

Barriers to Self-sufficiency for Syrian Refugees After Resettlement

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August 2018

Abstract

This case study serves as insight into the barriers to refugee self-sufficiency for resettled Syrians. An understanding of the refugee experience and obstacles faced after the initial resettlement period was developed through in-depth interviews of a resettled Syrian family in the Dallas-Fort Worth area. Via case study and summative content analysis, the practicality of this population achieving self-sufficiency was analyzed. The results produced were compared with previous research to determine significance. The findings and discussion of language, finances, health, and social services resulted in implications for policy and further research regarding the Syrian refugee population.

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Introduction

The United Nations High Commissioner for Refugees defines a refugee as “A person who owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it” (United Nations High Commissioner for Refugees, 2017, p. 14). Syrian refugees, like so many others, blindly voyage to foreign lands to survive and to have a chance at creating a new life for themselves. Each year, thousands of refugees resettle in other nations such as the United States; however, their journey does not end with resettlement.

While the world idly observed the Syrian War from afar, the nation’s internal conflict continued to spread “like a tumor - worsening in some areas and infecting surrounding states” (Collard, 2018, p. 2). The civil war has left “400,000 people dead” and is considered to have evolved into “a series of battles for geopolitical dominance” (Collard, 2018, p.5). The European Commission reports that the conflict has resulted in “an estimated 13.5 million people [in] need [of] humanitarian assistance” (Gavlak, 2015, p.8). In addition, “around 60 percent of the displaced, or more than six million people, remain in Syria, many unwillingly” (Betts, 2015, p.1). While more wish to resettle, “an estimated 1 million people [have been] living in besieged areas and denied life-saving assistance and humanitarian aid” (World Report, 2017, p.1).

The UN “has repeatedly documented how the Syrian government blocks the delivery of food aid to civilians...through bureaucratic restrictions that seek to ensure that external resources assist the regime rather than opposition forces or those under their control” (Martinez, 2016, p.2).

In turn, Syrians are denied an essential human need and are forced to endure the atrocity of food shortages.

Additionally, individuals cannot reach proper medical care and have contracted illnesses that can be life-altering. Only four years into the conflict, “64% of the studied children in four Northern Syrian governorates suffered from infections, mostly from respiratory, neurological and digestive origin, while 4% was injured or victim of intentional aggression” (Van Berlear, 2017, p.4). Children are especially at risk for serious infections and epidemics due to “substandard living conditions and the lack of pediatric healthcare” (Van Berlear, 2017, p.4).

Aside from food shortage and health care, Syrians are at-risk for survival in general. As of February 2016, the death toll from the conflict was 470,000 (World Report, 2017). People are dying from a plethora of causes including “torture and ill-treatment” in detention facilities in which “thousands have died” (World Report, 2017, p.1).

Defining Refugee Self-Sufficiency

This paper will address the plight refugees face to achieve self-sufficiency - specifically for the Syrian population in the Dallas-Fort Worth area. What does self-sufficiency mean when it comes to refugee resettlement? The term self-sufficiency is defined by the Federal Office of Refugee Resettlement as having a fulltime job (working 40 hours per week) that pays at least \$8 an hour (Office of Refugee Resettlement, 2017). This definition of self-sufficiency does not realistically reflect the cost of living and functioning in American society without external support systems or access to safe and affordable housing.

While the definition is straightforward, the application is not. One downfall of a limited perception of self-sufficiency is the failure to recognize that a standard definition is not applicable to each family or individual and does not account for unique situations and

experiences. For example, in an analysis of low-income women, four additional factors outside of income were considered as relating to economic self-sufficiency including “autonomy and self-determination, financial security and responsibility, family and self-well-being, and basic assets for living in the community” (Gowdy, 1993, p.1). For general stability, it was determined that stability is needed in each of the categories.

The Texas Workforce Commission cites self-sufficiency as “employment with wages reasonably calculated to make the employee independent of financial assistance under the Texas Human Resources Code, Chapters 31, 33, and 34” (Self-Sufficiency Fund, 2018, p.1). This definition is more comprehensive than the definition provided by the Office of Refugee Resettlement as it acknowledges that self-sufficiency includes independence which may not be achievable with a wage of \$8/hr, depending on the family size. According to the 2018 federal poverty level income brackets used to determine eligibility for Medicaid and other government assistance programs, a wage of \$8/hr would be considered below the poverty line for families with more than two individuals (Federal Poverty Level, 2018).

Another element burdening the refugee population in their mission to be self-sufficient is a lack of social services. Upon resettlement, the agencies service refugees “in their first 30 to 90 days in the United States” (Refugee Admission, 2018, p.1). Organizations such as the International Rescue Committee that resettle refugees promise to “provide refugees with basic necessities and core services during their initial period of resettlement and in coordination with publicly supported refugee service and assistance programs, assist refugees in achieving economic self-sufficiency through employment as soon as possible after their arrival in the United States” (IRC, 2018, p.1).

Refugees are guaranteed “reception” and “material needs support for at least 30 days, including the provision of safe, sanitary, and affordable housing; essential furnishings; appropriate food, food allowances and other basic necessities; necessary clothing; assistance applying for social security cards; assistance in obtaining health screenings and assistance accessing other necessary health and mental health services; assistance in obtaining appropriate benefits other social services, and English language instruction; assistance with enrollment in employment services; assistance registering children in school; and transportation of job interviews and job training” (IRC, 2018, p.2).

The cooperative agreement that refugee resettlement organizations adhere to is set by the United States Department of State and has little specificity. For example, one performance outcome is stated as “Refugee family is connected to means of ongoing support for self/family” with the following provisions (IRC, 2018, p.3):

1. Refugee is connected to or enrolled in eligible services.
2. Refugee is financially supported (or self-sufficient).
3. Refugee can explain where the household money will come from when the initial assistance is finished.

The agreement does not specify how the agency works with refugees to achieve those outcomes nor how the outcomes are measured.

Before the 30-day resettlement period has concluded, agencies strive to ensure that all refugees are capable of the following (IRC, 2018):

1. Can access/use appropriate transportation
2. Obtains own food and material needs
3. Obtained social security card and other needed identification
4. Access health care
5. Demonstrates ability to contact emergency services

6. Enroll children in school within 30 days of arrival
7. Know where to get assistance to file paperwork to bring family members to the U.S.
8. Know how to ask for interpretation services
9. Connections to or enrolled in eligible services
10. Financially supported or self-sufficient
11. Can explain where household money will come from when the initial assistance is finished.
12. Knows his/her address, how to make a phone call, and how to be contacted
13. Understands the effects of moving
14. Knows the role of the local resettlement agency and expectations of the local resettlement agency and self
15. Has a basic understanding of U.S. laws and cultural practices

The standard set by the cooperative agreement fails to identify how the objectives will be measured and to what extent they need to be met. By setting such a vague set of goals, it is undeterminable as to how self-sufficient and capable refugees are when resettlement services cease.

