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A CASE FILE EXAMINATION

Alyson D. Miller

Departmental Honors Thesis
The University of Tennessee at Chattanooga
Social Work

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EXAMINING THE NEEDS OF REFUGEES AND REFUGEE SERVICE PROVIDERS:

A CASE FILE EXAMINATION

By

Alyson D. Miller

A Thesis Submitted to the Faculty of the University of Tennessee at Chattanooga in
Partial Fulfillment of the Requirements of the Degree of Bachelors of Social Work

The University of Tennessee at Chattanooga
Chattanooga, Tennessee

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ABSTRACT

Refugees are people who have fled their country as a result of experienced persecution or fear of persecution. Research shows that refugees face many challenges and have many needs after being relocated in the United States. Once refugees are resettled, the goal of resettlement organizations and agencies is that refugees achieve self-sufficiency and be integrated into the community. This research aims to discover if refugee demographic characteristics have an effect on the amount of financial assistance refugees receive for relocations or an effect on achievement of self-sufficiency. This research is a quantitative secondary analysis taken from the case files of 230 refugee clients of a resettlement agency in in southeast Tennessee. The measures in this study included descriptive statistics, independent sample *t*-test, one-way analysis of variance, and simple linear regression. Results from the study indicated that many demographic characteristics were significant predictors for both amount of received financial assistance and for achievement of self-sufficiency. Recommendations and implications for future research, practice, and policy are discussed.

Keywords: refugee, self-sufficiency, refugee service agency, demographic characteristics

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Introduction

This was a quantitative research project that examined the case files of clients of a refugee resettlement agency in southeast Tennessee. Refugees are people who have had to flee their home country as a result of persecution or fear of persecution (Savin, Seymour, Littleford, Bettridge, & Giese, 2005, p. 225). The United States defines a refugee as someone who is outside his or her country of nationality and is unable or unwilling to return because of experiences or "well-founded fear" of persecution based on race, religion, ethnicity, nationality, political views, or membership of a group. If someone does not have a nationality, they are described as a refugee if they are "outside of the country of last habitual residence" (Kerwin, 2015, p. 222).

Literature Review

Refugees may have left their country of origin for a number of different reasons such as genocide, political imprisonment, war and conflict, torture, human trafficking, or sexual violence. When refugees flee their country, they may experience even more traumatic events such as death or separation of family members or friends, displacement and living in impoverished refugee camps. Then, when refugees are resettled, they often experience other issues such as poverty, a lack of understanding of the culture and systems of their new community, separation from the people and community they know, language barriers, and discrimination (Isakson, Legerski, & Layne, 2015, p. 246). Between 1980 and 2015, political asylum was provided to more than 400,000 people and there were almost three million refugees resettled in the United States (Kerwin, 2015, p. 205). In 2013 alone, there were 69,927 refugees resettled in the U.S. (Isakson et al., 2015,

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p. 246).

Process of Resettlement

The process of resettlement into the United States is a very long and complicated one. The president determines and announces the number of people that will be resettled in the U.S. for the next fiscal year, which always begins in October. However, there may be fewer refugees actually resettled in a fiscal year than the number that the president establishes as the admission ceiling (Kerwin, 2015, p. 222). Refugees are resettled with the assistance of the United States government through the U.S. Office of Refugee Resettlement, non-profit organizations, and for-profit organizations, also known as voluntary agencies (VOLAGs; Forrest & Brown, 2014, p. 13). These organizations act as intermediaries that connect refugees to the U.S. and then to local resettlement areas (Forrest & Brown, 2014, p. 14).

In order to begin the process of being resettled into the U.S., refugees have to register with one of three organizations: the United Nations High Commission for Refugees (UNHCR), the U.S. embassy, or a non-governmental organization (Forrest & Brown, 2014, p. 15). These cases are prescreened by whichever organization they are registered with, and the organization then chooses whether or not to refer the case to the U.S. Refugee Admissions Program. The entire process usually lasts two years or more as a result of extensive security and health screenings (Kerwin, 2015, p. 225). The process may also be longer because of the length of time it takes for organizations and the government to process and exchange information regarding the cases (Kerwin, 2015, p. 225).

At this point, a case file is created for the refugee who has to complete paperwork and an interview with a U.S. Citizenship and Immigration Services officer, and then the refugee is referred to an agency with the Office of Refugee Resettlement (Forrest & Brown, 2014, p. 15). This agency is responsible for providing the refugees with financial support, assistance, and resources through partnered organizations. The initial financial support comes through the U.S. State Department through the Office of Refugee Resettlement (Forrest & Brown, 2014, p. 15). The organization chooses which location to resettle refugees in based on the available resources in that location. Considerations include interpreters, ethnic and community organizations, culturally appropriate case management, and the ability to provide required services such as medical treatment, English language education, and housing placement (Forrest & Brown, 2014, p. 16).

Common Problems and Experiences

Refugees are resettled into areas which have an agency or a sponsoring religious institution that has chosen or been assigned to provide services to the refugee (Weine, 2011, p. 28). Additionally, the goal of the Office of Refugee Resettlement is for refugees to achieve self-sufficiency and integration (Kerwin, 2015, p. 224). Self-sufficiency is defined as "independence from public assistance through employment and competent English language abilities" (Shaw & Poulin, 2015, p. 1099). This influences the placement of refugees based on availability of employment in a community. As a result, refugees are often placed without being able to decide their destination for themselves. However, there are cases in which refugees are resettled through the family reunification process, in which they are placed in locations in which they already have family (Forrest & Brown, 2014, p. 16).

Needs of refugees. Refugees are in need of more services than they are being provided, and there are many obstacles in the way of those needed services (Kerwin, 2015, p. 206). Refugees face ecological risk factors that are a result of the conflict of their country of origin, migration, and resettlement into a new community (Weine, et al., 2011, p. 29). Characteristics that affect individuals or families by increasing vulnerability or mental health consequences are described as risk factors (Weine, et al., 2011, p. 31). Refugees have many needs including housing, food, healthcare, employment, financial assistance, and education. When refugees come to the United States, they have access to very little of their own resources and the assistance of the government is time-limited (Allen, 2009, p. 333).

Upon arrival in the United States, many refugees face poverty and a need for assistance and resources. According to Chapman and Bernstein (2003), non-native residents of the U.S. often make less money than U.S. natives (p. 10). Bollinger and Hagstrom (2008) found that refugees are the group most likely to use food stamps out of all types of immigrants. However, refugees also have a much more rapid decline of use of food stamps over time than other types of immigrants (Bollinger & Hagstrom, 2008, p. 665). Refugees do not only need monetary and physical resources, they need social resources as well. One study analyzed the importance of co-ethnic social capital, otherwise known as supportive relationships, and discussed how it can help refugees find opportunities and resources they would not have access to otherwise (Allen, 2009, p. 333).

Refugees also face many obstacles with the health care system. They are often not able to receive the health care they need because they come to the states with very little

resources, often experience a language and culture barrier, and they do not know how to utilize the complicated health care system in the U.S. (Szajna & Ward, 2015, p. 83). It has also been found that female refugees are in high need of reproductive health services that often go unmet, which could result in unhealthy women and children (Austin, Guy, Lee-Jones, McGinn, & Schlecht, 2008, p. 10). In addition to physical health many people of this population have experienced severe trauma and struggle with a variety of mental illnesses. Based on these experiences, many refugees qualify and need to receive mental health diagnoses and referrals (Savin et al., 2005, p. 224). Additionally, refugees who have experienced traumatic events may develop posttraumatic stress disorder (PTSD; Isakson et al., 2015, p. 246). Children and youth refugees, in particular, show a high rate of developing mental health problems as a result of conflict and violence they were exposed to before resettlement, in addition to the stressors of resettlement (Isakson et al., 2015, p. 246).

More than half of the nearly three million refugees that have resettled in the United States over the past forty years have been children (McBrien, 2005, p. 329). Refugees often face difficulty in adjusting to life in the United States, but children face more issues in regard to education. For many of these children, it is a complicated process to begin attending and succeeding in school because of a variety of obstacles, such as language and cultural barriers (McBrien, 2005, p. 329). Students do not only face obstacles in the educational system in the U.S., but they face many obstacles before this. Many children live in refugee camps for long periods of time, where education is difficult to structure and implement. As a result, many of these children arrive with a lower level of education than expected in the current school system (Waters & LeBlanc, 2005, p.

130-131).

Refugees Experience of Relocating

Between 1980 and 2015 the United States developed very extensive immigration enforcement and homeland security, which has been harmful and made it difficult to protect refugees (Kerwin, 2015, p. 205). There are more refugees resettled in the United States than in any other developed nation. From 2009 to 2013 the U.S. resettled 70 percent of the refugees through the United Nations High Commission of Refugees (Kerwin, 2015, p. 222). However, there are many conflicts between politicians and policy makers surrounding the admittance of refugees into the United States. As a result, over the past few years the policies on immigration and homeland security have become stricter and refugees are not being granted the safety and well-being that they need (Gold, Wilbert, Bondartsova, Biroscakand, & Post, 2015, p. 4). Refugees are challenged by restrictive legislature, immigration-related security measures, and complex or restrictive policies that hinder the process of being accepted for resettlement into the U.S. (Kerwin, 2015, p. 206).

