# THE CONTINUITY OF RISK

## A THREE-CITY STUDY OF CONGOLESE WOMEN-AT-RISK RESETTLED IN THE U.S. | SEPTEMBER 2014

LEXINGTON, KY | SALT LAKE CITY, UT | SAN ANTONIO, TX


THE UNIVERSITY OF TEXAS AT AUSTIN

IDVSA

INSTITUTE ON DOMESTIC VIOLENCE AND SEXUAL ASSAULT

Center for Social Work Research, School of Social Work

North Carolina Agricultural and Technical State University

## Research Team


Noël Busch-Armendariz, PhD, LMSW, MPA
*Principal Investigator*
The University of Texas at Austin

Karin Wachter, MEd
*Co-Principal Investigator*
The University of Texas at Austin

Laurie Cook Heffron, LMSW
*Co-Principal Investigator*
The University of Texas at Austin

Maura Busch Nsonwu, PhD, MSW, LCSW
*Co-Investigator*
North Carolina Agricultural and
Technical State University

Susanna Snyder, PhD, MA
*Co-Investigator*
The University of Texas at Austin


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UNHCR
The UN
Refugee Agency

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# Contents




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# Acronyms and Abbreviations

| | |
|---|---|
| AWR[i] | Women-at-Risk Resettlement Submission Category / Designation (UNHCR) |
| DRC | The Democratic Republic of the Congo |
| ESL | English as a Second Language |
| IDVSA | Institute on Domestic Violence & Sexual Assault |
| ORR | Office of Refugee Resettlement |
| P1 | Priority One |
| P2 | Priority Two |
| P3 | Priority Three |
| PRM | Bureau of Population, Refugees and Migration |
| UNHCR | United Nations High Commissioner for Refugees |
| US | United States |
| USRAP | US Refugee Admissions Program |
| VOLAG | Voluntary Agency |

# Executive Summary

In January 2013, the United Nations High Commissioner for Refugees (UNHCR) released a report titled *Resettlement and Women-at-Risk: Can the Risk be Reduced?* that highlighted key issues that surround the resettlement of refugee women under the women-at-risk category and offered six recommendations for strengthening processes of resettlement for women-at-risk (see Executive Summary Appendix). Simultaneously, momentum began to grow within the US resettlement community around preparations for an increase in Congolese arrivals.[ii] Between 2014 and 2019, the US plans to resettle approximately 50,000 Congolese refugees from the Democratic Republic of the Congo (DRC)[iii] through the US Refugee Admissions Program (USRAP).[iv] At least 20% of incoming refugees are expected to be women-at-risk,[v] which is double the number seen in recent trends in this category in comparison to other refugee groups.[vi] UNHCR defines women-at-risk as "women who have protection problems particular to their gender" (UNHCR, 2011, p. 263). The category is widely operationalized in practice by UNHCR as refugees who are "single women and single mothers."

This study emerged from the confluence of these concerns and trends. Its purpose was to identify and understand the concerns, challenges, risks, and strengths of adult Congolese refugee women resettled to the US under the women-at-risk category as a means to help policymakers, service providers, and other stakeholders prepare for the arrival of Congolese women and their families. Using qualitative methods, the researchers conducted semi-structured interviews and focus groups between August and October 2013 with 57 key informants (28 Congolese women and 29 service providers) in Lexington, Kentucky; San Antonio, Texas; and Salt Lake City, Utah.

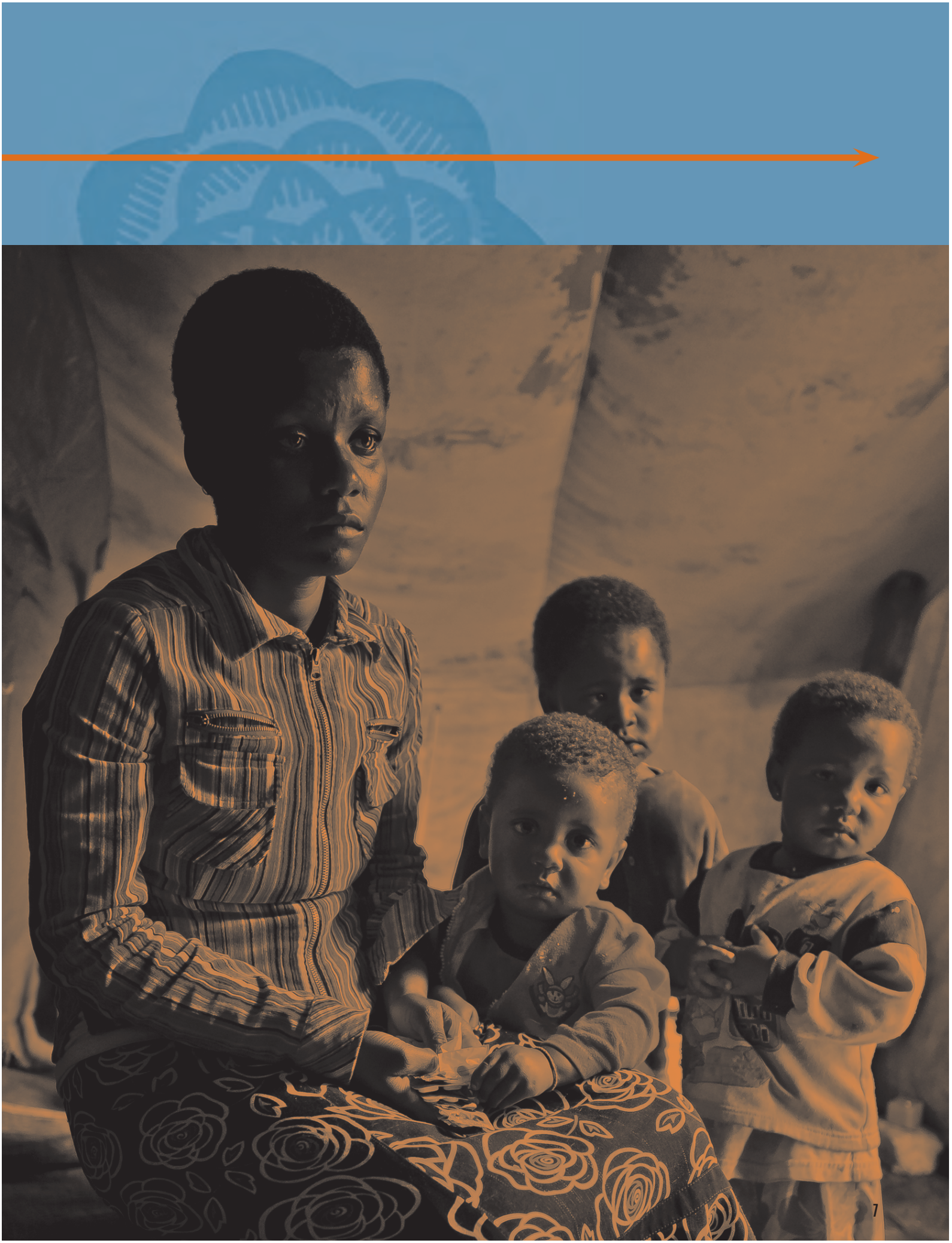
The study revealed several interrelated findings on the experiences of Congolese refugee women in the US:

1. Congolese women came to the US with experiences of **significant trauma,** including sexual violence, abduction by armed groups, witnessing the death and torture of loved ones, contracting HIV, and giving birth to children conceived through rape. **Trauma-informed services,** including the need for mental health screening and long-term access to specialized services to address trauma, were a high priority for Congolese women. Participants, however, also noted a lack of affordable, culturally and linguistically appropriate services available.
2. Women felt **alone, lonely, and socially isolated.** Factors that contributed to their social isolation included separation from and loss of family members; a lack of familial support and help in daily life; obstacles to building a social network in the US; and tendencies to avoid the local Congolese community.
3. Study participants experienced a **loss of power as mothers** and cited concerns such as anxiety about leaving children with nonfamily members, shouldering the entire responsibility for parenting while stripped of parental authority, feeling that their children were "out of control" in the US, and the challenges of parenting children who remained overseas.
4. Women were in a state of **precarious survival** and expressed serious challenges with having sufficient means to pay for basic expenses as a single parent, particularly given housing costs, low-wage incomes, limited English proficiency, and the cost of childcare.
5. Women felt an overall sense of **safety and food security** in the US. Nonetheless, they shared their experiences with domestic violence, both pre- and post-resettlement, and emphasized the need for sustained attention to women's safety and security.
6. Service providers revealed unmet **expectations of the women-at-risk resettlement category,** including inconsistencies in how the designation is used and disconnections between the designation and services upon arrival in the US. Agencies often were unaware of the category under which refugees were recommended for resettlement, and assessments of risk were not shared with US-based resettlement agencies.

Although programs may be generally successful in meeting the integration aims of the US resettlement program, the time-limited focus on employment and self-sufficiency seems to overshadow the benefits of meaningful interpersonal interactions that include strong social and emotional support. Congolese women who meet the criteria for the women-at-risk resettlement category experience unique and persistent integration challenges due, in large part, to the vulnerabilities that make them eligible for the women-at-risk designation. These vulnerabilities do not dissipate with a change of context and, in fact, may be exacerbated by the resettlement process itself. Finally, vulnerabilities that position women for resettlement under the women-at-risk category are not explicitly stated or shared in resettlement processing procedures, nor adequately addressed through standard resettlement programming.

## Summary of Recommendations

1. Develop targeted training materials and mentorship opportunities for front-line service providers who work with incoming Congolese refugees.
2. Strengthen or establish relationships and collaborative programming between resettlement agencies and sexual assault/domestic violence service providers to establish additional service options for Congolese women.
3. Create guidelines for practitioners and service providers who work with Congolese individuals and families affected by sexual violence and other forms of trauma.
4. Launch a process to develop, pilot, fund, and evaluate innovative programming for women-at-risk, drawing best practices from resettlement sites that have targeted programming relevant to the risks and challenges that women-at-risk face in the US.
5. Conduct an in-depth analysis of the women-at-risk category, as stated in UNHCR policy and as operationalized in practice throughout the resettlement process, from identification to processing to arrival in the US.



# Overview

## Background

### Conflict and displacement in the Democratic Republic of the Congo (DRC)

The Democratic Republic of the Congo (DRC) has endured nearly two decades of war and chronic instability, fueled in part by its colonial history and a legacy of systematic extraction of natural resources by external actors. Millions of people have died from disease and malnutrition as a result of the conflict,[vii] and hundreds of thousands of women, children, and men have been assaulted, tortured, and sexually terrorized.[viii] The suffering, pain, and loss resulting from the conflict defy quantification.

Since 1996, civilians in eastern Congo have been chronically displaced. Hundreds of thousands of people—at times millions—have fled the abuses of armed groups who seek to extend economic, political, and military control over territory and resources.[ix]

The threat and perpetration of violence and looting in eastern Congo have forced individuals, families, and communities to leave their homes in pursuit of safety. However, respite often has been temporary or elusive. Some communities flee far enough to avoid confrontation with an armed group but close enough so that they can return—at great risk—to tend to their fields and to prevent their land from being seized.[x] Others seek refuge in larger towns or cities or make their ways to camps for internally displaced persons. In either case, as displaced persons, they rarely have access to sufficient food, shelter, healthcare, or security. Some return home only to be displaced again.

Throughout the past 18 years of warfare in eastern Congo, the battleground has taken place within the context of people's communities, in their fields, and in their homes.

By the early 2000s, reports of widespread and brutal sexual violence against women and girls in the DRC emerged[xi] : children forced by armed men to hold their mothers down while they were gang raped; fathers forced to rape their children while the family looked on; armed groups' use of guns, machetes, and sticks to penetrate bodies;[xii] and the commonplace destruction of women's reproductive organs.[xiii] Men and boys also have been sexually violated as part of the torture and humiliation tactics used by armed groups.

In 2012 alone, the United Nations High Commissioner for Refugees (UNHCR) reported that 2.3 million people were displaced within the country and that over 70,000 had fled across the border into Rwanda and Uganda.[xiv] An estimated 500,000 Congolese refugees are currently seeking refuge in over 10 different countries on the African continent, the majority of whom are in Uganda, Rwanda, Tanzania, Burundi, and the Republic of the Congo.[xv]

A minimum of 50,000 currently registered Congolese refugees are expected to be resettled to a third country over a five-year time span, of which the US is likely to resettle the vast majority.