Barriers to achieving self-sufficiency

The definition of self-sufficiency has not been altered to account for hardships that refugees encounter and the barriers they face to claim it. From an economic perspective, there is hesitancy on the part of employers to hire refugees for a multitude of reasons. These include insufficient or a lack of work experience and history, no personal or professional references, language barriers, and a lack of knowledge about refugee immigration and work authorization status in general (Dhudwar, 2004). For example, for the general population “job referrals and information sharing across social networks, made up of family, friends, and acquaintances, account for between 30-60% of jobs found by prospective applicants” (Koyama, 2017, p.1). Refugees do not have the luxury of connections that may lead to more desirable employment opportunities. Language is one of the critical determinations of employment, and refugees do not

typically have an advantage - especially when the United States' labor market is weak. During economic turmoil, "low literacy levels force refugees to compete with other workers at the low-skilled end of the market, where unemployment is highest" (Capps et al, 2015, p.347). Due to the reasons listed above, refugees are often subjected to low-paying jobs in warehouses, usually during evening and night shifts (Feeney, 2004). Refugees' skills and educational backgrounds are not always applicable upon resettlement. For example, "refugees who worked as rural farmers in their home country may have difficulty applying their talents to the large-scale agricultural industry" (Unite for Sight, 2017, p.6). Likewise, "professional degrees or educational levels may not be recognized in the new country," often forcing refugees to re-enroll in school to obtain a degree or certification, which is not always financially feasible (Unite for Sight, 2017, p.6). This is not only economically disempowering, but also socially disempowering. Refugees are often ushered to jobs in warehouses and assembly lines that usually involve very little, if any, human interaction. Therefore, refugees are unable to practice their English language skills or learn the sociocultural intricacies of American living. These low paying jobs also subject many refugees to the cycle of poverty.

The history behind these barriers lies in the history of refugees themselves. Many refugees have lived their entire lives in refugee camps before coming to America (Codell, Hill, Woltz, & Gore, 2011). These refugees never receive any formal education or employment opportunities (Codell, Hill, Woltz, & Gore, 2011). Even if a refugee does not reside in a refugee camp, his or her homeland or country of refuge might have systemic barriers that do not allow him or her to work or gain education (Codell, Hill, Woltz, & Gore, 2011).

Aside from the above-mentioned barriers, there are some gender-specific causes of the condition. Lack of affordable childcare options restrict single, refugee mothers' employment

opportunities and self-sufficiency rates. Additionally, some female refugees do not work nor leave their homes without their husbands due to cultural norms (Codell, Hill, Woltz, & Gore, 2011).

Issues stemming from financial restraints are common for the refugee population. Seemingly small changes in the community can drastically affect a refugee's overall wellbeing. A growing concern that is impacting the condition and problem of daily living is the history of increasing rental rates in the Dallas-Fort Worth area, resulting in a lack of affordable housing options. Rental rates in Dallas jumped 7% in 2016 due to an overwhelming demand for apartments and not enough supply (Walker, 2016). This has resulted in an inability to find safe and affordable housing for refugees. The economic burden from the cost of living is not offset by the low-paying jobs refugees are offered.

The U.S. government is also becoming more inhospitable to refugees and therefore decreasing their likelihood of self-sufficiency (Phillimore & Goodson, 2016). Under President Trump's administration, the number of refugees that can be admitted into the U.S. in 2017 has been reduced to 50,000 (Exec. Order No. 13769). This is down from the 110,000 cap that the Obama administration set for 2017 (Gomez, 2016). It is also comparatively lower than the 85,000 cap that was set for 2016 and the 70,000 cap set for 2013 to 2015 (Gomez, 2016). Trump's executive order, which also includes an immigration ban, is a current political hotbed (Exec. Order No. 13769). On June 26, 2017, the U.S. Supreme Court ultimately upheld the executive order albeit in a slightly-altered version (Dewan & Liptak, 2017). This directly impacts refugee self-sufficiency levels since refugee resettlement agencies receive a fixed administrative budget from the federal Office of Refugee Resettlement for every refugee they resettle (Office of Refugee Resettlement, 2017). Therefore, the lower the number of refugees resettled, the lower

the administrative budget that resettlement agencies receive (Office of Refugee Resettlement, 2017). This budget is used to pay for services and staff that directly contribute to refugee economic empowerment such as ESL classes and employment services (Office of Refugee Resettlement, 2017; Catholic Charities of Dallas, 2017; International Rescue Committee, 2017; Refugee Services of Texas, 2017).

Since the 2015 Paris terrorist attacks, “conservative leaders...have raised security concerns over Syrian refugees” (Fernandez, 2016, p.2). The state of Texas withdrew from the refugee resettlement process in September 2016 claiming that Syrian refugees posed a security threat (Kennedy, 2016). This resulted in massive funding, budget, and staff cuts. These cuts then reduced refugee support services that are directly linked to the immediate and long-term self-sufficiency of the refugee population. These services again include ESL and job-readiness training classes.

Health is another aspect in which refugees can be disadvantaged. The World Health Organization’s Department of Mental Health and Substance Abuse has determined that “at least one in every 30 Syrians will be suffering from a severe mental health condition” (Gavlak, 2015, p.9). There are several afflictions that are common amongst refugees including Post Traumatic Stress Disorder, depression, and anxiety. In a separate study, it was suggested that “refugees who have resettled in Western countries are as much as ten times more likely to have developed post-traumatic stress disorders compared with the general population and in relation to comparable immigrant/migrant groups” (Kim, 2016, p.2). Unfortunately, refugees are not often able to advocate for themselves, causing further mental health deterioration during post-resettlement traumas. These problems are proliferated due to environment as “most refugees are placed in

urban areas with high poverty and poverty-related problems, and high rates of violence in the neighborhoods” (Kim, 2016, p.4).

Children, specifically, are the most vulnerable because they do not have the status to advocate for their own mental health; they are forced to rely on parents or other caretakers. In a study conducted by professors in the psychology department of the University of Zagreb, the factors that contribute to alterations in refugee mental health were examined (Ajdukovic & Ajdukovic, 1993). Findings concluded that displaced children and adolescents did not have satisfactory nutrition and a lack of funding and resources resulted in insufficient nutritious food or dietary needs being met (Ajdukovic & Ajdukovic, 1993). Studies found a third of the children and adolescents suffering from malnutrition, which resulted in health problems and clinical symptoms (Ajdukovic & Ajdukovic, 1993).