Additionally, federal funding for the resettlement process has decreased, causing agencies and organizations who work with refugees to be limited in the assistance they are able to provide, which makes it more difficult for refugees to achieve self-sufficiency (Kerwin, 2015, p. 207). This is an issue because the achievement of self-sufficiency through employment is the main strategy of the U.S. refugee resettlement programs for the integration of refugees into their community (Kerwin, 2015, p. 207). In the United States, there is a strong emphasis on economic self-sufficiency for resettled refugees, which means that upon arrival, refugees are required to find job placement as soon as

possible (DeLuca, 2009, p. 14). The government and the organizations that work with refugees encourage them to obtain employment within four months after they arrive so that they are able to support themselves economically (DeLuca, 2009, p. 14).

The focus of refugee resettlement agencies on employment and self-sufficiency can cause other issues for refugees. When refugees arrive in the U.S. they are expected and often required through contracts to seek and gain employment in order to receive certain types of employment. This can be a hindrance for refugees who want to gain different types of training, skills, or education in order to meet their own long-term goals (Kerwin, 2015, p. 224). There are also refugees who come with specific needs or vulnerabilities, either through physical or intellectual disability, age, or other circumstances that make it more difficult to gain employment and therefore achieve self-sufficiency (Kerwin, 2015, p. 225).

It is not uncommon for refugees to leave the community they were initially placed in to move to a different location. If someone is placed where they have little to no personal ties, they may move to a different location in which they have more connections. Additionally, refugees might move to a different location in order to seek out better employment opportunities, communities with cultures more similar to their own, to reconnect with family or friends, or to find more affordable living conditions (Forrest & Brown, 2014, p. 19). This movement is called secondary migration, which describes the movement of refugees from the state there were initially resettled in to a different state (Weine et al., 2011, p. 28). If a refugee moves within the first eight months, they will still receive the assistance and benefits from the first resettlement agency as they transition into their new resettlement agency (Weine et al., 2011, p. 28).

When refugees move from one state to another, they are usually moving to a community in which there is a more established community of their own ethnic group (Forrest & Brown, 2014, p. 19). Moving to communities which already have a strong presence or a rapidly growing presence of someone's own culture or ethnicity can help the refugee in adjusting to the new community by providing a stronger support system and the ability to more easily maintain their own cultural traditions (Weine et al., 2011, p. 28). The support from these systems can provide better assistance with finding housing, employment, counseling, and more people who speak their same language (Weine et al., 2011, p. 29). For example, refugees from Somalia are resettled into many states across the U.S., but because of secondary migration, Somalis have a larger presence in the states Minnesota, Ohio, and Washington (Forrest & Brown, 2014, p. 22).

A study was done in order to analyze why Somalian refugees decided to move locations once resettled into the United States. This study was completed through a survey sent to and completed by twelve State Refugee Coordinators, focus-groups of Somali refugees, and observations of the conveners of these focus-groups, participants in volunteer agencies, and researchers (Forrest & Brown, 2014, p. 22). Responses showed that the most common and important reason for secondary migration of Somali refugees were that the secondary locations had stronger social networks of other Somali people. Other common reasons were the affordability and quality of housing, employment opportunities, and educational opportunities (Forrest & Brown, 2014, p. 23). Refugees are also more highly likely to migrate to another community if the one they are initially resettled in has high crime rates or low-quality housing. Each case is different, as each refugee will value different factors at different levels (Forrest & Brown, 2014, p. 24).

Experiences of Refugees by Country of Origin

The two countries of origin that are included in this section are being discussed because they are relevant to the research population at the resettlement agency of this study. More nationalities were not included because there was very little research specific to the needs and experiences of refugees from other nationalities.

Sudan. A large population of refugees that have entered the United States in the past two decades have been from Sudan, where a civil war began in 1983 (DeLuca, 2009, p. 13). There have been many single males, named the Lost Boys, and single females, the Lost Girls, who have entered the U.S. The people who make up this population were children when the civil war started and fled their homeland and became displaced refugees in Kenya (DeLuca, 2009, p. 13). These children began arriving in Kenya in the early 1990s, and fewer than 11,000 out of the 20,000 who fled Sudan made it (DeLuca, 2009, p. 13). The boys were usually placed in groups of "unaccompanied minors" in the Kakuma Refugee Camp while the girls usually were placed in foster families. As a result, many more boys were resettled into other countries, such as the U.S., while many of the girls remained with the foster families. This is a result of differing views towards boys and girls. Elders in the refugee camp recommended to the United Nations High Commission on Refugees (UNHCR) that boys should be resettled over girls because boys would have higher hopes for success through education than girls (DeLuca, 2009, p. 13). Additionally, the foster families who took in the Lost Girls did not want the girls to leave because they believed they could possibly receive a traditional bride payment when the girls were married (DeLuca, 2009, p. 13).

Once resettled in the U.S., there are noticeable gender differences in the type of work that these boys and girls obtain. The boys have usually worked in service positions, retail jobs, or in factories and plants. In contrast, girls often have positions in care work, such as maid service, food service, childcare, or care for the elderly or disabled (DeLuca, 2009, p. 14). These girls are placed in these positions because they are labeled as "particularly suited" for the work, even though many of them aspire to achieve work in different careers (DeLuca, 2009, p. 14). These unaccompanied minors also face more challenges with becoming economically self-sufficient (DeLuca, 2009, p. 14).

Former Soviet Union. Another country that many refugees resettle from is the former Soviet Union. Many people who come to the U.S. from the former Soviet Union experience difficulty in obtaining employment and lose the professional status they held in their home country (Birman, Simon, Chan, & Tran, 2014, p. 63). This can be difficult for people because their professional identity may be an important aspect of their culture or their identity with self (Birman et al., 2014, p. 63). The ability to have success in occupational adjustment has shown to have a strong impact on wellbeing and satisfaction. However, this is especially difficult for refugees from the former Soviet Union to achieve because they are required to obtain employment quickly in order to become economically self-sufficient (Birman et al., 2014, p. 69). As a result, it is more difficult for them to take the time to receive the training or licensure necessary to pursue higher opportunities (Birman et al., 2014, p. 69).

Cultural challenges in resettling into the U.S. are a factor in causing mental health problems (Birman et al., 2014, p. 63). Studies show that people from this region experience more success upon arrival in the U.S. if they have co-ethnic social support.

This support has shown to improve the wellbeing of clients by reducing anxiety and depression, which has been particularly important for adults (Birman et al., 2014, p. 69). Studies have shown that people are more likely to develop mental health problems and symptoms of mental illness as a result of the stressors that are experienced through the resettlement process (Birman et al., 2014, p. 70).

Barriers to Meeting Needs

Many resettlement organizations provide core services for less than one year, and expect refugees to become self-sufficient within that timeframe. However, research indicates that in order achieve holistic well-being, refugees need assistance for longer than one year (Shaw & Poulin, 2015, p. 1100). Even though the majority of households have at least one member obtain employment within five years of arrival, many people still use public benefits (Shaw & Poulin, 2015, p. 1100). Refugees experiencing barriers to economic success often have trouble developing or obtaining the skills necessary for employment or lack community connections needed to obtain employment (Shaw & Poulin, 2015, p. 1100). Refugees who have little education prior to arrival and lower English skills experience high levels difficulty in securing consistent employment and in finding positions with higher wages (Shaw & Poulin, 2015, p. 1100). Upon arrival in the U.S., approximately half of refugees gain sufficient English-speaking skills, while the other half develop little to no English-speaking skills even after five years (Shaw & Poulin, 2015, p. 1100).

Additionally, many refugees come to the United States with medical needs because of experiences before arrival. Many refugees have had traumatic experiences and

therefore have symptoms of PTSD and other mental health problems (Shaw & Poulin, 2015, p. 1101). These issues can prevent refugees from obtaining employment, gaining language skills, learning how to navigate systems in the U.S., and developing important social systems (Shaw & Poulin, 2015, p. 1101). Studies show that individuals and families are more responsive to mental health services if their basic needs are being met, such as having sufficient housing and food access (Isakson et al., 2015, p. 248).

Cultural differences can create barriers to getting needs met because many people who come to the U.S. as refugees follow different cultural practices than the norm of the community they are resettled in (Isakson et al., 2015, p. 248). For example, in the U.S. there is a belief and understanding that physical, mental, and emotional health are all separate but connected; however, many refugees who come to the U.S. do not have these same beliefs (Isakson et al., 2015, p. 248). As a result, refugees may not see mental health as an issue to be addressed and many do not seek mental health services (Isakson et al., 2015, p. 248). Additionally, refugees may have more difficulty getting needs met if they are resettled into a community in which they do not have a strong support system of their own cultural community (Isakson et al., 2015, p. 248). For example, refugees may come from religious or cultural backgrounds in which they utilize spiritual, mental, or physical health services that are not represented in their new community (Isakson et al., 2015, p. 248).

