistan, I didn’t have the chance to go to school. I want to go to school first to become a doctor or an engineer. That’s important, even if I don’t have enough food to eat. This is my dream.”

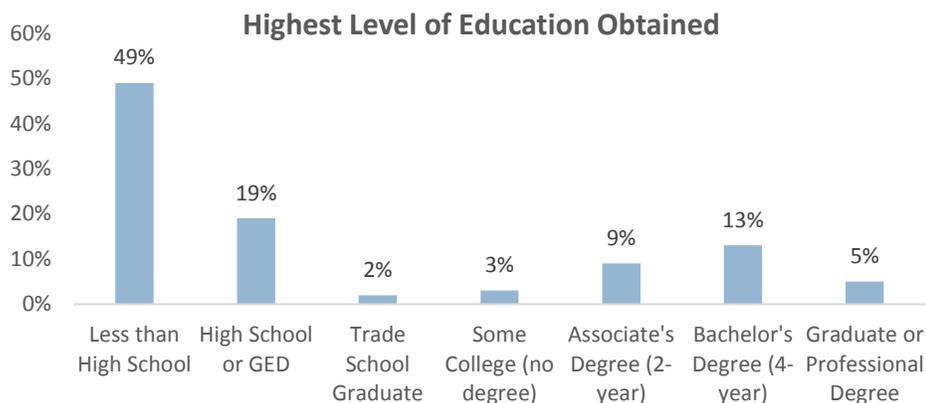
Perceived Difficulty of Returning to School in the Future



- Despite 76% of participants wanting to return to school, the majority feel it would be somewhat or very difficult.

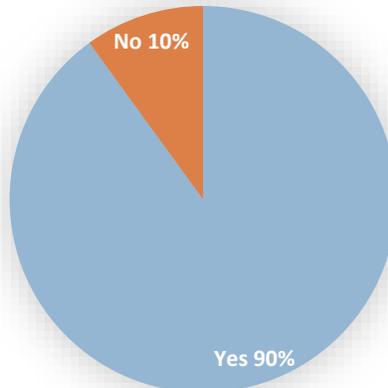
A Congolese man explained the circumstances that prevent him from returning to school even though he considers it a first step toward improving life his in the United States:

“We have a problem, we have a solution at the same time. That’s why we want to start by going back to school, having a small training, and securing a job and you know, taking care of ourselves.... That challenge I’m having is that first foremost money because that program needed money.... Money, because I have to pay for the school fees. And secondly transportation, car. It’s a challenge because sometimes it involves going very early... I was expected to report there [at the] latest 5:45 am, so I need a car. Yes. Sometime we close very late, around 9 pm, which could be dangerous to trek from the school to the bus stop so these are challenges: money and car.”

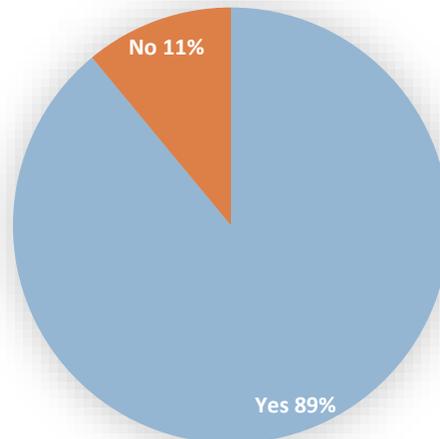


Access to Healthcare

Have Health Insurance for Self



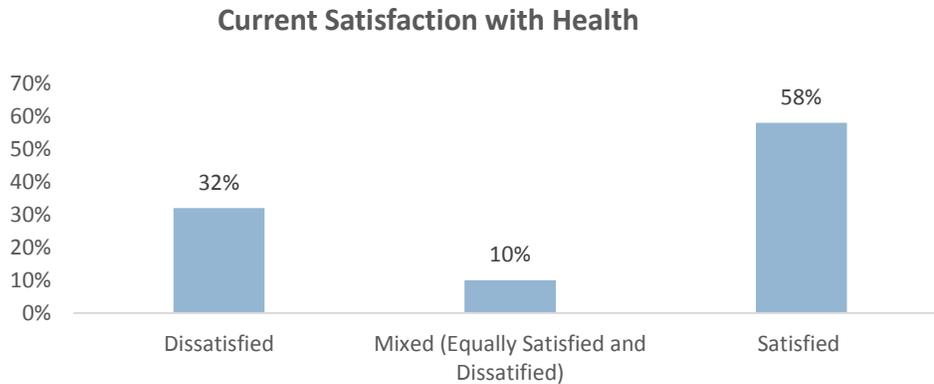
Have Health Insurance for Children



Most participants reported having health insurance for themselves and their children. However, as an Afghan man described, navigating the healthcare system can remain a barrier to care:

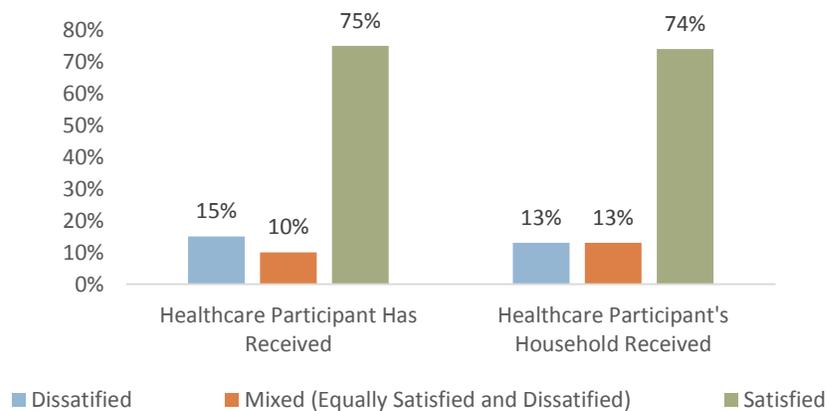
“There was a night that she got sick and we came out and we were asking people to know about the hospital, ‘Where is the hospital or how to get there, or to a clinic?’ but nobody was trying to answer that question.... When we got there, in the hospital, she was not kind of okay, she was not feeling good, and then... all those things was kind of taking a long time and they told us it was going to take a couple of hours and I said, ‘Oh, we can’t wait for that long.’ And then we came back. But the other thing that we do know about this, the health costs too much in the United States. [At] that time we didn’t have . . . Medicaid card or insurance for that... we couldn’t do anything like kind of prescription or medications and we

just refused that and we came back home. For the next day my case manager told me that if you were doing the prescriptions and all those things that it would cost you about \$1,000, at least. I said, ‘Oh, I wouldn’t be able to pay that much money.’”



- Three quarters of refugees who have used healthcare during the last two months, were satisfied with it, and just over half of all refugees were satisfied with their current health.

Satisfaction with Healthcare among Participants who Used it in Last Two Months

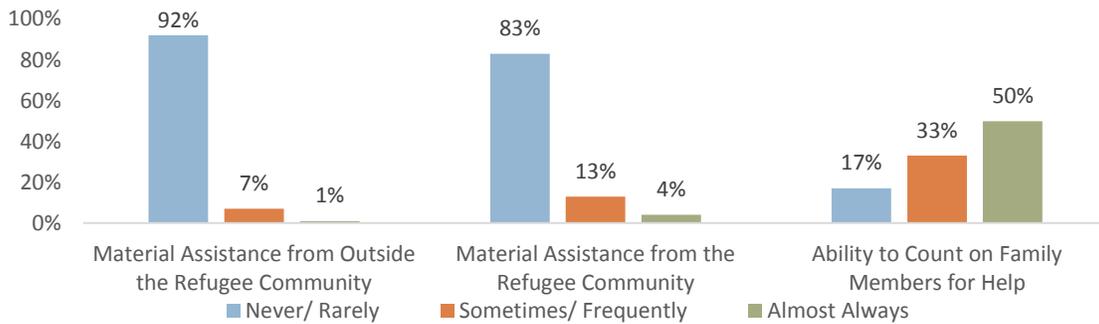


A Congolese man explained his troubles arranging appointments for healthcare:

“I forgot to mention is I don’t like in U.S. hospital . . . medical arrangement here. When you go to hospital, you are sick, they give you appointment. Appointment upon appointment. Like now I went recently I was not feeling okay, I went to the hospital, they told me that my first . . . appointment, and that appointment was three week from that day I went there. They say if it’s emergency you call 911, but to me, even in Africa we don’t do that. You can walk into the hospital.”

Social Support

- Most refugees report that they do not receive additional material assistance from within or outside the refugee community (excluding government benefits).
- About half of the refugees could count on their local family “almost always.”