Furthermore, it was determined that children and adolescents cope better under stressful situations if parents are present to reflect stability and proficiency (Ajdukovic & Ajdukovic, 1993). Family separation also creates emotional scarring for children and often changes the family structure. Reports indicated that women were mostly head of household and their time was largely spent attempting to deal with the day-to-day tasks of living to support the psychological needs of the child. In some cases, it was reported that in a role reversal, 12 to 14-year-old children took on the responsibility of leading the family. Research showed that the distress of adults impacts children in that they tend to have a difficult time coping with the stressors of being displaced. As a result of this, adults suffer anxiety, depression, anger, aggression, alcohol abuse, or other forms of mental illness, which has a negative and mental impact to displaced children (Ajdukovic & Ajdukovic, 1992; Vidovic & Moro, 1992).

Refugee health is at risk for other reasons including ethnic discrimination which is defined as an “attack upon and a negative response to something about the self that is difficult to change, namely, one’s ethnic background” (Celebi, 2017, p.5). This negativity associated with a person’s identity can alter refugees relating to cardiovascular diseases and poor health status (Celebi, 2017).

The purpose of this study is to better understand the barriers to self-sufficiency that are particular to Syrian refugees as they are a new demographic with limited research regarding their welfare and struggles in the United States. While many refugees have been settled before the Syrian population, they have struggles specific to their experience, culture, and backgrounds that shape their potential needs. The general overviews currently obtainable regarding refugees and their presence in the United States does not serve the Syrian population justice as it is limited due to their lack of history and participation in the available studies. By having a more solidified comprehension of resettled Syrian refugees, the resettlement process can be examined closely for opportunities to improve so that the lives affected are given the utmost opportunity for prosperity.

Methodology

Research Question

The purpose of this study was to develop understanding of the resettlement experience of one Syrian family through an in-depth case study. The primary aim was to explore the concept of self-sufficiency through the perspective of one resettled family.

Case Study

A case study is an established research design that is used extensively in a wide variety of disciplines, particularly in the social sciences. A case study can be defined by “the need to

explore an event or phenomenon in depth and in its natural context” (Crowe et al., 2011, p.6).

Case studies can be used to “*explain, describe or explore* events or phenomena in the everyday contexts in which they occur” (Crowe et al, 2011, p.9). This method is predominately utilized

when “more variables of interest than data points” exist (Innes, Greenfield, Hunton, 2000, p.3).

This case study will explore life in the United States for Syrian refugees by an individual researcher. Individual research is optimal for case studies as it “allows an in-depth study of one or more aspects of a problem to be carried out within a defined time scale” (Innes, Greenfield, Hunton, 2000, p.4).

There are many strengths and weaknesses to the case study approach. The most important strength of a case study is that it is proficient “when there is a need to obtain an in-depth appreciation of an issue, event or phenomenon of interest, in its natural real-life context” (Crowe et al., 2011, p.1). With this method, individuals can be studied in their natural environment rather than in a fabricated setting. However, case studies rapidly accumulate copious amounts of data and are often criticized for “lacking scientific rigour and providing little basis for generalization (i.e. producing findings that may be transferable to other settings)” (Crowe et al., 2011, p.28).

Human Subjects Protection

The International Review Board (IRB) determined that, due to the nature of the case study, small number of participants from one family, and lack of systemized questions, the study does not qualify as human subjects research as defined by federal regulations. The IRB process was therefore not required as a part of the study. Regardless, the case study was performed with maximum efforts to protect participant confidentiality and anonymity.

Data Collection

For this case study, data was collected via in-depth interviews of one family after given informed consent by the individuals. Consent was obtained verbally through an interpreter.

The interviewed family was a personal contact that became familiar through a social services agency. The researcher provided basic information about the study and the participants agreed to participate. There were 7 participants in the study: five females and two males with ages ranging from 15 to 78. The two participants under 18 were interviewed after receiving consent and assent with their parent. All parties verbally consented after the study, expectations, and confidentiality aspect were relayed through the interpreter before proceeding with the study. The interpreter received verbal confirmation that the participants understood. The interviews were recorded and interpreted while detailed notes were taken. The interpreter assisted by asking questions and interpreting the participants' responses. All interviews were conducted individually at the participants' home in a private living room area. The names of the participants were changed on any notes and record of the interviews, the audio recordings were secured on a locked device, and the documentation following the interviews was filed on a password encrypted computer to ensure confidentiality. Interviews lasted approximately 1 hour per initial session and each participant had a shortened follow-up session of 30 minutes. The interviews were conducted over a 2-week period. Interview questions were open-ended, and participants had opportunity to expand on their experiences.

The interview stage included asking questions about the specifics of the participants' experiences followed by questions that inquired about the ways in which those experiences and current intricacies affect or do not affect their lives. The first series of questions were utilized to

retrieve background information on the participants while the second series of questions required them to make associations between their experiences and life presently.

The interview questions were created to extract maximum output by the participants. The questions were open-ended and require elaborative responses without relaying pressure to answer; For example, “Can you tell me about your living situation in Syria?” and “What did you know about the United States prior to arrival?” Appendix A contains the list of questions asked of each individual in the study.

Data Analysis

After the interviews were conducted and documented via notes and audio recording, the data was analyzed for emerging themes as well as any perceived needs and hardships addressed by the subjects. Statements that were applicable were compared to relevant studies to determine if a trend is apparent amongst refugees or the Syrian refugee subgroup. The information was weighed based on what is considered the most halting to possessing a “self-sufficient” lifestyle by previous research regarding economic barriers, physical and mental health, and general well-being and the resulting effects on self-sufficiency.