Resources for Meeting Needs

The U.S. Refugee Act of 1980 specifies that refugees will receive state-administered services through the Refugee Cash Assistance and Refugee Medical

Assistance programs for the first eight months of their resettlement (Weine et al., 2011, p. 28). Refugees can experience protective factors upon arrival in the U.S. and going through the resettlement and adjustment processes. Protective factors are characteristics that decrease mental health problems or negative behavioral problems that an individual or family may experience (Weine et al., 2011, p. 31). These protective factors can come from an individual's abilities or resilience, within a family, from other support systems, or from the community (Weine et al., 2011, p. 31). Community protective factors may be the resettlement agencies, a religious organization that the refugee is supported by, or via other supportive people or institutions in their community. For example, Shaw and Poulin (2015) studied an extended case management program created and implemented by the International Rescue Committee office in Salt Lake City, Utah (p. 1100). This case management program extends the services to refugees to two years in order to improve the wellbeing of clients (Shaw & Poulin, 2015, p. 1100). They found that clients who participated in the extended case management experienced higher levels of wellbeing and greater access to community resources (Shaw & Poulin, 2015, p. 1100).

There has been extensive research conducted on the mental health needs of refugee youth. Many refugee youth experience mental health problems, such as PTSD. Evidence-based interventions have been developed which integrate the individual, peer group, family, and community. There have also been guidelines created for clinicians and practitioners who work with refugee youth with PTSD (Isakson et al., 2015, p. 248). It has been shown that interventions are much more effective, possibly four times more, if they are geared toward the culture of specific ethnic groups. This is in contrast to the same interventions being used for clients from a wide variety of cultures (Isakson et al.,

2015, p. 251).

Theoretical Perspective

    Systems theory. Systems theory is an approach in which the systems that an individual is a member of are identified, the impact of the systems is assessed, and the system is used for the implementation of an intervention (Myer & Moore, 2006, p. 140). The systems that a person can be a part of can be family, school, workplace, a religious organization, or other groups. Each system has an impact on the individual in some capacity. This theory is important to consider in context with refugees because a refugee's systems once they arrive in their new community in the United States may be very limited or very unstable. Many refugees are resettled in an area where they have no connections other than the agency. Therefore, it is important for the agency to assist the client in establishing important systems. Additionally, once these systems are established, they can help the refugee to become more self-sufficient and to improve their well-being. For example, an English as a Second Language class is a group that becomes a system most refugees are involved in to help them improve their language skills. However, improved English language skills can create benefits that impact other aspects of the refugee's life, such as employment, social connections, or ability to get their physical or mental health needs met.

    Ecological perspective. The ecological perspective, also known as the socioecological perspective, describes the impact of cultural and social factors on an individual's life and how these factors shape the context of events in the person's life (Myer & Moore, 2006, p. 139). This framework integrates the individual with the

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systems that they are a member of, such as family, school, community, and larger social constructs such as their cultural background or community (Isakson et al., 2015, p. 248). This is different from the systems theory because it views the refugee as an individual, as well as part of these larger systems (Myer & Moore, 2006, p. 140). It is important to take this approach when working with refugees because their larger system is often unstable or in constant development upon arrival, which can make it difficult to assess a refugee from a systems theory framework. The ecological perspective might be more effective because it looks at a combination of the individual, as a part of multiple systems. For example, refugees often lose connections to family, friends, or other social support upon arrival to a new country. However, many refugees need connections to cultural communities in order to preserve their culture and well-being. Their new community may or may not include persons who share the same background or traditions, which could impact a refugee's successful transition to the United States.

Resilience theory. The resilience theory is useful in understanding how socioecological systems such as individual, family, community, and educational factors interplay in the resettlement process (Weine et al., 2011, p. 30). Refugees have been through many changes and many traumatic events in their lives up until and even after the resettlement process. The resilience theory is useful when working with refugees because it helps to understand coping strategies and strengths that they have developed prior to or during the resettlement process (e.g., personal characteristics, support seeking behavior, etc.). By assessing what factors have been helpful to the refugee, people working with refugees are better able to understand how to assist in the resettlement process.

Purpose

The purpose of this project was to determine the amount of financial assistance clients receive, how long it takes them to become self-sufficient, and any correlation between these variables and client demographic information. My specific research questions included: (1) What amount of financial assistance do refugees receive and how long do they receive it for?; (2) What is the average length of time it takes a refugee to achieve self-sufficiency?; (3) Is there a significant difference in the amount of financial assistance based on demographic characteristics of refugees (i.e. age, gender, nationality, ethnicity, level of education, religious affiliation, native language, marital status, employment status, medical status, and migration status)?; (4) Is there a significant difference in achievement of self-sufficiency based on refugee demographic characteristics?; and (5) Is there a significant relationship between the age and number of people per household (i.e., independent variables) and financial assistance received and self-sufficiency (i.e., dependent variables)?. Lastly, I discuss the implications of this study in regard to policy, social work practice, and future research.

Methodology

Sample and Recruitment

This project was a cross-sectional, quantitative, secondary data analysis using case records a refugee resettlement agency in a medium-sized, metropolitan area in southeast Tennessee. The purpose of this study was to examine refugee demographic information, self-sufficiency, and amount of financial assistance received. The sample included clients of a refugee resettlement agency, specifically refugees and parolees. Some client information in the case records was gathered before their arrival into the U.S.

and was sent to the agency to be included in the case files. The information in the case

files was originally gathered and entered into the file by the case managers at the agency.

The case files of 230 participants were reviewed in order to assess the demographic

information of refugees. Data collection began in August of 2016 and concluded in

January of 2017. The following table depicts sample characteristics of the participants in

this study (i.e., Table 1).

Table 1. *Demographic Characteristics of the Sample (N = 230).*

Variable	Frequency	%
Age		
18-34	99	43.0
35-49	74	32.2
50-64	38	16.5
65-100	19	8.3
Gender		
Male	144	62.6
Female	86	37.4
Nationality		
Burundi	2	0.9
Colombia	4	1.7
Cuba	75	32.6
Iran	7	3.0
Iraq	67	29.1
Russia	4	1.7
Somalia	10	4.3
Sudan	52	22.6
Ukraine	8	3.5
Burma	1	0.4
Ethnicity		
Arab	63	27.4
Armenian	1	.4
Afro-Colombian	1	.4
Cuban	75	32.6
Fur	32	13.9
Great Russian	4	1.7
Hausa	1	.4
Hawiye	3	1.3
Hutu	2	.9
Jaali	1	.4
Kurd	4	1.7

Table 1 Continued

Variable	Frequency	%
Ethnicity Cont'd		
Latino	7	3.0
Massalit	1	.4
Sheikhal	1	.4
Somali	1	.4
Tuni	3	1.3
Tunjur	1	.4
Turkmen	8	3.5
Ukranian	7	3.0
Zagawa	1	.4
Asharaf	1	.4
Madiban	2	.9
Persian	1	.4
Kachin	6	2.6
Level of Education		
Primary	44	19.1
Intermediate	15	6.5
Secondary	64	27.8
Professional/Pre-University	52	22.6
Some College	7	3.0
Undergraduate Degree	25	10.9
Graduate Degree	3	1.3
Unknown	20	8.7
Religious Affiliation		
Moslem	65	28.3
Moslem Shiite	36	15.7
Moslem Suni	28	12.2
Christian-Pentecostal	29	12.6
Christian-Catholic	30	13.0
Christian-Orthodox	1	.4
Christian-Other	5	2.2
No Religion	33	14.3
Uniate	2	.9
Zoroastrian	1	.4
Native Language		
Arabic	83	36.1
Spanish	77	33.5
Swahili (Kishwahili)	2	.9
Kurdish	5	2.2
Somali	10	4.3

Table 1 Continued

Variable	Frequency	%
Native Language Cont'd		
Fur/Foor	23	10.0
Russian	9	3.9
Ukranian	3	1.3
Armenian	1	.4
Massalit	7	3.0
Farsi, Western	5	2.2
Zaghawa	2	.9
Tunjur	1	.4
Kachin	1	.4
Other	1	.4
Marital Status		
Single	57	24.8
Married	155	67.4
Partnered	1	.4
Widowed	6	2.6
Divorced	9	3.9
Common Law	2	.9
Employment Status		
Unemployed	68	29.6
Part-time	1	.4
Full-time	132	57.4
Unknown	29	12.6
Medical Status		
Condition affecting employability	25	10.9
No condition affecting employability	205	89.1
Moved Away		
Out-migrated	62	27.0
Not out-migrated	168	73.0

The participants of this study were chosen because they were clients of the resettlement agency involved in this study. The resettlement agency preauthorized this project, and the agency has approximately seven years of cases on file. The University of Tennessee at Chattanooga Institutional Review Board approved this research study. No

participants under the age of eighteen were included, as self-sufficiency was not

applicable to their age group (i.e., they are dependents of an adult). The participants

included clients who began receiving services after February 1, 2012 and before April 1,

2016. This timeframe was chosen in order for participants to have had an adequate

amount of time for self-sufficiency to be achieved.