*Table 1: Refugees from DRC in Africa as of January 31, 2014 (UNHCR, 2014)*

| Host Country | Number of Registered Congolese Refugees | Percentage |
|---|---|---|
| Uganda | 163,916 | 33% |
| Rwanda | 73,139 | 15% |
| Tanzania | 65,000 | 13% |
| Burundi | 50,823 | 10% |
| Republic of the Congo | 33,842 | 7% |
| Angola | 23,404 | 5% |
| Zambia | 18,507 | 4% |
| Kenya | 14,510 | 3% |
| South Africa | 13,386 | 3% |
| Central African Republic | 12,164 | 2.40% |
| Malawi | 8,213 | 1.60% |
| Mozambique | 7,201 | 1.40% |
| South Sudan | 6,450 | 1.30% |
| Zimbabwe | 5,162 | 1% |
| Namibia | 2,740 | 0.50% |
| Gabon | 1,353 | 0.30% |
| Ethiopia | 982 | 0.20% |
| Sudan | 914 | 0.20% |
| Cameroon | 847 | 0.20% |
| Swaziland | 492 | 0.10% |
| **TOTAL** | **503,045** | |

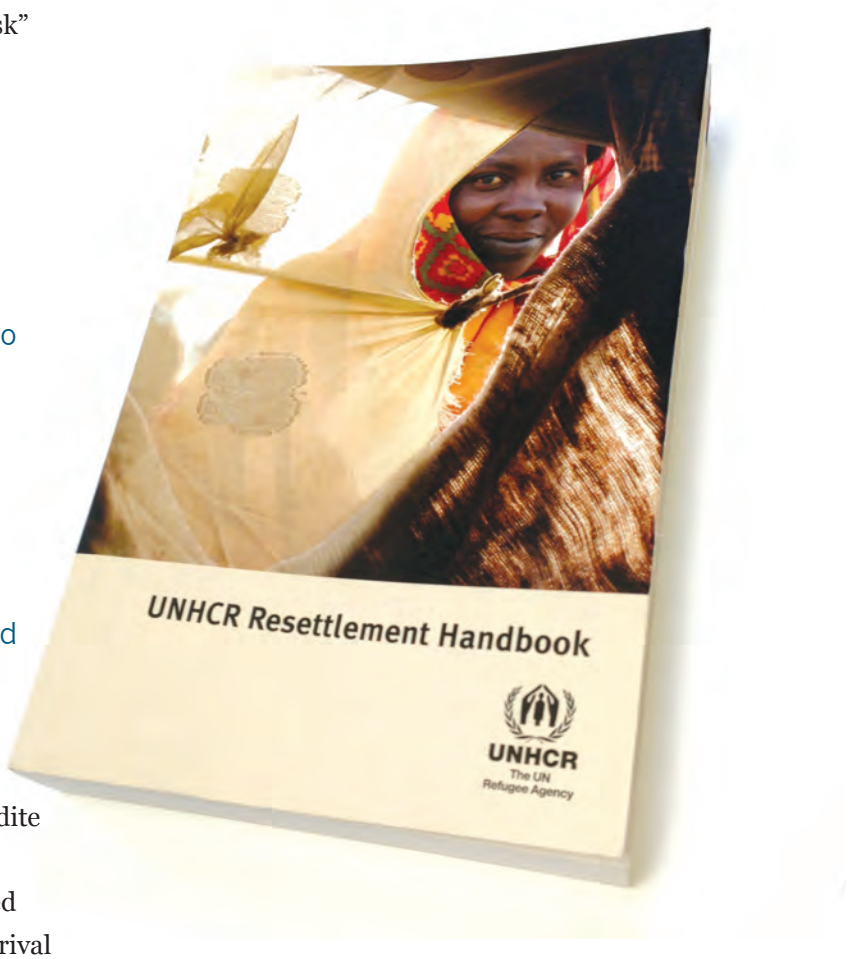
## Who is a Congolese woman-at-risk?

UNHCR defines women-at-risk as "women who have protection problems particular to their gender and lack effective protection normally provided by male family members."[xvi] They may be single heads of families, unaccompanied girls or women, or together with their male (or female) family members.[xvii] Women can be considered for resettlement under the "at risk" designation if:

> . . . she faces precarious security or physical protection threats as a result of her gender; she has specific needs arising from past persecution and/or traumatization; she faces circumstances of severe hardship resulting in exposure to exploitation and abuse, rendering asylum untenable; there has been a change in the social norms, customs, laws and values resulting in the suspension of or deviation from traditional protection and conflict resolution mechanisms and the lack of alternative systems of support and protection, placing the refugee woman or girl at such risk that it renders asylum untenable.[xviii]

The category was originally developed to help expedite the processing and departure of women and girls considered "at-risk" and to ensure that they received "specialized care and appropriate support" upon arrival in the country of resettlement "with a view to achieving socio-economic integration and self-sufficiency."[xix]

In the next section, the demographics of this study's Congolese participants, "Congolese women-at-risk," are presented in detail. Depicting "Congolese women" or "Congolese women-at-risk" as a monolithic category is inherently problematic.



Congolese women have multiple identities particular to their context and culture related to gender, ethnicity, and citizenship, as specific groups have been denied citizenship in DRC. Further, significant class, socio-economic, and educational disparities affect women's experiences and opportunities in society that, in turn, shape their identities.

Ethnic identities are an important consideration in the resettlement of Congolese refugees. Seventy-five years of colonial rule (1885 to 1960) followed by three decades of despotic rule (1965 to 1997) sowed deep-seated divisions between ethnic groups and conflicts over land and resources, the consequences of which have played out throughout the DRC conflict. Ethnicity and ethnic tensions are a sensitive subject among Congolese as well as among service providers who work with refugees.[xx] Interethnic tensions have resulted in Congolese communities' being divided into separate groups in some resettlement sites.[xxi]

# Research Study Design and Methods

Using an exploratory qualitative approach and thematic analysis, this study provides empirical evidence related to the concerns, challenges, risks, and strengths of adult Congolese refugee women resettled to the US under the women-at-risk category as a means to help policymakers, service providers, and other stakeholders prepare for the arrival of Congolese women and their families. The research team collected data from August to October 2013. All team members had previous experience in refugee resettlement or international humanitarian aid work or as social scientists. Given the current state of the knowledge and evidence base related to Congolese refugee resettlement in the US, an exploratory qualitative approach is useful to informing current practice and guiding future research efforts.

## Study Design

To understand the post resettlement experiences of Congolese refugee women, we conducted in-depth interviews and focus group discussions with Congolese refugee women and resettlement service providers (n = 57) in three US sites: (a) Lexington, Kentucky, (b) San Antonio, Texas, and (c) Salt Lake City, Utah. Study sites were selected after reviewing Bureau of Population, Refugees and Migration (PRM) data that indicated that Congolese women under the women-at-risk designation already had been resettled at high rates to these cities.


## Recruitment and Participants

Fifty-seven individuals participated in this study (28 Congolese women and 29 service providers). Table 2 presents the participants by role and geographic site. All participants were recruited through purposive sampling strategies. There were two main groups of participants: Congolese refugee women and professionals who worked with Congolese refugee women. Refugee women were identified and recruited in coordination with PRM and local service providers. All refugee participants were adult Congolese women, resettled through USRAP under the women-at-risk category to the US within the last ten years. Service providers in each of the study sites were identified primarily by the participating resettlement agencies and in consultation with UNHCR. One focus group also was conducted by telephone with UNHCR resettlement staff based in a regional office in Nairobi, Kenya, to better understand the definition and use of the woman-at-risk resettlement category.