A summative content analysis was applied, which is a derivative of qualitative research that “involves counting and comparisons, usually of keywords or content, followed by the interpretation of the underlying context” (Hsieh & Shannon, 2005, p.1). The summative content analysis was performed in steps. The first step of the process was to write an initial response to the “raw material provided by the research subject’s transcribed testimonial” (Rapport, 2010, p.41). This familiarized the researcher with the data and absorbed the information in a less structured setting. Notes were taken which consisted of both the participants’ statements and answers as well as initial responses to the interviews during the interview and then reviewed

after to document more thoroughly. The second step was to develop a “categories and a coding scheme” in order to separate and organize the “data, previous related studies, and theories” (Wildemuth & Zhang, 2018, p.3). Interpretation of data was not implemented during the second step as to not confuse themes with outputs. After reviewing the interview responses, the main topics of each interview were documented which drew attention to reoccurring themes amongst the participants. The themes were listed next to the previously researched studies and conclusions of barriers to refugees. The third step was to draw conclusions from the data by “making sense of the themes or categories identified, and their properties” (Wildemuth & Zhang, 2018, p.5). During the third step, it was imperative that the “essential aspects of text have not been lost and, furthermore, that they have been captured succinctly and convincingly” (Rapport, 2010). More scrutiny was used to comprehend how and why the results were important by actually comparing them to the related studies. This process involved determining if the family’s experience in comparison to previous research was yielding significant information. Finally, the fourth step of the summative content analysis was to create a succinct report that overviews the findings in a way that the intention and relevancy of the study is made clear. The process allowed for trends and themes within the transcripts to be identified as well as provided an opportunity for “analytic creativity” by the researcher (Rapport, 2010, p.9). The fourth step led to the discussion portion of the study. During which, the content from the interviews was assessed for relevancy as a whole to specifically inquire how and why the data retained from the third step was pertinent on a larger scale.

Results

Upon analysis of the interviews, multiple pronounced themes emerged emphasizing language, utilization of social services, financial strain, and healthcare issues as the most significant barriers to self-sufficiency.

Participant Background

The Hadid family* arrived in the United States from Syria on January 18, 2017. The immediate family consists of 46-year-old mother Amal, 50-year-old father Mohamad, 23-year-old twin daughters Reem and Rena, 20-year-old daughter Muna, 17-year-old son Aamir, 15-year-old son Asad, and 4-year-old daughter Farrah. Muna arrived two days after her parents and siblings and lives with her husband and child in their own apartment. The maternal grandmother, Lina, lives with the immediate family.

The family originally resided in Homs, Syria but moved to Damascus following the annihilation of their home after it was hit by a rocket . After a few months, Damascus became as dangerous as Homs. Mohamad was hit in the head by shrapnel causing paralysis of almost his entire body as well as aphasia. Once Mohamad was hospitalized, the other family members fled to Jordan at the suggestion of Amal's sister. Mohamad was eventually transported to Jordan where the family resided for 3 years in hopes that the situation in Syria would alleviate. When the war in Syria instead worsened, the family decided to seek refuge in the United States. After requesting permanent resettlement services, two more years passed in Jordan before the application process was completed and the family was able to relocate to Arlington, Texas.

In the United States, Amal's sister and Mohamad's brother were previously resettled in Arlington and Fort Worth, respectively. The family decided to stay in Arlington rather than Fort Worth due to the influence of extended family; the Hadids were informed that life in Arlington

was easier and the schools were better. The resettlement agency was unequipped to relocate the family to Arlington causing the family to stay with Amal's sister for almost two weeks resulting in 16 people residing in a three-bedroom apartment. After the two-week period, the family of seven moved into a two-bedroom apartment they found independently in the same complex as their extended family.

Significance of Language

All of the family members expressed concerns about their limited knowledge of the English language and the limited resources available to further help them. The eldest son aspires to be a businessman and confessed "I am worried that when I go to college it will be hard," even though he admitted to learning a lot since his initial arrival in January 2017. The biggest struggle for him has been adopting a new language concurrently with completing all of the necessary applications and paperwork that are arduous with limited English proficiency.

Amal, the mother of the family, shared that while there are opportunities in the United States, she will not feel qualified to seek them out until her English improves and would go to school to do so if she could. Amal conveyed that, because they chose to live in Arlington instead of Fort Worth, the resettlement agency that assisted her family did not offer ESL classes to them. Due to her husband's medical issues worsening and her children in school or work, she was not able to leave the home to take the classes.

When asked about English, the grandmother, Lina, remarked "I'd love to learn, but I can't hold a pen in my hand". She attended ESL classes when she first arrived; however, she was unable to sit comfortably for long periods of time which hindered her learning.

One of the twins, Reem, stated that she and her sister went to ESL classes and were put in basic English and, though they already knew the basics, they finished the course anyway. Reem

additionally commented that the resettlement agency did not place her in additional ESL classes or provide transportation to other classes. Language has been an issue for her due to applications and basic needs like setting up insurance and phone services. She vocalized that her long-term goals, which are to buy a car, a house, and to get a good job in the medical field, would be more realistic if her English skills were further advanced.

Rena, who took the same ESL class as Reem, added “the plan was to take classes at college for English, but we do not have enough cars or a nice enough car. Our main vehicle keeps breaking down”. She clarified that she has wanted to learn English since living in Jordan, where there were no free classes offered, so she paid for one out of pocket. She said learning English perfectly is her goal so that she can someday become a nurse and “have more friends”. She mentioned not improving her language skills much since resettlement. Working in an international grocery store, Rena does not have to communicate often, but when she does she utilizes Arabic more than English.

Muna was the only family member who was stressed about her English proficiency for reasons outside of education and work. While those are important to her in the future, Muna related needing English “to go to the hospital”. She is pregnant and has a daughter who was six months old when they arrived in the United States. She explained that “at Cook’s hospital they have an interpreter, but at local clinics an appointment has to be made three days before with the interpreter” making her regular pregnancy check-ups difficult. Muna expressed feeling nervous about delivering a baby in a hospital where she does not speak the same language as the staff caring for her and her child. Muna has not taken any ESL classes because she “did not have a car at first and now that she does, she must care for her child during the day”.

Utilizing Social Services

The overall theme of the social services provided to this family was that they were helpful but did not promote self-sufficiency. Amal stated that the agency would do things like register her children for school but did not explain the process to her so that she would be able to do it herself for the following year or for her youngest, Farrah, who was not yet at school age. She recalled having to rely on a Lebanese teacher from her sons' current school to help with their transfers. She took her daughter, Reem, with her to see the process, so they could both do it independently in the future.

A similar situation happened regarding Supplemental Nutrition Assistance Program (SNAP) which provides food vouchers for qualifying families. A case manager from the resettlement agency gave the Hadids papers to fill out, but they had to complete them on their own. The paperwork was not explained to them. Once the family applied and was approved for the benefits, they were not told how to use them or if they would need to re-apply in the future and how they would do so. Amal stated the agency "didn't explain everything" and they weren't "clear" repeatedly throughout the interview. Reem explained that the hardest part about living in the United States is having to learn alone because no one gives full advice which is a process that is constantly "challenging yourself".