Measures

      Financial assistance. To measure the amount of financial assistance received, the

data on amount of financial assistance clients received from three different programs was

collected. These programs are Reception and Placement Program (R&P), Refugee Cash

Assistance from the Tennessee Office for Refugees, and Matching Grant. The Reception

and Placement Program is a program through the Department of State which grants each

refugee $925. The Refugee Cash Assistance program is funded by the Tennessee Office

for Refugees through the Catholic Charities of Tennessee. The Matching Grant program

is through the Episcopal Migration Ministries (EMM), which is one of the two national

agencies that assists the U.S. government in resettling refugees. Financial assistance was

reported in a U.S. dollar amount and found by adding the amount clients received from

each of these programs.

      Length of time to self-sufficiency. The average length of time it took for clients

to achieve self-sufficiency was measured by reviewing whether the participants gained

employment within six months. This six-month timeframe was determined by the refugee

resettlement agency director and was based on expectations of the federal government.

This information was categorized as 1 = one month to self-sufficiency, 2 = two months to

self-sufficiency, 3 = three months to self-sufficiency, 4 = four months to self-sufficiency,

5 = five months to self-sufficiency, 6 = six months to self-sufficiency, 7 = more than six months or unemployed.

Demographic information. Demographic variables included age; gender (1 = male, 2 = female); medical status (0 = no known medical conditions, 1 = known medical conditions), migration status (0 = did not out-migrate, 1 = did out-migrate), country of origin/nationality (1 = Cuba, 2 = Iraq, 3 = Sudan, 4 = Other); level of education (1 = primary, 2 = intermediate, 3 = secondary, 4 = professional, 5 = some college, 6 = undergraduate degree, 7 = graduate degree, 8 = unknown); religious affiliation (1 = Moslem, 2 = Moslem Shiite, 3 = Moslem Suni, 4 = Protestant, 5 = Catholic, 6 = No religion, 7 = other); native language (1 = Arabic, 2 = Spanish, 3 = Somali, 4 = Fur, 5 = Massalit, 6 = Other); marital status (1 = single, 2 = married, 3 = partnered, 4 = widowed, 5 = divorced, 6 = common law); employment status (1 = unemployed, 2 = part time, 3 = full time, 4 = unknown); ethnicity (1 = Arab, 2 = Cuban, 3 = Fur, 4 = Massalit, 5 = other); and number of people per household.

Data Analysis

All data was analyzed using Statistical Package for the Social Sciences (SPSS). In order to report on research question one, the amount of financial assistance that clients receive, and research question two, the length of time it took clients to become self-sufficient, descriptive statistics were used to complete the analysis. In order to report on question three, the difference between financial assistance and demographic characteristics, and question four, the difference between self-sufficiency and demographic characteristics, independent-sample *t*-tests and one-way analysis of variance (ANOVA) were used to complete the analysis. In order to report on question five, the

relationship between financial assistance and self-sufficiency, and age and number of people per household, simple linear regression was used.

In order to run one-way ANOVA for research question three and four, data needed to be re-categorized because some groups were too small to produce meaningful and interpretable results. Data for nationality was altered so that 1= Cuba, 2 = Iraq, 3 = Sudan, and 4 = Other. The "other" category included Burundi, Colombia, Iran, Russia, Somalia, Ukraine, and Burma. The data for religion was altered so that 1 = Moslem, 2 = Moslem Shiite, 3 = Moslem Suni, 4 = Protestant, 5 = Catholic, 6 = No religion, 7 = other. The "other" category included Orthodox, Christian, Uniate, and Zoroastrian. The data for Native Language was altered so that   = Arabic, 2 = Spanish, 3 = Somali, 4 = Fur, 5 = Massalit, 6 = Other. The "other" category included Swahili, Kurdish, Russian, Ukrainian, Armenian, Farsi, Zaghawa, Tunjur, Kachin, and other minor languages. The data for Ethnicity was altered so that 1 = Arab, 2 = Cuban, 3 = Fur, 4 = Massalit, 5 = other. The other category inclued Armenian, Afro-Colombian, Great Russian, Hausa, Hawiye, Hutu, Jaali, Kurd, Latino, Sheikhal, Somali, Tuni, Tunjur, Turkmen, Ukrainian, Zagawa, Asharaf, Madiban, Persian, and other.

Results

Research Question 1

Regarding the amount of financial assistance refugees received, the mean amount of financial assistance participants received was $3,848.50 and the standard deviation was $2,150.03. The amount of financial assistance in the 25th percentile was $2,265, in the 50th percentile was $3,434, and in the 75th percentile was $4,890. The amounts of financial assistance were fairly evenly dispersed between a minimum of $925 and a

maximum of $16,605, with the highest frequencies being at $925 with a frequency of three, at $1,595 with a frequency of three, at 1,625 with a frequency of four, and at $3,200 with a frequency of three. Only three recipients of financial assistance received less than $1,000 of assistance. The majority of recipients received between $1,000 and $5,000.

The principal applicant of a case, which could be a single person or the head of a household, receives more financial assistance than non-head of household participants. Those who are the head of a household are more likely to get more assistance because they are the principal applicant on the case and the assistance for the family is shown as received by the principal applicant. Participants who were not categorized as the principal applicant seldom received direct financial assistance. The lowest amount of assistance that was received was $925.00, which is the Reception and Placement (R&P) grant that each refugee received from the federal government. The highest amount of financial assistance received by a participant in this data set was $16,605.

Research Question 2

In this analysis, self-sufficiency was determined by the employment status of a client within the first six months after arrival. The mean number of months to self-sufficiency was 5.09, with a standard deviation of 2.66. This result includes the data of participants who did not obtain employment. Clients who obtain employment within the first six months are considered self-sufficient, while clients who do not obtain employment are considered to have not achieved self-sufficiency. Out of the data set of 230 participants, 98 (42.6%) participants did not obtain employment within the first six

months after the date of arrival. Forty-eight participants (20.9%) obtained employment within the second month after arrival. Forty-five participants (19.6%) obtained employment within the third month after arrival. Fifteen participants (6.5%) obtained employment within the fourth month after arrival. Twelve participants (5.2%) obtained employment within the fifth month after arrival. Five participants (2.2%) obtained employment within the sixth month after arrival.

Research Question 3

In order to determine the difference in amount of financial assistance based on gender, medical status, and secondary migration, independent sample *t*-tests were used. First, an independent-samples *t*-test was calculated comparing the mean score of financial assistance for participants who are male and female. No significant difference was found between the means of the two groups ($t(157) = -1.294, p > .05$). The mean financial assistance for males ($M = 3716.31, SD = 2219.47$) was not significantly different from the mean financial assistance for females ($M = 4251.89, SD = 1938.42$).

Table 2. *Financial Assistance Means for Males and Females*

	Gender			
	Males	Females	*t*	*df*
Financial Assistance	3716.31 (2219.47)	4251.89 (1938.42)	-1.294	157

Note: Standard Deviation appear in parentheses below means

An independent-samples *t*-test was calculated comparing the mean score of financial assistance for participants who had no known medical conditions upon arrival and participants who did have known medical conditions upon arrival. No significant

difference was found between the means of the two groups ($t(157) = -1.205, p > .05$). The mean financial assistance for participants with no known medical conditions ($M = 3767.49, SD = 2115.52$) was not significantly different from the mean financial assistance for participants with known medical conditions ($M = 4474.67, SD = 2600.98$).

Table 3. *Financial Assistance Means for Medical Statuses*

	Medical Status			
	Known Medical Issues	No Known Medical conditions	*t*	*df*
Financial Assistance	4474.67 (2600.98)	3767.49 (2115.52)	-1.205	157

Note: Standard Deviation appear in parentheses below means

An independent-samples *t*-test was calculated comparing the mean score of financial assistance for participants who did not move away within the first six months of arrival and participants who did move away. No significant difference was found between the means of the two groups ($t(155) = 1.511, p > .05$). The mean financial assistance for participants who did not move away ($M = 3977.43, SD = 2308.82$) was not significantly different from the mean financial assistance for participants who did move away ($M = 3392.71, SD = 1502.56$).

Table 4. *Financial Assistance Means for Secondary Migration*

	Medical Status			
	Did not Out-Migrate	Did Out-Migrate	*t*	*df*
Financial Assistance	3977.43 (2308.82)	3392.71 (1502.56)	1.511	155

Note: Standard Deviation appear in parentheses below means

In order to determine the difference in amount of financial assistance based on nationality, education, religion, native language, marital status, employment status, and ethnicity the one-way ANOVA test was used. I computed a one-way ANOVA comparing nationality to amount of financial assistance received. A significant difference was found among nationalities ($F(3, 155) = 3.418$, $p < .05$). Turkey's HSD was used to determine the nature of the differences between the nationalities. This analysis revealed that participants who were from Iraq received a higher amount of financial assistance ($M = 4,410.86$, $SD = 2,277.14$) than participants from Cuba ($M = 3,689.28$, $SD = 1,328.88$), Sudan ($M = 3,120.53$, $SD = 2,055.92$), and other countries ($M = 4,392.88$, $SD = 3,000.47$). The mean of the financial assistance received by other countries category was the second highest, this included eight countries.