*Table 2: Number of Study Participants by Site and Role*

| Site | Congolese Women | Service Providers | Total |
|---|---|---|---|
| Lexington, KY | 11 | 5 | 16 |
| San Antonio, TX | 8 | 7 | 15 |
| Salt Lake City, UT | 9 | 12 | 21 |
| Nairobi, Kenya | - | 5 | 5 |
| Total | 28 | 29 | 57 |

## Data Collection Procedures

*Congolese refugee women*. Semi-structured interview protocols were used to collect data from the study participants. With Congolese refugee participants, the interview protocol consisted of a series of demographic and open-ended questions related to the following areas: resettlement services and experiences with housing, employment, training, language, school, childcare, healthcare, and spirituality; community support; safety and security; and recommendations for assisting with the resettlement process.[xxii] Interviews lasted approximately 1 to 1-1/2 hours and were conducted by a team of five researchers with both research and direct social work practice experience in this topic area. Interviews took place in participants' homes, refugee resettlement agencies, or neutral locations, depending on the stated preference of participants. The majority of interviews with Congolese women were conducted with the assistance of professional language interpreters in either Kiswahili or Kinyarwanda, based on participants' language preference.

*Professionals*. In interviews and focus group discussions with service providers, we used a modified version of the semi-structured interview guide that included additional questions about the women-at-risk category and preparations for the Congolese caseload. These interviews lasted approximately 1 to 1-1/2 hours and took place in participants' offices. All interviews and focus groups were conducted in English.

## Protection of Human Subjects

The University of Texas at Austin Institutional Review Board reviewed and approved this study. Congolese women gave verbal informed consent, and service providers gave written informed consent. The interview was structured to attend to participants' privacy and well-being. A small number of participants expressed unmet service provision needs during interviews, and, with participants' permission, resettlement agency staff were informed of their immediate needs. All participating refugee women were compensated for their time and expertise.

## Data Analysis

We used *qualitative thematic analysis* to explore the experiences, needs, and challenges of Congolese refugee women resettled to the US. Data consisted of transcriptions of digitally recorded interviews and focus group discussions, field notes, and email communication among the research team. Given that the data for both groups of participants—Congolese refugee women and service providers—were qualitative, data analysis procedures were the same for both groups. We analyzed these data to capture the meanings co-constructed by the study participants and researchers. We used categories defined beforehand as well as throughout the process to code the data and to identify, review, and refine themes. Given the multiple team members involved in this project and the quantity of qualitative data, we utilized Provalis qualitative data analysis software QDAMiner. This software also was useful in coding code transcripts of audio-recorded researcher reflections and site memos. The research team met throughout the analysis process to discuss

and confirm research findings.

In developing the initial codebook, we used an a priori approach to generate ideas from prior theoretical understanding, our own background in working in the field of refugee services and resettlement, and participation in the data collection phase. This resulted in an initial list of potential codes, such as housing, parenting, and mental health. Next, we did a full reading of all transcripts and then discussed, revised, and added to the list of codes. After coming to agreement about the coding scheme, two members of the research team independently coded one transcript and then discussed problems, issues, and missing elements. The coding scheme was again revisited and revised. An inductive approach also was used in the coding of the transcripts of interviews with Congolese women. For this portion of the data, in particular, we allowed for the emergence of codes and themes not previously anticipated or investigated. After all transcripts were coded, we utilized a thematic analysis plan.[xxiii] Using individual reflection and full-team meetings, we refocused the analysis from initial codes to second-cycle coding to develop themes and a broader level of abstraction.[xxiv] This process included the review and refinement of themes and then the defining and describing of these themes.

In an effort to improve and document the rigor and trustworthiness of this study, we used two strategies: audit trail and peer debriefing. The audit trail was used specifically to document and trace decision-making during data collection and data analysis, in addition to serving as a reflexivity journal and documentation of field observations (Rogers & Cowles, 1993). The audit trail for this study included a file created and maintained by the research team and reviewed by an experienced qualitative researcher, who catalogued the thinking and decision-making that influenced the data analysis phase of the project. It also included research team email memos, the IRB proposal and approval letter, interview guides, the data collection schedule, field memos, a sample interview transcript, and coding schemes.

Peer debriefing, through regular meetings of the research team, was used as a strategy to increase the rigor of a qualitative study.[xxv] The two team members who led the data analysis process met weekly throughout the project to discuss analysis strategies and emerging thinking about the research questions. The research team as a whole deliberated the codebook, met to refine emerging themes, and reviewed and agreed upon the findings presented.

## Study Limitations

Two limitations should be noted. First, language interpretation is a challenge in any research effort. Although the research team was vigilant throughout the process to ensure accuracy in interpretation, challenges existed in terms of the matching-up of interpreters with interviewees, word-for-word translation versus summation, and analysis of interpreted responses versus direct analysis of the interviewees' original words. Second, time constraints prevented the research team from conducting multiple interviews with participants. This constraint limited the teams' ability to engage with and build rapport with the participants over time, pose clarifying questions, or probe further post-interview.

# Participant Overview

## Congolese Women Participants

Congolese women study participants (n = 28) were 18 to 64 years old. Women in the sample were displaced from DRC for an average of 7.4 years before being resettled (range: 2 to 19 years) and had been resettled to the US for an average of 2.5 years (range: 6 months to 5.5 years). The majority of participants were resettled from Tanzania, Uganda, and Rwanda. None of the participants reported an existing US tie or anchor (family and friends in the US) prior to their arrival in the US.

Participants averaged 10 years (range: 5 to 12 years) in the formal education system in DRC or in first countries of asylum. A total of 25 participants were mothers with children who live with them. These participants averaged 3 children (range: 0 to 6) in the home, with an age range of 1 to 21 years old. At the time of the interview, 2 participants were full-time students, 10 had part-time and 8 had full-time work, and 8 were currently not working. Out of the 8 who were not employed at the time of the interview, 2 women were on maternity leave, 1 was elderly and disabled, and 4 were new arrivals (less than 6 months in the country).

A total of 24 participants were currently not living with a partner or spouse, and the 4 women who were married had either married after being resettled or were still separated from spouses who remained in the country of asylum. Table 3 presents the demographic characteristics of participating Congolese refugee women, while Table 4 presents their flight data.

Given the sensitivity of the subject, we did not ask participants about their ethnic identities. We did ask about languages spoken at home, which can be a proxy for some ethnic groups, and some respondents indicated up to 6 different languages spoken at home.