Another difficulty with social services was having to work with multiple case managers which, according to Reem, was "a little bit confusing" because the family did not always know where to direct their questions. There was a theme of muffled expectations for what the family was supposed to be doing. According to Reem and Rena, the various case workers at the resettlement agency relayed multiple presumptions about their initial courses of action in the United States. Some case managers instructed them to work while others advised them to go to

school. Reem described it as a “conflict for expectations” as no one was clear about what they should be doing. Furthermore, no one helped or offered to register the twins for school, so they went alone to Tarrant County College, but didn’t know where to go and didn’t know anyone there to help them.

When asked how their arrival could have been better, she stated it would be better if they had been “helped step-by-step right away instead of delaying” as they never knew what days their case managers would be seeing them and how long things would take. She described seeing the case managers “casually”. During this explanation, Reem added “haram”, which is an Arabic word expressing sympathy rather than frustration, for the case managers because they have so many cases. She suggested additional employees within the resettlement agency so that families and individuals could have more attention to help with the process.

For Muna, there was a miscommunication about what was to be provided by the resettlement agency. She stated “I thought we would be supplied with more rent and furniture, but that was not true. We had to work and buy it and do it alone”. The agency did not help with applications or food; family members and the “Arab community” assisted them. Muna also recalled a lack of assistance with housing and the accompanying responsibilities. Muna and her husband were fined multiple times by their apartment complex because they did not know that they could not “put trash bags on the patio, fix their own sink, or have non-patio furniture outside”. Muna stated that she was never informed of the rules of the complex and they were never interpreted for her. According to her, the resettlement agency’s assistance did not stretch beyond transportation and initial rent payments.

Knowledge of Laws and Emergency Information The Hadid’s limited knowledge of laws and emergency information struck as relevant because the cooperative agreement that

resettlement agencies agree to in accordance with the State Department lists both as imperative information for refugees. Each of the family members discussed being given an overview of the United States' laws and customs at the immigration services in Jordan. No one recalled specific information that they were provided there nor in the United States.

There was little information regarding what services the family should expect upon arrival. Muna felt ill-prepared for life in America as she was under the following impression: "I thought we would have assistance financially like in Canada. And then, after school, I would be on my own. In Canada, they let people study first".

Amal explained that there is a lot that they have had to learn from experience that was neither explained properly through immigration services nor the resettlement agency. The mother remembered being unaware that when they moved houses their driver's licenses would all have to have the addresses changed. Because of this oversight, her son got a ticket from a local police officer. Amal communicated that if she had known of the law, she would have immediately taken action to prevent citations.

Similar to their brief exposure to laws in the United States, the family was informed of who to contact for an emergency and how to do so. When asked what Amal would do in an emergency situation, she commented that she would call a "friend who has been in the United States for a long time". When asked how she would call for police, she was unable to recount the proper phone number. Rena was able to state that for emergencies she would call 9-1-1. She joked that she and her sister memorized the number "in case [they] accidentally poisoned anyone when [they] cook".

There have been several instances in which the family has needed immediate medical services. Because of his injuries, Mohamad must utilize emergency medical services often -

mostly to get treatment for severe headaches. During one occasion, an ambulance also came and assisted Amal who had sharp pains which turned out to be kidney stones. After the incident, Amal received a bill for over \$1,000 for the ambulance with instructions on how to contact their insurance agency to have the cost covered. Amal was unable to understand the information provided and required additional assistance. Amal explained that it was fortunate a case worker was able to assist them in time to provide proof of their Medicaid insurance as they were not given long to do so per the bill statement.

Healthcare Issues

The general physical and mental health varied by participant. The family members came into the United States with pre-existing physical conditions, some of which were exacerbated by the refugee experience.

The 85-year-old grandmother, Lina, recalled that it took a long time to interview them for entry to the United States when they were in Jordan. She remembered one interview taking so long that her blood pressure went down and had to be raised. She said to “ask whoever interviewed after me!” about the process because that incident caused her to forget most of the questions and interview entirely. Lina has received physical health services due to having a pacemaker and cataracts amongst other smaller issues. She stated that she was prescribed medicine for her eyes from her doctor but hasn’t gotten it yet because of everyone's busy schedules and limited cars as well as drivers.

Mohamad’s disabilities from the conflict in Syria resulted in him requiring round-the-clock care. Mohamad is now able to feed himself but was entirely dependent on others for help with activities of daily living such as transporting, bathing, and using the bathroom. Due to his injuries, he is unable to communicate verbally and relies on small gestures and sounds to relay

his needs. His physical situation and lack of additional homecare took a toll on Amal's ability to thrive in their new setting. Amal was initially unable to leave the house without Mohamad which resulted in her being unable to take English classes, learn to drive, or locate employment outside of homecare for her mother. A home attendant was offered through Medicaid services for Mohamad, but due to cultural reasons, Mohamad refused. Amal was not listed as Mohamad's Power of Attorney or guardian, so she could neither enforce compliance nor place him in an assisted living facility. After one year, Mohamad was able to be placed in a facility where he receives care with frequent trips home to visit.

While the family has been treated for physical health since their arrival to the United States, mental health services were not provided for the entire family. Of the family members, only the mother and two oldest daughters were given mental health services. A practitioner came to the house to talk to them weekly during their initial arrival for about two months. They did not talk about Syria or their refugee experiences, but rather Mohamad and how his accident and subsequent behaviors affected the family. According to Reem, they were given "papers about depression" and resources on the computer when the sessions concluded. Rena contributed that the focus was on their father because "everything was connected to him" since his accident had the biggest impact on the family as a whole. Though both of the twins agreed that talking to a professional was helpful, Rena explained that she was fine with the sessions ending because she felt like they were "making the therapist's life harder by having to speak with them and help them through that".

During the interview, Lina was outwardly optimistic about life in the United States. However, she revealed that she needs to change her pacemaker, but does not want to until her kids come. She has children in Canada, Jordan, and Morocco. She stated she "want[s] to see

them before [she] die[s]” which is why she refuses the procedure that she needs. Aside from being separated from her other children, the grandmother explained that she lost a lot of family in Syria. She said one family member went to visit his mom and as soon as he left to check on his wife after a bombing, another bombing occurred, and he was killed. Additionally, her son-in-law’s brother was found on the roof killed by a rocket which is when her son-in-law was found after being hit in the head. She explained that this was a normal occurrence and that the “government sent people to kill anybody for any reason [and] shot rockets at the people”. Lina has not spoken with a mental health professional regarding her longing for her children, refusal to undergo life-sustaining surgery, or the traumatic loss of family members.