Table 5. *One-Way Analysis of Variance of Financial Assistance by Nationality*

Source	df	SS	MS	F	p
Between Groups	3	46008081.23	15336027.08	3.418	.019
Within Groups	155	695482012.3	4486980.725		
Total	158	741490093.6			

A one-way ANOVA was computed comparing levels of education to amount of financial assistance received. No significant difference was found among levels of education ($F(7, 151) = 2.055$, $p > .05$). The amount of financial assistance did not differ significantly based on level of education. The mean scores for levels of education are as follows: Primary ($M = 3,283.56$, $SD = 1,747.14$), Intermediate ($M = 4,345.82$, $SD =$

4,373.67), Secondary ($M = 3,463.07$, $SD = 1,762.74$), Professional ($M = 3,748.77$, $SD = 1,227.65$), Some College ($M = 3,310.75$, $SD = 863.38$), Undergraduate degree ($M = 5,344.65$, $SD = 2,440.46$), Graduate degree ($M = 4869.00$, $SD = 1,374.91$), unknown ($M = 4,193.13$, $SD = 2,736.40$).

Table 6. *One-Way Analysis of Variance of Financial Assistance by Level of Education*

Source	df	SS	MS	F	p
Between Groups	7	64500596.960	9214370.994	2.055	.052
Within Groups	151	676989496.600	4483374.150		
Total	158	741490093.600			

A one-way ANOVA was computed comparing religion to amount of financial assistance received. A significant difference was found among religions ($F(6, 152) = 2.511$, $p < .05$). Turkey's HSD was used to determine the nature of the differences between the religions. This analysis revealed that participants who were identified as Protestant received a higher amount of financial assistance ($M = 4,987.33$, $SD = 3,464.08$) than participants who identified as Moslem ($M = 3,397.40$, $SD = 2,166.41$), Moslem Shiite ($M = 4,978.18$, $SD = 2511.08$), Muslim Suni ($M = 3,619.14$, $SD = 1,551.69$), Catholic ($M = 3,701.05$, $SD = 1,319.99$), No Religion ($M = 3,516.76$, $SD = 1,458.92$), or Other ($M = 3,009.57$, $SD = 1,242.77$).

Table 7. *One-Way Analysis of Variance of Financial Assistance by Religion*

Source	df	SS	MS	F	p
Between Groups	6	66877903.390	11146317.23	2.511	.024
Within Groups	152	674612190.20	4438238.093		
Total	158	741490093.60			

A one-way ANOVA was computed comparing native language to amount of financial assistance received. No significant difference was found ($F(5, 138) = 0.202$, $p > .05$). The amount of financial assistance did not differ significantly based on native language. The native language of Arabic had a mean score of ($M = 4{,}240.76$, $SD = 2{,}195.62$), Spanish had a mean score of ($M = 3{,}950.86$, $SD = 1{,}108.44$), Somali ($M = 3{,}673.00$, $SD = 1{,}322.81$), Fur ($M = 3{,}947.06$, $SD = 2{,}795.41$), Massalit ($M = 2{,}393.43$, $SD = 875.64$), Other ($M = 4{,}406.80$, $SD = 3{,}331.27$).

Table 8. *One-Way Analysis of Variances of Financial Assistance by Native Language*

Source	df	SS	MS	F	p
Between Groups	5	23298593.510	4659718.701	1.008	.415
Within Groups	153	707076188.20	4621412.995		
Total	158	730374781.70			

A one-way ANOVA was computed comparing marital status to amount of financial assistance received. A significant difference was found among marital statuses ($F(4, 154) = 12.447$, $p < .05$) Turkey's HSD was used to determine the nature of the

differences between marital statuses. This analysis revealed that participants who were

married received a higher amount of financial assistance ($M = 4{,}764.32$, $SD = 2{,}326.68$)

than participants who were single ($M = 2{,}549.19$, $SD = 921.19$), widowed ($M = 3{,}092.33$

$SD = 1517.50$), divorced ($M = 2{,}668.78$, $SD = 1{,}474.85$), or in a Common-Law

relationship ($M = 2{,}859.00$, $SE = 2{,}518.71$).

Table 9. *One-Way Analysis of Variance of Financial Assistance by Marital Status*

Source	*df*	*SS*	*MS*	*F*	*p*
Between Groups	4	181154296.900	45288574.23	12.447	.000
Within Groups	154	560335796.600	3638544.134		
Total	158	741490093.600			

A one-way ANOVA was computed comparing employment status to amount of

financial assistance received. No significant difference was found ($F_{(2, 156)} = 1.042$, $p >$

.05). The amount of financial assistance did not differ significantly based on employment

status. The mean scores for amount of received financial assistance based on employment

statuses are as follows: Unemployed ($M = 3{,}590.85$, $SD = 1{,}506.57$), Full time ($M =$

$4{,}002.08$, $SD = 2{,}375.43$), Unknown ($M = 3{,}333.05$, $SD = 1{,}890.55$).

Table 10. *One-Way Analysis of Variance of Financial Assistance by Employment Status*

Source	df	SS	MS	F	p
Between Groups	2	9772876.112	4886438.056	1.042	.355
Within Groups	156	731717217.4	4690494.984		
Total	158	741490093.6			

A one-way ANOVA was computed comparing ethnicity to amount of financial assistance received. No significant difference was found ($F(4, 154) = 1.979$, $p > .05$) The amount of financial assistance did not differ significantly based on ethnicity. The mean scores for amount of received financial assistance based on ethnicity are as follows: Arab ($M = 4,417.03$, $SD = 2,256.27$), Cuban ($M = 3,689.28$, $SD = 1,328.85$), Fur ($M = 3,395.63$, $SD = 2,351.15$), Massalit ($M = 2,393.43$, $SD = 875.64$), and Other ethnicities ($M = 4,027.87$, $SD = 2,657.33$).

Table 11. *One-Way Analysis of Variance of Financial Assistance by Ethnicity*

Source	df	SS	MS	F	p
Between Groups	4	35707833.08	8926958.269	1.979	.100
Within Groups	154	694666948.7	4510824.342		
Total	158	730374781.7			

Research Question 4

In order to determine the difference in achievement of self-sufficiency based on

gender, medical status, and secondary migration, an independent sample *t*-test was used.

An independent-samples *t*-test was calculated comparing the mean score of achievement

of self-sufficiency for participants who are male and female found a significant difference

between the means of the two groups ($t(182) = -2.855$, $p < .05$). The mean length of time

to self-sufficiency of females was significantly higher ($M = 5.30$, $SD = 2.50$) than the

mean of males ($M = 4.11$, $SD = 2.45$). This shows that that amount of time it takes for

females to obtain employment is longer than the amount of time for males.

Table 12. *Self-Sufficiency Means for Males and Females*

| | Gender | | | |
	Males	Females	*t*	*df*
Financial Assistance	4.11	5.30	-2.855*	182
	(2.45)	(2.50)		

Note: * = p < .05. Standard Deviation appear in parentheses below means

An independent-samples *t* test was calculated comparing the mean score of

achievement of self-sufficiency for participants who did not have known medical

conditions upon arrival and participants who did have known medical conditions upon

arrival found a significant difference between the means of the two groups ($t(182) = -3.877$, $p < .05$). The mean length of time to self-sufficiency for participants who had no

known medical conditions was significantly lower ($M = 4.21$, $SD = 2.44$) than the mean

of self-sufficiency for participants who did have medical conditions ($M = 6.73$, $SD = 2.08$). This shows that people who come into the United States with medical conditions

take longer to obtain employment than people who have no known medical conditions.

Table 13. *Self-Sufficiency Means for Medical Statuses*

	Medical Status			
	Known Medical Issues	No Known Medical conditions	*t*	*df*
Financial Assistance	6.73	4.21	-3.877***	182
	(2.09)	(2.44)		

Note: *** = p < .001. Standard Deviation appear in parentheses below means

An independent-samples *t*-test was calculated comparing the mean score of achievement of self-sufficiency for participants who did not move away within six months and participants who did move away found a significant difference between the means of the two groups ($t(180) = -4.714$, $p < .05$). The mean length of time to self-sufficiency for participants who did not move away was significantly lower ($M = 3.92$, $SD = 2.22$) than the mean of self-sufficiency for participants who did move away ($M = 5.83$, $SD = 2.78$). This shows that people who do not move away take less time to obtain employment than people who do move away.

Table 14. *Self-Sufficiency Means for Secondary Migration*

	Medical Status			
	Did not Out-Migrate	Did Out-Migrate	*t*	*df*
Financial Assistance	3.92	5.83	-4.714***	180
	(2.22)	(2.78)		

Note: *** = p < .001. Standard Deviation appear in parentheses below means

In order to determine the difference in achievement of self-sufficiency based on nationality, education, religion, native language, marital status, employment status, and ethnicity the one-way ANOVA test was used. To report on nationality a one-way ANOVA was computed comparing nationality to self-sufficiency. A significant difference was found among nationalities ($F(3, 180) = 9.038$, $p < .05$) Turkey's HSD was used to determine the nature of the differences between the nationalities. This analysis revealed that participants who were from Other countries of origin took longer to achieve self-sufficiency ($M = 6.04$, $SD = 2.52$) than participants from Cuba ($M = 4.56$, $SD = 2.56$), Iraq ($M = 4.63$, $SD = 2.69$), and Sudan ($M = 3.09$, $SD = 1.38$). The data show that about one-fourth of the participants from "other" nationalities had known medical conditions upon arrival. Additionally, almost half of the "other" nationality participants out-migrated after arrival. These would both have an impact on self-sufficiency.