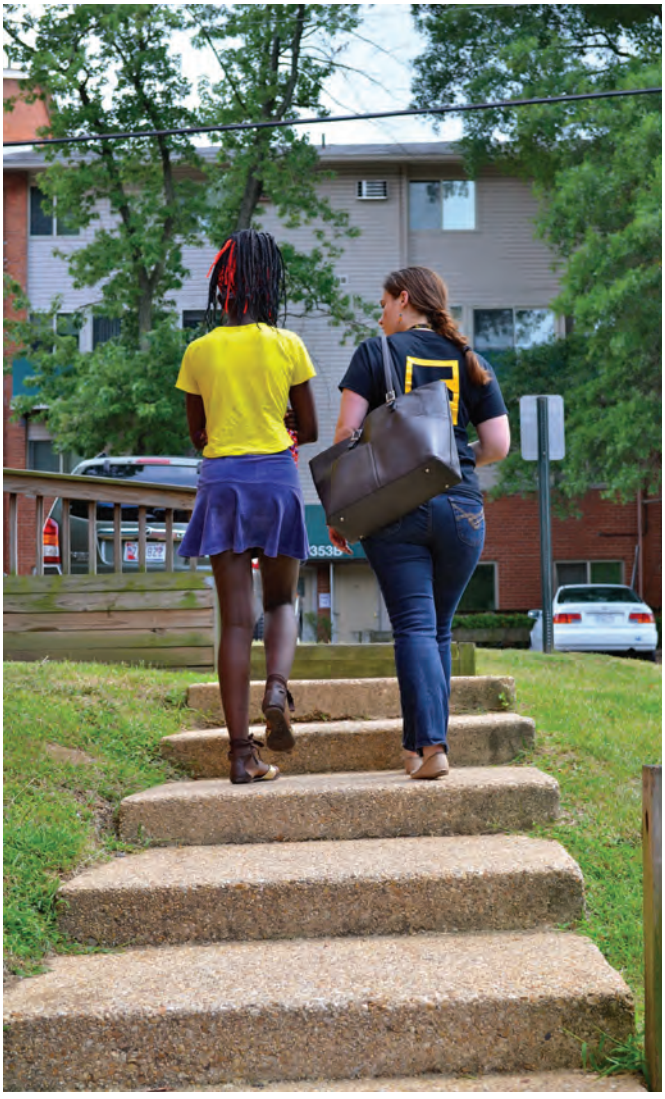


*Table 3: Congolese Women Participant Demographics*[xxvi]

| Characteristic | n |
|---|---|
| **Age** | |
| 18-25 | 7 |
| 26-35 | 11 |
| 36-45 | 7 |
| Over 45 | 1 |
| Average age | 31.7 |
| **Province of Origin** | |
| North Kivu | 10 |
| South Kivu | 14 |
| Kinshasa/Orientale/Equateur | 3 |
| **Primary Language** | |
| Kiswahili | 16 |
| Kinyarwanda | 10 |
| French | 2 |
| **Marital Status** | |
| Single | 9 |
| Married, living with spouse | 4 |
| Married, not living with spouse | 5 |
| Widowed | 8 |
| **Number of Children who Reside at Home** | |
| 0 | 3 |
| 1-2 | 13 |
| 3-4 | 8 |
| 5-6 | 4 |
| **Current Employment Status** | |
| Full-time | 8 |
| Part-time | 10 |
| Unemployed | 8 |
| Full-time student | 2 |

*Table 4 : Congolese Women Participant Flight Data*

| Characteristic | n |
|---|---|
| **Year of Flight from DRC** | |
| 1994-1999 | 8 |
| 2000-2004 | 12 |
| 2005-2009 | 8 |
| **Country of First Asylum** | |
| Burundi | 1 |
| Central African Republic | 2 |
| Malawi | 1 |
| Republic of Congo | 1 |
| Rwanda | 8 |
| Tanzania | 5 |
| Uganda | 8 |
| Zambia | 1 |
| Zimbabwe | 1 |
| **Camp versus Non-Camp** | |
| Camp | 15 |
| Non-camp | 12 |
| **Year of Arrival in US** | |
| Before 2010 | 4 |
| 2010 | 6 |
| 2011 | 6 |
| 2012 | 5 |
| 2013 | 7 |

## Service Providers

Of the 29 service providers, 22 were female and 7 were male. Their roles in the various agencies included agency directors, program coordinators, caseworker supervisors, caseworkers, interpreters, refugee state coordinators, medical and mental health professionals, and resettlement officers, as seen in Table 5.

*Table 5: Service Provider Roles*

| Service Provider Role | n |
|---|---|
| Resettlement agency administrator | 14 |
| Resettlement caseworker | 7 |
| Nairobi-based resettlement officers | 5 |
| Mental health provider | 1 |
| Other | 2 |
| **Total** | **29** |

# Findings

The findings from this study highlight themes related to the experiences of Congolese refugee women in the US, in addition to providers' experiences of developing responsive services. Although the following six themes are described separately in this section, they are all intricately interrelated.

1. Significant Trauma
2. Alone, Lonely, and Isolated
3. Loss of Power as Mothers
4. Precarious Survival
5. Safety and Security
6. Expectations of the Women-at-Risk Category

## A note on how to interpret and use these findings

These findings are derived from qualitative data that were systemically gathered and analyzed. Empirical evidence provides an opportunity for a nuanced and complex understanding of a phenomenon—in this case, the lives and experiences of Congolese refugee women-at-risk—that goes beyond practice wisdom or anecdotal examples. These findings provide a knowledge base from which to generate recommendations and develop strategies and tools for improved practice, program development, and policymaking. No findings are absolute; however, they provide a way forward, a catalyst for new thoughts, actions, and future directions.

# 1. Significant Trauma

Participants described traumatic events related to:

- Sexual violence
- Experiencing and witnessing atrocities
- Losing loved ones

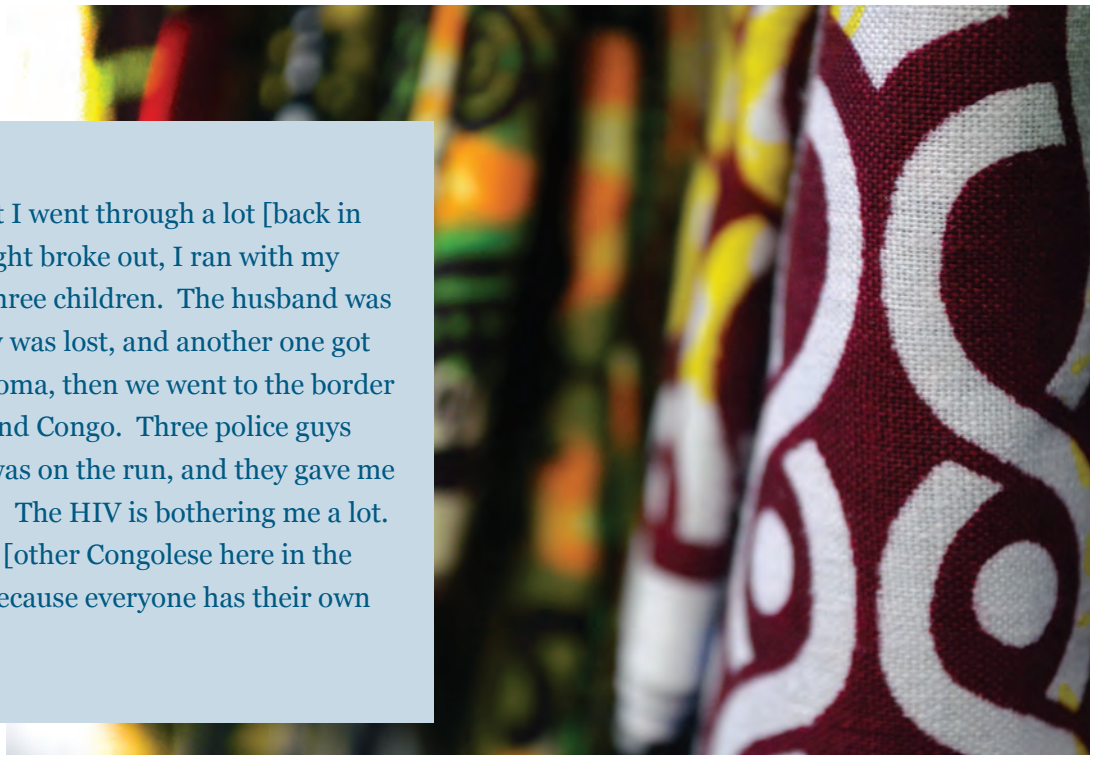
Participants reported the need for:

- Trauma-informed services for refugees, including mental health screening
- Long-term access to services to address the ongoing impacts of trauma

Congolese women participants reported having experienced significant trauma, including sexual violence, abduction, and sexual enslavement by armed groups, torture, witnessing the death and torture of loved ones and others, and giving birth to children conceived through rape. Although the study was not specifically designed to inquire about these pre-resettlement experiences and their impacts, these experiences appeared to be at the forefront of many of the participants' minds. A handful of participants were compelled to tell their stories before continuing with the interview, some with tremendous emotion and others with little or no emotion at all.

One young woman, Mercy,[xxvii] spoke about her feeling that her family was targeted for an attack by a rebel group due to her activism in school around conflict-related sexual violence. She described how the armed group came to their house, pushed in the door, and grabbed her. Her family was crying, and her parents begged them to let her stay. The armed men burned their house and shot and killed her parents in front of them. Then they took her into the forest to their camp where she was repeatedly raped. "When they were raping me, I lost my mind." The rebel group held Mercy captive for nearly a year before she managed to escape with her baby, who was conceived and born in captivity. Mercy was eventually resettled in the US with her child and sister, who initially went into the foster care system. Both women now speak fluent English, receive counseling, and report being socially connected with peers.

Although we did not specifically ask about HIV status, some women spontaneously described the combined impact of flight-related violence, loss, and HIV status. One Congolese mother, Solace,[xxviii] tearfully described a traumatic flight experience that was characterized by violence and loss. She described herself as having a "problem with crying" since learning about her HIV-positive status just prior to her departure to the US. She revealed her HIV status to doctors in the US and expressed satisfaction with her treatment. Although Solace regularly goes to a church that attends to the needs of one of her sons, she described herself as isolated and distances herself from the local Congolese community.



> My problem is that I went through a lot [back in DRC]. After the fight broke out, I ran with my husband and my three children. The husband was killed, and one boy was lost, and another one got sick. Then after Goma, then we went to the border between Uganda and Congo. Three police guys raped me when I was on the run, and they gave me HIV. I worry a lot. The HIV is bothering me a lot. I don't want to tell [other Congolese here in the US] my problem because everyone has their own problems.

One service provider discussed how the trauma experienced by Congolese women affected her assignment of caseworkers and recommended that future resettlement take into consideration the substantial past and ongoing trauma experienced by caseworkers who are refugees themselves. She described a female Congolese caseworker whose own trauma was triggered by working with other Congolese refugees and ultimately affected her ability to do her job. "She decided she really can't be a caseworker because it's too emotional for her to go through this and suffer [the trauma] herself again and again and again. Because of what happened with the soldiers making her husband rape the kids … "

Four participants spontaneously disclosed having a child in their household who was conceived through rape. Service providers noted the added complexity of Congolese refugee clients' having experienced sexual violence and having children conceived through rape. In the DRC and Congolese diaspora, punitive reactions to rape survivors, coupled with women's own

internalization of the shame associated with sexual violence, can have profound impacts on women's status and ability to function "normally" within their families and communities. Those who give birth to children as a result of rape risk even more extreme stigma. Some participants reported that the children conceived through rape were a daily reminder of the pain, suffering, and loss that they had experienced, which added a layer of complexity to working through the trauma that they had experienced. Providers spoke of the struggles that women had with the feelings that those children evoked, which was echoed by the Congolese study participants. A young Congolese woman who had been abducted by an armed group and repeatedly raped described her conflicted feelings about the child conceived and born during that period. "Every time I see my child, I go . . . I have mixed emotions. There are times that I want to hit him, hit my child, and there are times that I want to love him." This admission reflects her emotional struggle to bond with her child, the potential for child maltreatment, and the need for trauma-informed supportive services for both the mother and child.

Women experienced the loss of and separation from family and spouses at all stages of their forced migration. Women reported that husbands were killed in DRC, and some were separated from or abandoned by their spouses in their first country of asylum. Some women fled alone, leaving behind mothers and other key family members. Despite these experiences, common across Congolese refugee women, service providers did not identify the need for services related to grief and loss.

Women described symptoms of anxiety, including feeling distracted by thoughts of what they had endured and having difficulty concentrating, sleep disturbances, and racing thoughts. Service providers with expertise in providing mental health services to refugees noted the high level and complexity of trauma experienced by the Congolese women whom they had served to date.

> *I'm not minimizing the [experiences of] other refugees, but what I am hearing from Congolese women is that what they have gone through is very traumatic and significantly more complicated to deal with [than other refugee groups].*

Even when mental healthcare services are available, providers acknowledge that refugees may not seek out or engage in services upon arrival. Rather, a newly emerging issue or crisis may propel women into services.

> *This case that I'm working on, we also knew she was a victim of rape and torture and things like that. However, she wasn't engaging in services that much until, unfortunately, her son passed away from a medical condition here in the U.S., probably a month ago. Then she began engaging in [mental health] services with us. She's not only talking about this death of her 14-year-old son but also what she's gone through [during the conflict]. There's so much emotion going on. (Service provider)*

Mental health providers recommend that resettlement agencies familiarize themselves with those clients who have trauma histories and maintain close contact with them as a means to better understand and respond to their distress symptoms should they arise.