Fifteen-year-old Asad said that the hardest part of the experience so far has been his father’s injuries. He said his father “is supposed to be the one helping, but the roles have been reversed”. Asad has not been referred to a professional regarding these life changes.

Financial Strain

In order to stay afloat financially, all capable family members work. Currently, Amal announced they “are all looking for work”. She provides homecare for her mother which makes \$550 per month or \$6,600 yearly. Reem and Rena were working at local international grocery stores making \$8.50 an hour. Reem recently quit in order to seek higher paying work and stated she “doesn’t want to stay and not improve; [she wants] a different life”. She was receiving a maximum of 30 hours a week. Rena is still working 18 hours a week and “trying to look for other work”. The eldest daughters continue to struggle with being unable to seek higher education due to financial responsibilities. Ideally, they would be able to work and go to school, but the wages currently offered are not sufficient to maintain both. Aamir was working at a mechanic shop making \$250 a week but is unable to work full time during the school year.

Recently, Aamir's vehicle needed a minor repair; therefore, he took it to his place of employment where the employees proceeded to further damage it with the tow truck used to move it. The shop did not offer compensation for the damages, so Aamir quit and is seeking similar work elsewhere. This incident also resulted in one less car for the family of seven.

Mohamad receives \$540 monthly for disability; however, \$140 goes toward his assisted living facility leaving \$400 for other necessities.

In addition to standard financial obligations like the water and electricity bill, rent, and food, the family must pay off their travel loans for their flight to the United States from Jordan. Refugees begin paying back travel loans after their first six months in the United States and complete payments within five years (United States Conference of Catholic Bishops, 2018). The Hadids owe in total about \$6,500 which is scheduled to be made in monthly installments of about \$400. The family was unable to make the last two payments which added late fees to the debt. Amal admitted she had "no idea when [they] will finish paying the debt".

With the Hadid's combined income, they are able to pay most of their bills, but it is not enough according to Amal. The family has about \$29,080 in reliable income annually and six individuals in the household (not including Lina who lives there but has her own income nor Mohamad who is only at the home part-time). The Hadids fall under the federal poverty level which is \$33,740 for a family of 6 (Federal Poverty Level, 2018, p.1).

Obstruction to Education The Hadid's plight took a large toll on their education and overall development. The limited opportunities in Syria and Jordan were costly and continue to affect the family in the United States. All of the family members expressed gratitude to be in the United States. In some way, each participant made comments about how much easier life is in Texas than in both Syria and Jordan.

All of the children were of school age at the onset of the war; none were able to complete their academic year. Per Reem, the students at her school were told by the army perched outside of the campus to stop attending class because it was going to be unsafe. Initially, they kept going to school, but eventually the trek became unsafe. They did not tell their mother about the warning because they “wanted to keep going to school”. Aamir remembered “we were at the beach and came back and saw a demonstration around a mosque. Then we saw people on TV that we recognized in the protests. People were getting shot. Eventually, there were tanks on the roads. We started to go out Fridays and run to the streets to see the tanks because it was exciting for us as kids”. Aamir had to stop attending school when the army and rebels began fighting on the streets between his house and his school. Rena described life in Syria: “we weren’t able to leave the house. We heard bombings day and night. We could not even go up to our roof. It was like being on house arrest. There was no electricity, water, or internet”. The family was not able to fully develop their educational or career skills due to limited access to necessary resources during the war.

Aamir explained that in the United States they have “hope” whereas in Jordan they would “never be able to own property, have a business, drive, or obtain citizenship”. Amal recalled that in Jordan there was no work or medical care and that it was expensive to rent and live there.

The children even recalled having a poor experience during their schooling in Jordan. Aamir said they had to leave school for a year in Jordan after issues between Syrian children and Jordanian children resulted in the relocation of Syrian children to another school that was too far for him to commute. During that year, Aamir sold farm equipment instead of going to school. For Muna, it was too much, and she did not continue school - not because of the distance, but

because of the ill-treatment of Syrian students. Rena voiced that Syrians were the minority in Jordan and were treated as such. She remembered feeling “discriminated against at school”.

Though the family was in Jordan for five years, they were not able to establish themselves in the country or further their educational and career goals effectively. Once they arrived in the United States, Aamir and Asad were not enrolled in school for two months, further delaying their education.

Reem obtained a pharmacy technician certification while in Jordan, but it does not apply in Texas. Reem explained that she would have to pay for and take the certification test again and would not pass due to her English proficiency.

In a similar situation, Muna’s husband was licensed as a welder overseas. He is currently working for an Arab man who illegally hired him despite Texas license requirement. To acquire the license, her husband would be obligated to take a test in English “performed in the presence of testing lab personnel [in which] the welder is responsible for all costs associated” (Texas Department of Transportation, 2018, p.3).

Discussion

The common denominator of every interview was the mention of language proficiency as the most significant barrier to excelling in the United States. The family members had a variety of reasons language existed as a barrier and why the potential solutions did not work for them. The grandmother being physically unable to sit through an ESL class corroborates with prior research indicating certain groups such as “women, older refugees, those with limited pre-migration education and those with poor health” have lower language proficiency (Morrice, 2017, p.1). These refugee subgroups arrive at a disadvantage which can affect their career

opportunities, too. Like many refugee families, the Hadids are without viable options to further their education in English.

Research shows that refugees with limited English skills can obtain entry-level jobs, but “are likely to face difficulties moving up employment ladders without additional education or training” (Capps et al, 2015, p.14). The Hadids and others with the same English proficiency cannot seek additional education in a particular field without first learning English. Those who proceed to learn English must then be able to afford the additional education. Unfortunately, research also suggests “the entry level jobs available to those with limited language proficiency do not generally require language use or provide opportunities to improve language skills” (Morrice, 2017, p.4). While one of the Hadids, Rena, has a job, she continues to struggle to improve financially and linguistically in order to prosper rather than simply stay afloat. Rena is in a fix particular to refugees and immigrants where a different job could benefit her English and improve her financial situation, but she does not have the prerequisite English proficiency to qualify for a job of that nature.

With the participants restricted by way of language, it was emphasized that their combined income was not enough to cover all necessary household expenses. There is a plethora of reasons that refugees struggle financially. The participants qualified for more jobs prior to resettlement. Impediments to similar jobs in the United States are familiar to the refugee community and include “licensing tests that require hundreds of dollars or repeat an entire course of study [resulting in] many immigrants with advanced skills ‘taking lower-paying ‘survival jobs’” to afford basic necessities (Bowen & Elejalde-Ruiz, 2017, p.22).