Table 15. *One-Way Analysis of Variance of Self-Sufficiency by Nationality*

Source	df	SS	MS	F	p
Between Groups	3	150.890	50.297	9.038	.000
Within Groups	180	1001.719	5.565		
Total	183	1152.609			

A one-way ANOVA was computed comparing level of education to self-sufficiency. No significant difference was found among levels of education ($F(7, 176) = 0.527$, $p > .05$). The mean length of time to self-sufficiency did not differ significantly based on level of education. The mean scores for levels of education are as follows:

Primary (*M* = 4.28, *SD* = 2.68), Intermediate (*M* = 4.82, *SD* = 2.68), Secondary (*M* =

4.57, *SD* = 2.48), Professional (*M* = 4.28, *SD* = 2.61), Some College (*M* = 4.60, *SD* =

2.07), Undergraduate degree (*M* = 5.06, *SD* = 2.73), Graduate degree (*M* = 4.33, *SD* =

3.21), unknown (*M* = 3.61, *SD* = 1.79).

Table 16. *One-Way Analysis of Variance of Self-Sufficiency by Level of Education*

Source	*df*	*SS*	*MS*	*F*	*p*
Between Groups	2	891.556	445.778	307.780	.000
Within Groups	180	260.706	1.448		
Total	182	1152.262			

A one-way ANOVA was computed comparing religion to self-sufficiency. A

significant difference was found among religions (*F*(6, 177) = 3.521, *p* < .05). Turkey's

HSD was used to determine the nature of the differences between the religions. This

analysis revealed that participants who identified as Catholic Christians took longer to

achieve self-sufficiency (*M* = 5.25, *SD* = 2.69) than participants who identified as

Moslem (*M* = 3.55, *SD* = 2.03), Moslem Shiite (*M* = 4.56, *SD* = 2.76), Moslem Suni (*M* =

4.64, *SD* = 2.50), Protestant Christian (*M* = 4.95, *SD* = 2.60), No Religion (*M* = 4.00, *SD*

= 2.46), or Other (*M* = 7.14, *SD* = 1.46).

Table 17. *One-Way Analysis of Variance of Self-Sufficiency by Religion*

Source	df	SS	MS	F	p
Between Groups	6	122.905	20.484	3.521	.003
Within Groups	177	1029.703	5.818		
Total	183	1152.609			

A one-way ANOVA was computed comparing native language to self-sufficiency. A significant difference was found among native languages ($F(5, 178) = 3.43, p < .05$). Turkey's HSD was used to determine the nature of the differences between the native languages. This analysis revealed that participants whose native language was Somali took longer to achieve self-sufficiency ($M = 6.25, SD = 2.43$) than participants whose native language was Arabic ($M = 4.33, SD = 2.51$), Spanish ($M = 4.52, SD = 2.56$), Fur ($M = 3.37, SD = 1.80$), Massalit ($M = 2.14, SD = 0.38$), or Other ($M = 5.26, SD = 2.60$).

Table 18. *One-Way Analysis of Variance of Self-Sufficiency by Native Language*

Source	df	SS	MS	F	p
Between Groups	5	101.358	20.727	3.432	.006
Within Groups	178	1051.251	5.906		
Total	183	1152.609			

A one-way ANOVA was computed comparing marital status to self-sufficiency. A significant difference was found among marital statuses ($F(3, 178) = 3.23, p < .05$).

Turkey's HSD was used to determine the nature of the differences between marital statuses. This analysis revealed that participants whose marital status was Widowed took longer to achieve self-sufficiency ($M = 7.00$, $SD = 2.45$) than participants whose marital status was Single ($M = 3.89$, $SD = 2.35$), Married ($M = 4.42$, $SD = 2.47$), or Divorced ($M = 5.00$, $SD = 2.87$). This is possibly because people who are widowed are older adults and are not considered employable.

Table 19. *One-Way Analysis of Variance of Self-Sufficiency by Marital Status*

Source	df	SS	MS	F	p
Between Groups	3	58.137	19.379	3.228	.024
Within Groups	178	1068.456	6.003		
Total	181	1126.593			

A one-way ANOVA was computed comparing ethnicity to self-sufficiency. A significant difference was found among ethnicities ($F(4, 179) = 3.93$, $p < .05$). Turkey's HSD was used to determine the nature of the differences between the ethnicities. This analysis revealed that participants whose ethnicity was Other took longer to achieve self-sufficiency ($M = 4.90$, $SD = 2.57$) than participants whose ethnicity was Arab ($M = 4.81$, $SD = 2.68$), Cuban ($M = 4.56$, $SD = 2.56$), Fur ($M = 3.22$, $SD = 1.55$), and Massalit ($M = 2.14$, $SD = 0.38$).

Table 20. *One-Way Analysis of Variance of Self-Sufficiency by Ethnicity*

Source	df	SS	MS	F	p
Between Groups	4	93.140	23.285	3.934	.004
Within Groups	179	1059.469	5.919		
Total	183	1152.609			

Research Question 5

In order to determine the relationship between (1) financial assistance and age and (2) financial assistance and number of people per household, simple linear regression was used. A simple linear regression was calculated to predict participant's amount of financial assistance based on their age at intake. A significant regression was found ($F(1, 157) = 2.073$, $p < .001$), with an R^2 of .013. Participants' financial assistance is equal to 3,149.38 + 17.25 (Age at Intake). The older the participant is, the more financial assistance they received. Participants' amount of financial assistance increases by 17.25 for every additional year of age.

Table 21. *Summary of Regression Analysis for Financial Assistance*

	B	SE B	β	t	p
Age at Intake	17.245	11.977	.114	1.440	.152

Note. $R^2 = 0.013$

A simple linear regression was calculated to predict participant's amount of financial assistance based on the number of people in the household. A significant regression was found ($F(1, 157) = 267.12$, $p < .001$), with an R^2 of .63. Participants'

financial assistance is equal to 1,285.10 + 1,202.30 (Number of People in Household). Households with more people were associated with receiving more financial assistance. Participants' amount of financial assistance increases by 1,202.30 for every additional person in the household.

Table 22. *Summary of Regression Analysis for Financial Assistance*

	B	*SE B*	β	*t*	*p*
Number of People per Household	1202.303	73.563	.794	16.344	.000

Note. $R^2 = 0.630$

In order to determine the relationships between (1) months to self-sufficiency and age and (2) months to self-sufficiency and number of people per household, simple linear regression was used. A simple linear regression was calculated to predict participant's self-sufficiency based on their age at intake. A significant regression equation was found ($F(1, 182) = 35.47$, $p < .001$), with an R^2 of .163. Participants self-sufficiency is equal to 1.499 + .073 (Age at Intake). Participants' amount of time to self-sufficiency increases by .073 for every additional year of age.

Table 23. *Summary of Regression Analysis for Self-Sufficiency*

	B	*SE B*	β	*t*	*p*
Age at Intake	.073	.012	.404	5.955	.000

Note. $R^2 = 0.163$

A simple linear regression was calculated to predict participant's self-sufficiency based on the number of people in the household. The regression equation was not significant ($F(1, 182) = .220$, $p > .05$) with an R^2 of .001. There is no relationship

between the number of people living in a household and months needed to achieve self-sufficiency.

Table 24. *Summary of Regression Analysis for Self-Sufficiency*

	B	SE B	β	t	p
Number of People in Household	-.062	.132	-.035	-.469	.640

Note. $R^2 = 0.001$

Discussion

This research was conducted in order to determine the amount of financial assistance clients receive and the average length of time it takes clients to obtain employment. In the findings for amount of financial assistance received, the lowest amount was $925. Participants who received only this amount of financial assistance in this data set were single people who out-migrated before being enrolled in one of the two employment programs. Therefore, they did not get additional assistance through the Reception and Placement Program. The highest amount of assistance was $16,605, which was received by the Principle Applicant who had the largest number of people in the household when compared to others in the data set. The more people per household, the higher the amount of financial assistance the Principle Applicant receives, as each person in the family receives the $925 grant.

When analyzing self-sufficiency, it was found that 98 out of 230 participants did not obtain employment within the first six months after arrival. This number does not give a complete portrayal of self-sufficiency because many individuals were members of self-sufficient families (i.e., a family with one working adult who had reached self-

sufficiency). However, the participant was unemployed because they were a stay-at-home parent or other family member. This also included people who are older than 65 and considered to be unemployable. Seven participants (3%) obtained employment within the first month after arrival. This number is small in part because once refugees are relocated they have to apply for their social security card and their Employment Authorization Document, which can often take multiple weeks to receive.