*Having some information, saying, okay, we really need to watch out for this individual a lot more based on their history. They may not present to you right now, but at least we can eyeball you until we begin to see the symptomology increase significantly. Having more information of what the client's gone through would be really beneficial just for the resettlement agencies to keep an eye on the individual more. (Service provider)*

One agency that participated in the study provides comprehensive and accessible mental health services for refugees. At this agency, specialized therapeutic counseling services are complemented by in-house medication management and case management services, without time limitations for clients. Likewise, in an effort to reduce barriers to services, a driver is available to transport clients to and from counseling appointments. The availability of these services, combined with resettlement support services, particularly housing and employment, can be critical to the well-being and stability of Congolese women. One participant addressed her essential need to receive case management support and counseling services.

> "I can wake up and just be screaming for no reason. That was really bad for me. Then they helped me get therapy. When they talk to me [in therapy], they give me some exercises. They'll stay a long time just trying because sometimes I feel like I don't want to talk. I don't want to do nothing. I just want to stay in my home. I have so much stress."

In contrast, service providers in the other two study sites bemoaned the lack of mental health services available to their refugee clients, including Congolese women. Providers specifically described culturally and linguistically appropriate and affordable mental health services as a critical, unmet need in their communities.

> *Unfortunately there's not a whole lot of mental health [services] here. Mental health is the worst. If they have mental health issues, unless they're actively going through whatever the process is, there's not a whole lot that we can do. We do refer them to the hospital. There are no doctors. Doctors don't take Medicaid. It's the worst. (Healthcare provider)*

Finally, service providers discussed their experiences with and opinions about mental health screening utilized during resettlement. Providers reported interest and excitement in national trends toward incorporating mental health screening into resettlement programming and described growing awareness of the RHS-15[xxix] instrument's being used in several sites across the country. Resettlement agencies in Utah, for example, have collectively adopted RHS-15 as a mental health screening tool with all incoming refugees.

The tool is administered at one, three, and six months after arrival in the US. The initial screening is administered at the time of the refugee health screening appointment, and subsequent screenings are conducted by case managers.[xxx]

The traumatic experiences described by the study participants are consistent with what exists in the literature and what practitioners know about the impacts of the conflict on Congolese civilians and women, in particular.[xxxi] These reports are a stark reminder of how these tragic events are carried into women's resettlement experiences in the US and of the importance of having in-place trauma-informed programming that includes the option of high-quality mental health services relevant to refugee clients. Trauma-informed programming and mental health services are, however, generally scarce in US resettlement sites.

# 2. Alone, Lonely, and Isolated

Participants described:

- Pain associated with the separation from and loss of family members
- Lack of familial support and help in daily life
- Obstacles to building a social network in the US
- Avoiding the local Congolese community

Women-at-risk typically come to the US as single women or single female heads of households with children. Given how the woman-at-risk category is defined and put into practice (see section below), they may have had little opportunity to be resettled otherwise. It is, therefore, not surprising that women resettled with the woman-at-risk designation are on their own (with or without children). What is startling, however, is the depth of despair, anguish, and sadness with which many participants expressed their feelings and experiences of being alone and incredibly lonely. Although the Congolese participants' stories of violence and forced migration were difficult and told with great emotion, recounting stories of being separated from family and alone seemed to trigger the greatest emotional response for many of the participants.

As described in the previous section, women experienced the loss of and separation from family and spouses at all stages of their forced migration. Some participants expressed confusion, grief, and anger in regard to why they had not been permitted to be resettled with family members. One single mother of three young children reported that her mother, father, and sister were resettled to Canada, while she and her children were resettled to the US (they were resettled from different countries). Another participant's husband, with whom she had recently been reunited in the refugee camp, was not resettled with her and their five young children.

The Congolese participants may never have been alone prior to their arrival in the US, and almost all of the participants articulated the impact of arriving in a foreign country without a community or familial network. On the one hand, participants felt the lack of partners' and families' contributions to practical tasks particularly related to parenting, childcare, and household income. On the other hand, women described the absence of companionship as well as loss and grief related to being separated from loved ones. Women noted, in particular, a sense of "aloneness" in having to care for and raise their children in the US without the assistance and support that they previously had from extended family and their communities, even as refugees. Even if they had fled alone or with their children to their first country of asylum (prior to their being resettled), they were still immersed within a familiar cultural context surrounded by neighbors

"I have to do everything by myself. Sometime I get crazy. I just stay in my room crying, how can I do this? That's my hardest problem."

and acquaintances with whom they could readily communicate and call upon for assistance.

One young woman described how challenging she found being on her own with her baby in the US.

> I miss that time where we would sit together [in the evening] before going to bed, when people would talk, and kids would run around. I just feel [by] myself. I have my little one. I'm looking at her; she can't even talk. I feel like something is missing here. We have to go to bed early because we have nobody to talk to. We used to live in a place full of people. If I don't have people around me, I don't feel good at all. I don't like this kind of life.

Women also reported concern about the lack of options available to them as single mothers in the event of an emergency.

"I worry a lot if something happens in the night, like if I get sick in the night, how can I go to the hospital? Who am I going leave my baby with? What if something happened to me? Who is going stay with my baby?"

Further, a number of women expressed concern and anxiety in regard to dying and leaving their children in the US without any family to care for them. This expressed concern may be related to some women's HIV-positive status or be fueled by the startling gap in familial or communal safety nets in their current lives. The participants reflected upon what they would have liked to be done differently and how their experiences to date in the US could inform the resettlement decisions of others in the future.

"I'm not regretting at all my decision of coming here, to the US. The only thing is, why did I come by myself? If I knew, I wouldn't leave my mom behind and my brother. We would come as a family so we would help each other. That would be my strength."

Women suggested that, in the future, women should not come alone. One stated, "If they come, let them come as a family so that they can help each other." Another suggested that delays were preferable to being resettling as a single mother. "If it's a matter of taking years for their case to be done . . . they have to come together. No one should come as a single mom here."

## Obstacles to Creating Community

Women cited a range of obstacles to making friends and engaging in an active social life. Difficulties in gaining English proficiency inhibited their connecting with others outside their language or ethnic group. A general mistrust of people, sometimes specifically of other Congolese, and fear that their private business would be shared with the Congolese community was indicated by many of the participants. One woman stressed that she preferred not to share anything personal with her own half-sister, fearing her propensity to turn around and tell others in the community. Another participant spoke of a similar concern:

> "Some people used to criticize me when I talked to them. When you talk to some people from [the Congolese] community, sometimes they criticize you. That's why I don't . . . talk to people. That's why I refused those people [local Congolese organization]."