Additionally, the Hadids are one of the many families who came into the country with a significant monetary debt to the United States. The State Department declared “70 percent of

travel loans are repaid within five years,” but neither the State Department nor the International Organization for Migration reported how many loans are provided and how many are defaulted (KSTP-TV, 2017, p.17-18).

Refugees are not only disadvantaged economically; when refugees are subjected to new cultures and atmospheres, they are often met with intolerance. The Hadids faced discrimination in Jordan which drastically affected the children’s education. According to the UCLA Fielding School of Public Health, “when people are chronically treated differently, unfairly or badly, it can have effects ranging from low self-esteem to a higher risk for developing stress-related disorders such as anxiety and depression” (Gordon, 2016, p.3).

Unfortunately, refugees are already at heightened risk for low self-esteem amongst other mental health issues due to resettlement circumstances. Factors such as “unemployment, everyday discrimination, and limited English were significantly associated with mental health outcomes” amongst refugees (Kim, 2016, p.1). These are all issues that the refugee population continues to face even after resettlement. Mental health wounds do not dissipate entirely with a change in scenery; proper treatment is required in most cases for optimal recovery. The aforementioned stressors are not singularly particular to Syrian refugees; however, being fairly new to resettlement in the United States, the Syrian plight has not been sufficiently studied at length in order to determine the specific issues with mental health and self-sufficiency that these individuals face.

The Hadids’ overall health care issues are common amongst the refugee population. Research concluded that many refugees have unmet health care needs after resettlement, with the 3 most common reasons reported being long wait times, costs associated with services and lack of time to seek health care services (Anna et al., 2017). Other factors influenced the absence of

health care, including a lack of support after the initial resettlement period (Anna et al., 2017, p.4).

Lack of support for the Hadids did not just affect healthcare access. The participants were unaware of apartment regulations and emergency services amid other more serious matters like legal expectations and felt that they were not fully prepared by social services. The Hadids stressed that they have had to learn as they go which often time came at their expense. These results concurred with the United States resettlement program which “emphasizes getting refugees in jobs as fast as possible” (Capps et al, 2015, p.348). With job attainment as the main priority, it makes sense that other information pertinent to resettlement is overlooked. The Hadids, who described the visits as sporadic, wanted more time with their case managers. After reception, only two home visits within the first 30 days are required by case managers (IRC, 2018, p.2). The allotted time is not sufficient for refugee families with limited English proficiency and knowledge of United States culture, laws, and housing. Case managers within resettlement agencies have “expressed frustration that funding does not allow them to prioritize” other supplemental training or skills programs (Capps et al, 2015, p.350). Self-sufficiency through work of any sort takes precedence over cultural and social adjustment which, for refugees resembling the Hadids, can lead to difficulties adjusting with financial consequences.

Limitations

The participants in this case study provided answers, opinions, and recollections that were insightful and complete. However, several limitations surfaced due to the nature of the study. The family was interviewed a year and a half after their arrival. It is possible that many of the initial struggles with resettlement including determining cultural norms and assembling a household’s necessities were forgotten or potentially misconstrued.

Additionally, because the case study was limited to one family, the qualitative data collected is not generalizable. It is impractical to assert how the participating family is achieving overall in comparison to other Syrian refugee families residing in the same area.

Research Implications

The case study yielded results that has research implications across numerous subjects. The most significant research implication is language. Language proficiency is crucial to refugees' opportunity to thrive in the United States. Further research should be implemented to determine how to better equip Syrian refugees with language skills. This research should especially account for subpopulations with increased language difficulty such as the elderly, those with children and transportation issues, and those without extensive previous education.

Ultimately, the Syrian refugee population in the United States has not been studied at length to determine their specific needs as a whole. Additional research is recommended to determine these needs in order to promote lifestyles that are not meeting the minimum requirement to succeed. This population deserves dedicated research so that the results can contribute to a more prosperous socioeconomic future.

The research surrounding Syrian refugees resettling in the United States is extremely limited. Based on this particular study, further research should aim to discover trends amongst Syrian refugee families resettled in the Dallas Fort-Worth area regarding social, economic, and physical well-being including financial and educational statuses. Proactive measures cannot be taken to supplementary assist families if there is no data indicating which facets of resettlement Syrian refugees are meeting with hardship. The families analyzed should be diverse with various ages and genders in authoritative roles. The participants in this case study did not have a patriarch capable of providing which greatly altered the roles of the other members in the family.

Further research should moreover explore the impact on Syrian refugee families without a patriarch or a fully-functioning patriarch compared to Syrian refugee families that do have one.

Social Work Practice Implications

The social work practice implications concluded from this study revolve around the importance of individualized care plans. Syrian refugees have an experience that shares similarities to other refugees but remains unique. Likewise, the individuals are of the Syrian refugee population but have resettled with their own identities, goals, and barriers. The social work system must respect individuality above all else in order to best meet people's needs. It would be unjust and unethical to assign the same treatments and strategies to a population as that neglect could hinder their growth and success in the United States. The Hadids were victims of such grouping throughout the resettlement process which was most noticeable when they were given conflicting advice from multiple case managers from the same agency. Stricter requirements of individualized care plans would prevent such from occurring.

Social workers must be prepared and accommodating when working with individuals from other cultures. Doing so includes an understanding of a culture's gender norms, religious customs, appropriate gestures, and critical background information among other peculiarities. Acknowledging and utilizing this information will allow the population to feel comfortable which in turn will allow social workers to provide the most efficient help.

Policy Implications

The policy implications of this study can be focused on accessibility of resources that would foster economic and social growth for refugees. Employment for refugees is considered a "non-issue in the United States context due to early focus on self-sufficiency" (Capps et al, 2015, p.351). Contradictorily, "refugees never reach the low participation rates of the United States

born even with more than 20 years of U.S. residence - most likely because refugees' incomes do not reach parity with the U.S. born" (Capps et al, 2015, p.351). It is clear that language plays an indisputable role in refugees' economic opportunities. Barriers to language must be alleviated.

Transportation was a recurring issue for the participants which hindered them from further language instruction. Local and/or state government can implement local transportation in areas without or a transportation stipend in areas where it does exist. Transportation accommodations are not the only solution available; further efforts should be made to increase accessibility by making ESL instruction available through mobile technology. With ESL programs on computers or personal devices, transportation would be a non-issue and individuals could have unlimited access from their homes. The technology and program exist - it is a matter of achieving funding to provide families without the proper technology with it as well as access to the programs.