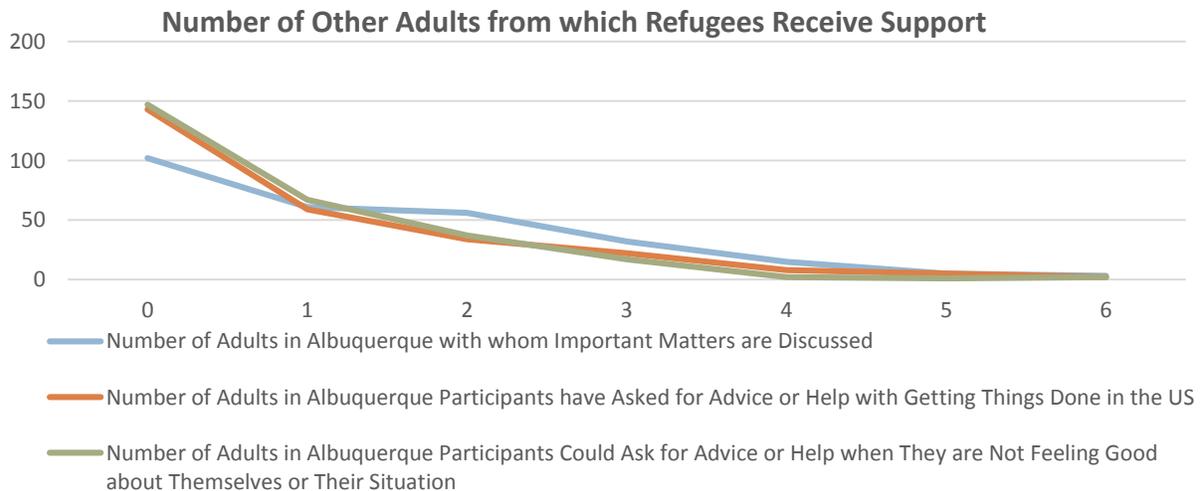
- Over half of participants reported that they had no adults living in Albuquerque with whom they could turn to for advice or help when they are not feeling good about themselves or their situation or from whom they could ask for advice or help getting things done in the United States.

New refugees can experience social isolation, like this Congolese man:

“Here, I’m kind of isolated . . . I don’t know the neighbors or I don’t have family members. I just stay here at my house. I talk with my wife, my kids. Sometimes I walk to go buy groceries. I just live like that.”

Refugees appreciate the social support and interaction in the Refugee Well-being Project. An Afghan woman discussed how her student partner helped:

“I feel very lonely here because personally I’m a very social person and always have people around, but now here I feel there is no one to talk to. So I really always was excited about the Tuesdays [Learning Circles], and I was like counting the minutes when [student] could come.”



Trauma Exposure

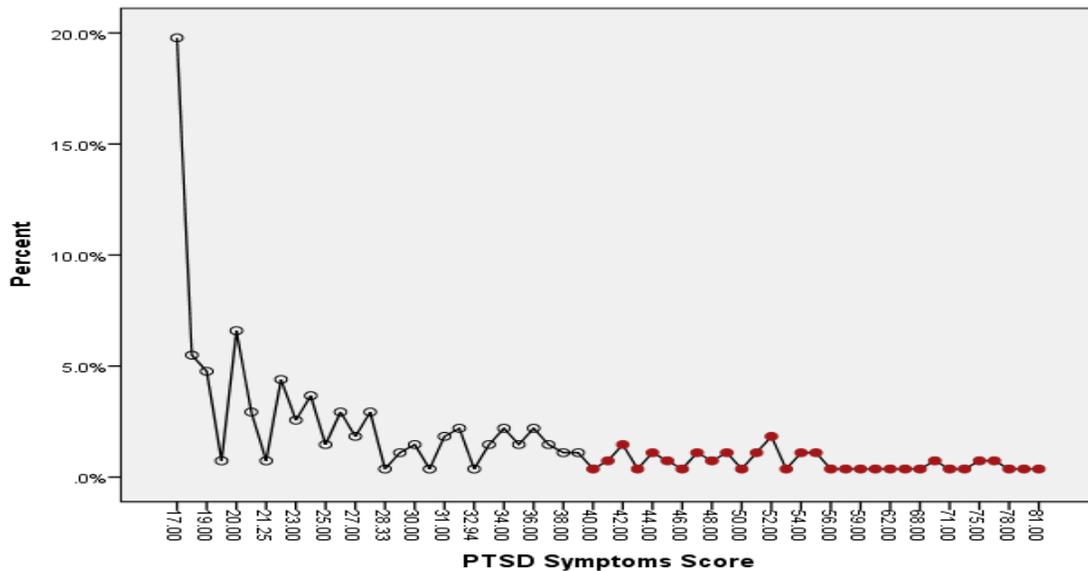
Exposure to Potentially Traumatic Events