In the analyses, it is important to note that although medical status was not a significant predictor for amount of financial assistance, people with known medical conditions often have the opportunity to receive more financial assistance for managing their medical needs through programs that were not accounted for in this research (e.g., donations, charity grants through the medical provider, etc.). Another thing to highlight is that three participants who only received the base amount of assistance out-migrated before being enrolled in one of the two employment programs. If they had not out-migrated, they would have received more financial assistance.

There was significant difference between nationalities, with participants from Iraq receiving higher amounts of financial assistance. This could be because refugees who came from Iraq usually came as families with larger household numbers than participants from other nationalities. With each additional household member, the received financial assistance is increased. Religion was also a significant predictor, as it was found that people who identified as Protestant received higher amounts of assistance. After checking the data, it appears that many people who identified as Protestant were also members of families with a household number of two or more. This again reflects that the make-up of the household influences the amount of financial assistance.

In the analyses for self-sufficiency, it was found that females take significantly longer to gain employment or they remain unemployed. This is partially because many of the women are in families in which the husband works and maintains the economic self-sufficiency for the family while the wife does not work and instead takes care of the children and household. The gender roles in these families often reflect the roles that they had before being resettled in the United States. Generally, when these families lived in their country of origin, the father would often work while the female parent would stay at home. It was also found that participants with known medical conditions take longer to achieve self-sufficiency. This is likely due to the difficulty in obtaining employment with a medical condition that limits their physical ability.

Secondary migrants (people who out-migrated after arrival) took significantly longer to achieve self-sufficiency. This is because many of these participants did not obtain employment before out-migrating, and there was not sufficient data to show how long they took to obtain employment in their secondary location. Out of the dataset, 27% of participants out-migrated after resettlement and 73% remained in their first resettlement location. The nationalities that showed the highest rates of out-migration were Somalis and Iranians. Almost one-third of participants from Cuba and Iraq out-migrated as well. There was only one participant in the dataset from Burma, and this person out-migrated after arrival.

Results also showed that participants from nationalities other than Iraq, Sudan, or Cuba took longer to achieve self-sufficiency. After examining this further, the data show that about one-fourth of the participants from "other" nationalities had known medical conditions upon arrival. Additionally, almost half of the "other" nationality participants

out-migrated after arrival. The "other" nationalities category included Iran, Burma, and Somalia. Both of these factors are shown to have an influence on achievement of self-sufficiency, which could be the cause of the "other" category having the highest mean for length of time to self-sufficiency.

It was found that religion had a significant impact on achievement of self-sufficiency. Participants who identified as Catholic took longer to achieve self-sufficiency, which may also be because one-fourth of these participants out-migrated after arrival. When examining language, it was found that people who spoke Somali took longer to achieve self-sufficiency than any other group. This is also most likely because almost all of the participants from this group out-migrated after arrival. People who were widows took longer to achieve self-sufficiency. After examining the data, a third of these participants were 65 and older, indicating that they were considered less employable, and another third of these participants out-migrated. In the analysis for ethnicity, it was found that people from the "other" category took longer to achieve self-sufficiency. One-third of people from this category out-migrated after arrival.

In regard to research question five, it was found that the older the participant is the more financial assistance they receive. This could be because older participants are more likely to have families. This correlates with the finding for the relationship between financial assistance and number of people per household, because households with more people receive more financial assistance. This is due to the fact that each refugee received $925 and the assistance from one of the employment programs. This relationship could also be present because the older a person gets the more health problems they are likely to encounter, which may impact their ability to maintain employment.

When determining the relationship between months to self-sufficiency and age, it was found that participants amount of time to self-sufficiency increases for each year of age. This finding could be influenced by the inclusion of people who are 65 and older, and who are considered unemployable. In the test for the relationship between months to self-sufficiency and number of people per household, there was no significant relationship. Those who are single and those who have varying sizes of families show no difference in the amount of time it takes to obtain employment and become self-sufficient.

Comparison to Past Research

Research question 1. Although 27% of participants out-migrated, only three of these participants experienced an impact on the amount of financial assistance they received as a result of out-migration and received just the base grant of $925. This is because refugees who out-migrate within the first eight months after arrival are still eligible to receive financial assistance through their first resettlement agency if they enroll in an employment assistance program (Weine et al., 2011, p. 28). When they are initially resettled, the agency that is assisting them in the process informs the clients of this, and it is the clients' decision to enroll in the assistance program. The three clients who out-migrated before enrollment were fully informed of the opportunity to receive financial assistance through enrollment in an employment program.

Research question 2. The standard for achievement of self-sufficiency in this report was set by the agency from which the data came. This six-month employment standard is a result of the amount of financial assistance clients are eligible for. Matching

Grant only provides assistance for up to six months, and TOR and RCA only provide

assistance for up to eight months. As a result, clients need to obtain employment within

the first six months in order to remain self-sufficient after assistance services terminate.

These standards reflect the standards of many organizations across the country, which

only provide core services for less than one year (Shaw & Poulin, 2015, p. 1100). It is

standard that refugees be expected to become self-sufficient within six months of arrival,

but research shows that clients who receive services for longer than one year achieve

more holistic well-being (Shaw & Poulin, 2015, p. 1100).

Many refugees who are resettled in the community of this study do not speak

English and have lived in a refugee camp for at least one year. Both of these factors

influence the ability of these clients to gain all of the culturally-appropriate skills required

to be able to obtain employment and become self-sufficient. These clients also have to

learn how to navigate the systems (e.g., health care system, legal system, banking and

monetary transactions, educational systems for children, public transportation, etc.) of a

very different culture from their own. Additionally, when refugees are resettled, they do

not have their own transportation. They either have to find transportation with other

people in the community, or use public transportation. These all pose challenges in the

ability to obtain employment by demonstrating to an employer that they have the

appropriate skills to be a successful employee, and the ability for clients to be able to

maintain balance and mental, emotional, and physical well-being while under the

demands of becoming self-sufficient within six months of arrival.

Research question 3. There was a significant difference in financial assistance

based on nationality because participants from different countries often have different

family make-ups. For example, Sudanese participants in this study had the lowest mean for financial assistance, which is likely because the Sudanese people were more likely to come as singles instead of as a part of a family. Many refugees who come from Sudan were children when they were displaced and became refugees (i.e., coined as the "Lost Boys and Lost Girls"). Because of this, many remained single and came to the United States without a family (DeLuca, 2009, p. 13). In this dataset, almost 75% of participants from Sudan came as a single person. Only one-fourth of the participants came as a part of a family with more than one person. In contrast, research shows that people resettled from Iraq generally have a higher household number, with higher needs (Shaw & Poulin, 2015, p. 1111). In this dataset, only 25% of people from Iraq came as a single person, while the other 75% came as a part of a family. The highest number of Iraqis in this dataset had a household number of five people. This means that there were more Iraqis who were members of families than there were Iraqis who were single.

Research question 4. As stated above, more than a fourth of participants (27%) out-migrated within the first six months after arrival. Research shows that many refugees out-migrate after arriving in a community because they have social connections in other areas of the country (Forrest & Brown, 2014, p. 19). This reflects the out-migration patterns of refugees who are resettled into the area of this study, because this community does not have a large population of people from Somalia or Burma. Therefore, refugees who resettled in this community from these two nationalities have very little cultural or social support from their own countries of origin. As a result, they connect with people of their nationality in other regions of the country and arrange to move to those locations. This research shows that participants who out-migrate take longer to achieve self-

sufficiency because information on their employment status after secondary migration is not available. However, research has found that many refugees who are secondary migrants actually experience more success in the new community because it is generally one that provides more social support (Weine et al., 2011, p. 28).

In this dataset, Somalia had the highest percentage of people who out-migrated. Even though Somalians are resettled in many locations across the United States, secondary migration is a common pattern from this population of people because the largest communities are in Minnesota, Ohio, and Washington (Forrest & Brown, 2014, p. 22). There is a larger percentage of people from Iran and Cuba in the region of this study, but many of these clients decide to out-migrate because they have friends or family in a different area of the country.

Research question 5. The older the people were at the date of arrival and the more people per household, the more financial assistance these participants received. These can both be largely attributed to the number of people per household because the older a participant was the more likely they were to have a family. The impact of number of people per household on amount of financial assistance can be reviewed in the research findings described under research question 3.

Limitations

The results of this study are primarily generalizable to the agency in which the data was drawn. However, this information is helpful to the agency in better understanding the needs of the clients that they service. In addition, this information may be helpful to them in applying for grants or other types of funding. One of the major

limitations of this study is the sample size and number of participants per each

demographic category. For many, the sample sizes of certain categories (i.e., nationality,

religion, native language, ethnicity) were not large enough to analyze the groups

individually. Therefore, some participants had to be grouped together in an "other"

category in order to produce more interpretable results. This limits the generalizability of

the results because the sample is diverse but not able to be categorized as meaningfully as

if there were equal numbers of participants across groups. Additionally, some of the

analyses were influenced by other variables in the study. For example, the significant

results when examining marital status were likely because members of a family have

more people in the house and get more assistance than participants who were single. Self-

sufficiency for many families is dependent upon one member's employment, so the data

may show that a participant did not achieve self-sufficiency because he or she did not

gain employment, when in reality they were self-sufficient based on the status of another

member of their family.