Language proficiency cannot be overlooked. It is most unfair to school-age students who are arriving with the expectation to learn language and basic curriculum. Those students require supplemental education opportunities such as summer classes that would lessen the burden of the additional workload. Funding at the federal level toward the education of refugee students would change their influence on the United States economy and lead them out of a lower socioeconomic class.

Conclusion

The participants were exuberant to be in the United States. It appears that this orientation stems from gratitude for the opportunity to exist peacefully without fear of being a casualty of war. It also stems from the ability to grow in their newfound country, unlike in Jordan where the family's options would be limited indefinitely. A reoccurring theme outside of self-sufficiency

barriers was appreciation of opportunity. Despite their circumstances, the family displayed genuine hopefulness for the future - something they were at a loss for previously.

As optimistic as they are for the future, participants in this case study still provided insight surrounding the barriers that Syrian refugees encounter upon resettlement. The participants' plight prior to resettlement greatly impacted their abilities and experiences in the United States. From the war in Syria to their conflicted reception in Jordan, the effects of their limited options traveled with them. Their background and history were significant in outlining key concerns with the quality of life refugees are able to obtain. Between the certifications that did not transfer and the job skills that are less necessary in their new habitat, the family was not equipped with many relevant tools to excel. On top of that, limited access to English classes due to transportation, availability, and other responsibilities interrupt potential efforts to reach for a more prosperous life. The trials the family endured were not alleviated by the social services at the resettlement agency due to misinterpretations, overbooked case managers, or lack of resources. These findings are in line with previous research regarding refugee barriers to economic and other forms of success after resettlement.

The overarching burden that this study represents is a population that has been dealt too many dire circumstances and challenges at one time. Without proper resources, case management, and care, Syrian refugees can easily succumb to lackluster positions as the steps to reach the "American dream" seem impossible to climb. The problem as it stands is that the Hadids and other families potentially like them cannot improve their quality of life because they are fastened in their socioeconomic position without means to rise above. The Hadids are "self-sufficient" by the standards set forth by resettlement agencies. However, being unable to pay all bills even with everyone's money pooled together, working jobs despite over-qualifications, and

the inability to seek higher education or work due to language is not self-sufficiency. The family expressed big dreams and goals and has no means to make them a reality. It is a weight that proliferates all of the negative aspects of the refugee resettlement process.

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Appendix A

Case Study Questions

Questions for mother:

How old are you?

When did you arrive in the United States?

How long were you in Jordan?

Why did you go to Jordan first?

How long did the application process take to get resettled in the United States?

Where did you live when you first got here?

Who is/was living with you?

Are you working?

What is the extent of your education?

What was your work situation in Syria?

Why did you leave Syria?

What part of your family is resettled in the United States? In Texas?

What was your experience upon arrival in Texas?

What agency helped with your family's resettlement?

What assistance with interpreting/translating did the resettlement agency provide?

What medical services did your family need/receive?

What social services did the resettlement agency provide?

What is your English proficiency?

How were your children registered for school?

How do you pay bills?

What monetary assistance/income do you receive?

What has been the most difficult part of this transition so far?

What tasks and responsibilities do you require assistance with?

Is there anything you were inexperienced with that you are now comfortable dealing with independently?

In an emergency, how would you contact proper services?

Have you or do you plan to assist other family members with immigration to the United States?

If so, how?

To what extent is your knowledge of U.S. laws and cultural practices?

Questions for grandmother:

Where did you live in Syria?

Can you tell me about your living situation in Syria?

What did you know about the United States prior to arrival?

How long did the resettlement process take and what was the process like?

What is your current living situation?

What is your English proficiency and what ESL services, if any, were offered after resettlement?

What are any medical issues you have, and do they affect your day-to-day life?

How often are you required to go to the doctor?

Who takes you and makes the appointments?

What income do you receive monthly?

What does that money go toward?

How do you feel you have been received by people you have met in the United States?

How is life different here than in Syria?

To what extent is your knowledge of U.S. laws and cultural practices?

Questions for married daughter living with husband:

What did you know about the United States prior to arrival?

When did you get married?

Can you tell me about your living situation in Syria and Jordan?

What was your living situation upon arrival to the United States?

What is your English proficiency and what ESL services, if any, were offered after resettlement?

What are any medical issues you have, and do they affect your day-to-day life?

Which obstacles have you faced while raising a child in the United States?

How do you go to/interpret appointments for your pregnancy?

What is you and your husband's current employment status?

How much do you both make?

What are your bills?

How do you currently pay your bills?

How do you intend to learn English?

What is your current method of transportation?

How do you feel you have been received by people you have met in the United States?

What are your long-term goals?

To what extent is your knowledge of U.S. laws and cultural practices?

Questions for oldest daughters:

What did you know about the United States prior to arrival?

Can you tell me about your living situation in Syria and Jordan?

What are any medical issues you have, and do they affect your day-to-day life?

How much school have you completed?

If you were enrolled in school previously, what were you studying?

What are your current bills and financial obligations?

What is your current employment status?

What is your English proficiency and what ESL services, if any, were offered after resettlement?

What are your current responsibilities in the home?

Which tasks/responsibilities require outside help?

How do you feel you have been received by people you have met in the United States?

What are your long-term goals?

To what extent is your knowledge of U.S. laws and cultural practices?

Questions for 16-year-old boy:

Can you tell me what Syria was like?

What did you know about the United States prior to arrival?

What is your English proficiency?

Which English courses are you currently enrolled in or have completed?

What grade did you complete in Syria?

What grade did you complete in Jordan?

What grade are you in now?

What are your educational responsibilities?

Who assists you with your school work?

What about life is most different from Syria?

What limitations exist due to language barrier?

What do you intend to study?

What is your current employment status?

What are your current bills or financial obligations?

What are your responsibilities in the house?

What do you think school will be like after Newcomer?

What are any medical issues you have, and do they affect your day-to-day life?

How do you feel you have been received by people you have met in the United States?

What are your long-term goals?

To what extent is your knowledge of U.S. laws and cultural practices?

Questions for 14-year-old boy:

Can you tell me what Syria was like?

What did you know about the United States prior to arrival?

What is your English proficiency?

Which English courses are you currently enrolled in or have completed?

What grade did you complete in Syria?

What grade did you complete in Jordan?

What grade are you in now?

What are your educational responsibilities?

Who assists you with your school work?

What about life is most different from Syria?

What limitations exist due to language barrier?

What are your responsibilities in the house?

What do you think school will be like after Newcomer?

What are any medical issues you have, and do they affect your day-to-day life?

How do you feel you have been received by people you have met in the United States?

What are your long-term goals?

To what extent is your knowledge of U.S. laws and cultural practices?