	Men	Women	Total
Fear for the life of a loved one	55%	65%	60%
Separation from a family member or loved one*	41%	61%	52%
The destruction of your community	45%	55%	50%
Fear for your own life*	42%	55%	49%
Being forced to leave your home	43%	53%	48%
Untimely death of a family member or loved one	43%	52%	48%
Serious change in social status	45%	47%	46%
Experienced bombings or shootings by military/paramilitary	41%	48%	45%
Loss of important materials or goods	39%	43%	41%
Serious accident, fire or explosion	39%	34%	36%
Serious problem with adequate living condition	32%	36%	34%
The destruction of your home	27%	31%	29%
Being witness to a violent death	26%	27%	27%
Being witness to a physical assault, beating, or torture	28%	19%	24%
Ill health without access to medical care	24%	24%	24%
A serious physical wound	24%	21%	23%
Physical assaults, beatings, or torture	24%	21%	23%
Extortion or robbery	23%	23%	23%
Serious betrayal by a close friend, neighbor, or coworker	22%	22%	22%
Being kidnapped or threatened to be kidnapped	23%	16%	20%
Natural disaster	11%	24%	18%
Life-threatening illness	17%	15%	16%
Family member or loved one participating in combat	12%	17%	15%
Imprisonment*	18%	7%	12%
Being witness to a sexual assault	6%	11%	9%
Suicide of a family member or loved one	5%	11%	8%
Being a victim of sexual assault*	1%	7%	4%

*Denotes significant difference between men and women

Mental Health

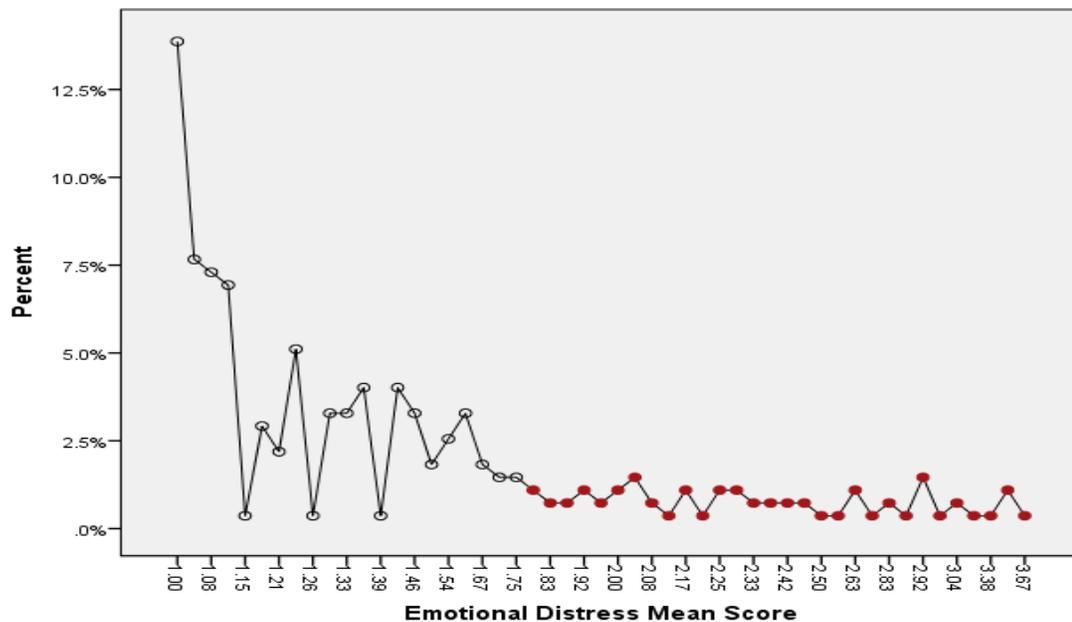
- Clinical guidelines suggest that mental health services are appropriate for people with PTSD scores over 40. The higher the score, the greater the severity of symptoms. Scores over 40 are marked in red. The majority of refugees reported scores below this threshold, although 19.4% had a score above 40.