The data for self-sufficiency was also affected by the presence of people over the

age of 65. The analysis for older adults is limited when based on employment because

people over the age of 65 are considered unemployable and can choose to apply for

Social Security benefits that they are eligible for based on their age. In the analysis, this

population did not tend to achieve self-sufficiency based on employment. However,

because of their status they could achieve self-sufficiency or financial assistance by other

means. The data for self-sufficiency and financial assistance also does not consider

whether refugees came to the United States through family reunification or not. If

participants came through family reunification, they may receive less financial assistance,

or they may achieve self-sufficiency by means other than employment because of the support of the family they are being reunited with.

There is also limited data on the financial assistance and achievement of self-sufficiency for participants who were secondary-migrants. Refugees who out-migrated from this resettlement location may have received less financial assistance through this agency, but may have received further assistance through the agency they become clients of in the new community they migrated to. The data also does not report on the employment status of participants after they out-migrate from this community. Therefore, this data may report that they did not achieve self-sufficiency, or that their status of self-sufficiency is unknown. Finally, the financial assistance that participants received only accounts for the amount of assistance reported through R&P and the two employment programs. This excludes other possible sources of financial assistance, or other types of assistance, such as assistance through government programs, through sponsors, or through donors.

Recommendations

Research implications. It was reported previously that the amount of financial assistance that refugees receive has declined over the years. Research in the future should compare the trends of self-sufficiency for clients who came in earlier years and received more financial assistance in comparison to clients who have come in recent years and received less financial assistance. This research should focus on if the decline in financial assistance has had an impact on how successful refugees are in integrating into the community, accessing resources and needs, and becoming self-sufficient. As reported in

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the literature review, current research shows that refugees are more likely than any other group of immigrants to use food stamps (Bollinger & Hagstrom, 2008, p. 665). Many refugees also utilize other forms of social service program. If the amount of assistance they received was higher, it is likely that this population would not need to access as many social services. Further research should explore the implications of raising or lowering the amount of government financial assistance this population receives.

More research should also be conducted around the standard for self-sufficiency and the effectiveness of current practice in assisting clients in becoming self-sufficient. Refugees are expected by the government and the employment programs to become self-sufficient within six months. However, as stated before, studies show that providing clients with core services for longer than one year and expanding the expectation for self-sufficiency is better for holistic well-being. Therefore, an alternative standard for self-sufficiency may have a more positive impact on the success of clients. Future research should study different methods for providing core services, including varying lengths of time that these services are available to refugees.

Additionally, more research should be conducted on the influence of cultural social support and self-sufficiency, particularly for refugees who are resettled into communities with and without a large population of people from the same country of origin. It was reported that refugees are often resettled into a community based on the availability of resources and employment in that community, not based on the presence of social support. As a result, many people secondary migrate to other locations with a larger population of people from their country of origin. Research should focus on the mental and emotional impact on refugees who are relocated into an area where they have

little social support from people of their own nationality in contrast to people who are relocated into areas with large social support. Also, research should report on the trends of secondary migrants and the impact that secondary migration has on the community they out-migrate from and the community they migrate to.

Future research should also focus more specifically on trends in order to determine whether policies are effectively helping refugees and how best to develop services for this population. This research should include further analyses on how demographic characteristics are related to the amount of financial assistance received and time to self-sufficiency in different communities in order to see if the trends of this report are comparable to findings in other areas. Findings that came out as significant in this report should be further explored in order to discover if there were more causes or factors related to their significance, other than what was discussed at the level of knowledge of an undergraduate researcher. Some past research shows that factors such as cultural background, lack of social support, and challenges with integrating into a new community can cause an impact on the self-sufficiency of refugees. More research in this area would explain better how these factors contribute to integration and if these factors have different levels of impact depending on demographic information.

Practice implications. Although modest, this research provides some information for social workers who work with this population to better understand how demographic information affects financial assistance and self-sufficiency. These findings do not only show how demographic information is related to financial assistance and time to self-sufficiency, but it also shows common trends of people from varying nationalities. Practitioners can use this information to understand whether refugees coming to their

community will have a large or small social support system. They can use information from these findings to understand what support, other than the resettlement agency, and is needed and how support may impact client well-being. Additionally, this report shows the lack of understanding of out-migration, based on the limited data that resettlement agencies collect. Practitioners may be able to approach refugee services in the community in a different way. For example, social workers should find more ways to provide support to people who are more isolated from their culture. However, social workers may need to help agencies determine whether those who out-migrate are receiving the help they need, since they have lost the connection with their original agency.

Policy implications. The research findings surrounding secondary migration trends show that many communities and refugees would benefit from changes to policy surrounding how resettlement locations are chosen for refugees. Instead of focusing primarily on placing refugees randomly in locations with resource and employment availability, policy should direct refugees to be resettled in areas where they have larger amounts of social support. Agencies and organization would be able to focus their resources and services toward people who are more likely to remain in that community. In addition, research shows that many refugees who secondary migrate experience more success in gaining self-sufficiency in their secondary location because of the better social support. If refugees were initially placed in areas where they will have large social and cultural support, they will most likely be able to become self-sufficient more quickly and have a more positive impact on their community.

Conclusion

Refugees are a population of people in the United States who have many needs for services in order to integrate successfully into their community of relocation. They often rely on a resettlement agency for access to housing, clothing, food, health care, transportation, and education about the culture and structure of their relocation community. The relocation agencies and organizations also assist clients in finding employment opportunities. Clients rely on financial assistance from the government and employment programs in order to meet their needs until they achieve self-sufficiency. This study analyzed the correlation between refugee demographic characteristics and financial assistance as well as demographic characteristics and self-sufficiency. It was found that household makeup was the most significant indicator for financial assistance while medical status and out-migration were the most significant indicators for self-sufficiency. Further research should be conducted on how demographic characteristics impact client success and integration. Additionally, further research should be conducted on the impact of secondary migration on refugees, relocation agencies, and communities.

References

Allen, R. (2009). Benefit or burden? Social capital, gender, and the economic adaptation of refugees. *The International Migration Review, 43*(2), 332- 365.

Austin, J., Guy, S., Lee-Jones, L., McGinn, T., & Schlecht, J. (2008). Reproductive health: A right for refugees and internally displaced persons. *Reproductive Health Matters, 16*(31), 10-21.

Birman, D., Simon, C. D., Chan, W. Y., & Tran, N. (2014). A life domains perspective on acculturation and psychological adjustment: A study of refugees from the former Soviet Union. *American Journal of Community Psychology 53*(1-2), 60- 72.

Bollinger, C. R., & Hagstrom, P. (2008). Food stamp program participation of refugees and immigrants. *Southern Economic Journal 74*(3), 665-692.

Chapman, J., & Bernstein, J. (2003). Immigration and poverty: How are they linked? *Monthly Labor Review 126*(4), 10-15.

DeLuca, L. (2009). Transnational migration, the lost girls of Sudan and global "care work": A photo essay. *Anthropology of Work Review, 30*(1), 13-15.

Forrest, T. M., & Brown, L. A. (2014). Organization-led migration, individual choice, and refugee resettlement in the U.S.: Seeking regularities. *Geographical Review, 104*(1), 10-32.

Gold, S. J., Wibert, W. N., Bondartsova, V., Biroscakand, B. J., & Post, L. A. (2015). A capture-recapture approach to estimation of refugee populations. *International*

Migration 53(5), 3-25.

Isakson, B. L., Legerski, J. P., & Layne, C. M. (2015). Adapting and implementing

evidence-based interventions for trauma-exposed refugee youth and families.

Journal of Contemporary Psychotherapy, 45(4), 245-253.

Kerwin, D. (2015). The US refugee protection system on the 35th anniversary of the

Refugee Act of 1980. *Journal of Migration and Human Security, 3*(2), 205-254.

Myer, R. A. & Moore, H. B. (2006). Crisis in Context Theory: An Ecological Model.

Journal of Counseling and Development 84(2), 139-147.

McBrien, J. L. (2005). Educational needs and barriers for refugee students in the   United

States: A review of the literature. *Review of Educational Research, 75*(3), 329-

364.

Savin, D., Seymour, D. J., Littleford, L. N., Bettridge, J., & Giese, A. (2005). Findings

from mental health screening of newly arrived refugees in Colorado. *Public

Health Reports, 120*(3), 224-229.

Shaw, S. A., & Poulin, P. (2015). Findings from an extended case management U.S.

refugee resettlement program. *Journal of International Migration and Integration,

16*(4), 1099-1120.

Szajna, A., & Ward, J. (2015). Access to health care by refugees: A dimensional analysis.

Nursing Forum, 50(2), 83-89.

Waters, T., & LeBlanc, K. (2005). Refugees and education: Mass public schooling

without a nation-state. *Comparative Education Review, 49*(2), 129-147.

Weine, S. M., Hoffman, Y., Ware, N. Tugenberg, T., Hakizimana, L., Dahnweigh, G., …Wagner, M. (2011). Secondary Migration and Relocation Among African Refugee Families in the United States. *Family Process, 50*(1), 27-46.