An Iraqi man described the multiple traumatic events that he suffered before resettlement in the United States and how they continue to affect his life:

“They were trying to just a kind of assassination, many times, in order to kill me. And after that, I have to leave my country and go to Lebanon at that time. Because of that threat, I just like divorced with my wife, I left her because of that, and I had to leave my country. My wife decided at that time to stay in Iraq, to stay home, so I got my son and my daughter and we left the country out. My third child, because she was still young at that time, she stayed with her mom because I cannot take care of her. She is still a new baby. She was four years old at that time. I cannot take care of her. I suffered a lot because I had to take care of my daughter and my son in Lebanon especially with the whole situation over there. Even in Lebanon, I have to work in order to provide them with what they need, actually. Because of the explosions, I cannot hear, and I am lame at that time. And when my son has been killed, they moved me here to the United States.”

- Clinical guidelines suggest that emotional distress scores over 1.75 may be of concern. Scores above this threshold are marked in red. The majority of refugees reported emotional distress scores below this indicator, although 21.5% percent of participants had a score above 1.75.

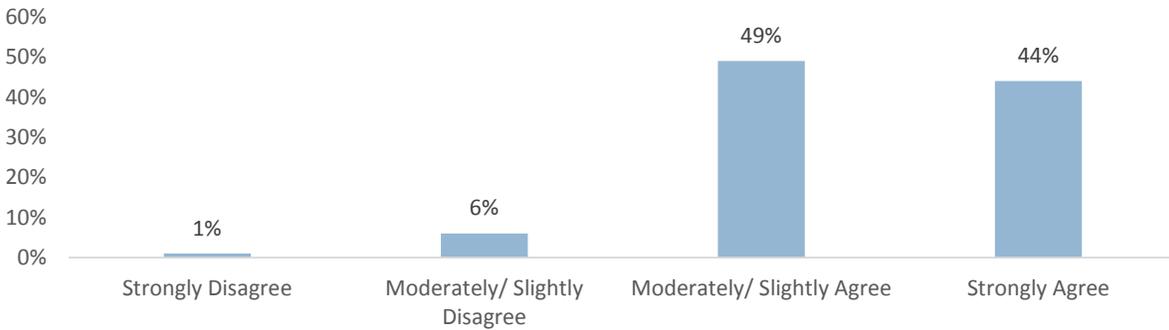


Although emotional distress is not uncommon, participants in the Refugee Well-being Project such as this Congolese man, have observed increased social support and reduced stress:

“I used to be stressed most of the time. Since I started the program, I met with new people. They encouraged me. They gave me hope. They made me comfortable. Then, instead of thinking about these negative things, then I just changed, switched to positive behaviors.”

Environmental Mastery

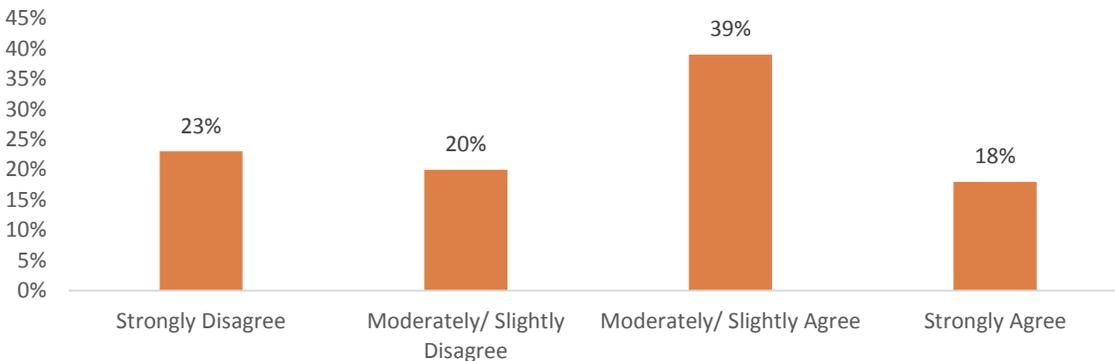
I am quite good at managing the many responsibilities of my daily life.



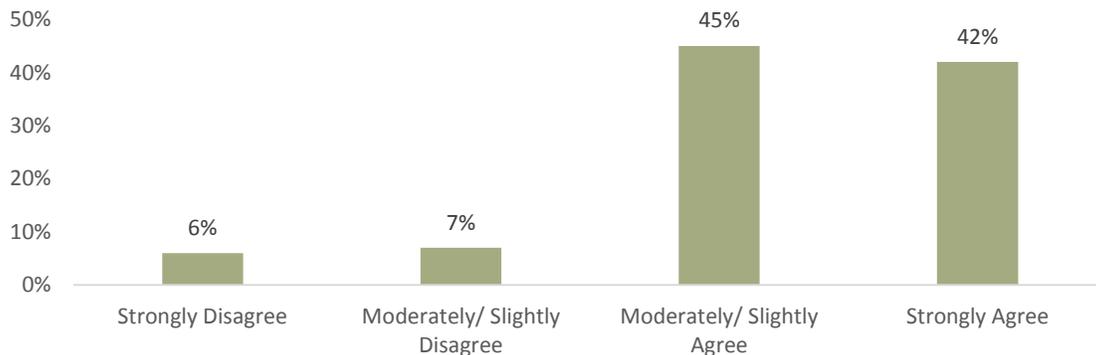
Most participants reported being good at managing their daily responsibilities, but as a Syrian woman described, progress requires a little help and a lot of persistence:

“I would be able to overcome, little by little. When I first came here I was shocked about the education, but then I was able to understand there are steps, or a process, for me to follow. Sometimes I rely on my family to support me, I pray to God to be able to overcome any difficulties and little by little I was able to adjust to the situation here, and understand more.”

The demands of everyday life often get me down.



In general, I feel I am in charge of the situation in which I live.



Implications & Recommendations

As might be expected, newly resettled refugees in Albuquerque are facing challenges related to employment, income, housing, transportation, social support, health, education, and English proficiency. In addition, most refugees have experienced numerous potentially traumatic events before arriving here. Despite these multiple stressors, most refugees report adequate health and mental health and the ability to manage their daily responsibilities, suggesting that they are quite resilient.

Housing and Transportation

On average, refugees resettling in Albuquerque have large households. Many households contain more than two adults and an average of 3 to 4 children. Some households have up to 10 children. This can make finding affordable housing especially challenging, and, as evidenced in this report, many refugee families spend more than half their income on housing. Therefore, **increasing the availability of affordable housing that accommodates large families is essential.**

In addition, more than half of the refugee respondents said that they do not have regular access to a car. Thus, given the limited public transportation system in Albuquerque, it is not surprising that almost three quarters of refugees said they had difficulty obtaining transportation in the last two months. Our data and experiences with refugees suggest several priorities related to transportation: 1) **expanding public transportation options to more fully cover all days and times and additional routes**, and 2) **providing access to affordable car loans**; and 3) **ensuring that refugees receive driver's education in a language that they understand along with adequate driving practice.**

Employment, Income, and English Proficiency

Most refugee adults (about 70%) were unemployed at the time that we first interviewed them and more than half were dissatisfied with their income, which is not unexpected given that they had been here an average of only about 7 months. Refugees also perceived that it was quite difficult to find employment. Given these results, **providing job placement assistance for refugees and expanding work opportunities for newcomers is essential.** English proficiency is also a necessity for most jobs (as well as being related to better mental health for refugees). Most refugees reported limited ability to speak, understand, read, and write English. Thus, **increasing opportunities to learn English are also important.** However, it is essential to **recognize and address many of the challenges refugees face while learning English, including: limited time because of work and childcare responsibilities, lack of transportation to English classes, limited literacy or previous educational experience, lack of childcare, and mental health problems.**

Social Support

More than half of the refugees we interviewed did not have anyone in Albuquerque who they felt they could turn to for advice or help when they were not feeling good about themselves or their situation or who they could ask for advice or help getting things done in the United States. This loss of social support is one of the most difficult aspects of the refugee experience. Thus, it is important to ***consider how to increase refugees' connections to other people in the community – both members of their same ethnic communities and other Americans***. It also suggests the importance of ***supporting policies that can reconnect refugees with family members from whom they have been separated***.

Health and Access to Healthcare

Participant health was varied; about one third of refugees said they were dissatisfied with their health but almost 60% were satisfied. Most refugees reported having health insurance for themselves and their children, which is likely in part because they are covered by Medicaid during their first year of resettlement. Despite having health insurance, about 60% of refugees reported that it was a little, somewhat, or very difficult to access health care. ***This suggests the importance of making our health care systems more easily navigable and increasing refugees' access to health navigators or advocates***.

About 20% of refugees reported mental health problems that might be impeding their daily lives. Although this is lower than what might be expected given the stressors that refugees face, it still ***warrants attention and multilevel interventions to address mental health that include individual therapy, support groups, and efforts to reduce refugees' stress by increasing their access to resources, decreasing their social isolation, and valuing the knowledge and experiences that refugees bring to our community***.

Contact Us

For more information about the data in this report or about the *Refugee Well-being Project*, please visit our website <http://refugeewell-beingproject.weebly.com/> or contact Jessica Goodkind at jgoodkin@unm.edu