Further, some of the participants indicated tendencies to self-isolate. "When I'm overwhelmed with the whole situation I just choose not to be around people. I choose to stay alone to isolate myself from other people." The mistrust, fear of gossiping, and isolation expressed by the participants may be compounded by their experiences with sexual violence and fear of being labeled and stigmatized by the Congolese community in the US as a rape survivor or as HIV-positive. They may also be compounded by ethnic identities and tensions that discourage certain members from interacting with others.[xxxii, xxxiii]

In addition, women described the demands and pace of their lives in the US as other obstacles. Women found themselves going from work to home and back to work with limited time, energy, or opportunities for socializing with others. Socializing at work was limited or non-existent due to language barriers or the nature of their work. In one study site, in particular, women expressed that difficulties in getting around the city directly hindered their ability to visit and connect with others.

Women described finding a degree of community in a variety of churches. For many, church appeared to be the one time a week that they reported having any type of social activity. Although churches often provided material assistance to women in need, the extent to which women developed strong or meaningful socio-emotional support networks within their church communities was unclear. Women described attending churches that were not consistent with their faith background in DRC and congregations that did not include others who spoke a shared language. The women also cited transportation and weekend work schedules as additional barriers to a deep engagement in a faith community.

## Social Connections

Not all women experienced difficulties creating new communities of socio-emotional support. The younger women who participated in the study reported being more socially connected than their older peers. For example, one young mother placed herself into the child welfare (or foster care) system shortly after resettling to the US: She had a falling-out with a family member with whom she had been living on her arrival. She was placed in a residential group home, where she gave birth. There, she acquired English and found a community of peers she considered family. She cited her foster care counselor as the greatest source of support in the US, in addition to daily phone calls with her grandmother, who raised her after her parents' death and continues to reside in the refugee camp to which they fled. Foster care included the provision of educational and childcare vouchers, which may have decreased social isolation, as they allowed her to continue with school and to develop language and other essential skills for life in the US.

Another young woman, proficient in English, spoke about her involvement with the local Congolese community that provided opportunities to socialize as well as a sense of belonging and social support. Contrary to the experiences expressed by many of the participants, she was actively involved in a local Congolese community and indicated that they had regular bimonthly meetings.

"We meet like if you have a [community] meeting. We had a meeting last Saturday. They do a bar-becue and then talking about stuff, like how they want information, do taxes and things like that. It's friendly; it's good. I like that. I know I'm not by myself; there are some people behind me."

# 3. Loss of Power as Mothers

Concerns expressed by mothers:

- Anxiety over leaving children with nonfamily members
- Shouldering the entire responsibility for parenting but stripped of authority
- Feeling that their children are "out of control" in the US

Being alone in the US affected women's roles as parents and led many of the participants to feel helpless and powerless as mothers. Related to the loss of a more collective approach to life and parenting, women felt the weight of having to be a single parent and appeared to feel as if they had lost parental authority in the US. As noted earlier, women described the burden of parenting alone—juggling the responsibilities and tasks of raising children and keeping the household financially stable and operated. One mother said, "The most difficult thing is that I'm single. I don't have any support. I have to do everything by myself."

Participants reported that, unlike the ease with which they left their children with neighbors in their countries of origin, leaving a child with a nonfamily member was troublesome, unpredictable, and anxiety producing. This was the case whether women used a professional childcare setting or had an informal arrangement with a neighbor.

Women stated that their children have a new sense of power in the US and that they learn in school to call the police or child welfare authorities if they are mistreated. Mothers expressed feeling threatened by and subjugated to their children's newly discovered power. One woman described her fear of police or child welfare involvement: "Here, the police is looking [for] your neck. We keep on looking for the police, and we are worried." These fears contributed to further isolation of women in the US, which limited the women's ability to get out of the house.

One participant described her challenges in rearing her adolescent children, who, according to her, had a difficult time adjusting to the new educational system. She stated that they disrespected her and would not abide by her instructions or rules. She felt that, as a single mother, she appeared to have lost her ability to assert control over behaviors that were increasingly worrisome and potentially dangerous.

"The thing which is really bothering me still, my baby, whenever I go to work, my heart doesn't feel like she's in a safe place. I worry too much about my daughter. I wish, if my mom was here, she would take care of her, and I could leave my daughter in her safe hands."

"[The 17 year old], his problems started at school. He became proud. Now, when I say something, he doesn't listen. Now he's kind of crazy . . . he sleeps out, [does] whatever he wants and joined a gang. [The 13-year-old], he called the cops on me. If he stayed out late, and I said, "Hey, why you come at this time? Why do you do this?" he said I wasn't giving him his rights. He called the cops. The cops told him that's a home problem. [And the girl], she started going [out] at night. Sometimes we found her around midnight. One night, I had to go to the police station to get them. After that, I told them, "Don't walk like that. I don't know what you're doing out there." But she didn't listen."

At the conclusion of the interview, participants were asked to share their hopes or dreams for the future. One woman broke down into sobs before she was able to express the helplessness and hopelessness she was feeling as a single parent:

> "[Sobbing] I felt pain when [my husband] died, and I tried. I did my best try to raise my kids. I made a lot of sacrifices. I was doing all the best that I can, but once we came here, I have no hope left. My dreams have already failed. I don't have any hope left. I just feel pain."

Although many of the women were parenting children in the US, a number of the participants also still had other children overseas. Those women expressed a sense of helplessness about what was going on back home with the children whom they left behind. At least one woman had a daughter who was just recently located overseas, having been missing since they were forced to flee their village. One Congolese mother described her financial and emotional helplessness:

"The girl who was taken away, raped, and had a kid; she's back in the camp and sick [with HIV/AIDS]. The one whose husband was killed, also she is in the camp. Between the both of them, they have seven kids. They are back in the camp, and they keep on calling us. Since I don't work, I can't even help them. They keep on crying to me, and I feel bad for them, but there's nothing we can do."

Large distances and long periods of time apart prevented women from attending to their children overseas and served as a significant distraction and source of stress.

# 4. Precarious Survival

Factors that contribute to financial instability:

- Single, low-wage income to support household
- Challenges with affordable housing and child care
- Limited English language skills

Women expressed serious challenges with having sufficient means to pay for basic expenses as a single parent, particularly given housing costs, low-wage incomes, limited English proficiency, and challenges with childcare. Women cited accommodation as their largest and most stressful expense. Service providers echoed this concern and suggested that rising housing costs and low-paying jobs had overtaken client unemployment as a serious ongoing concern. Women expressed fear of losing their apartments due to their not being able to pay the rent.

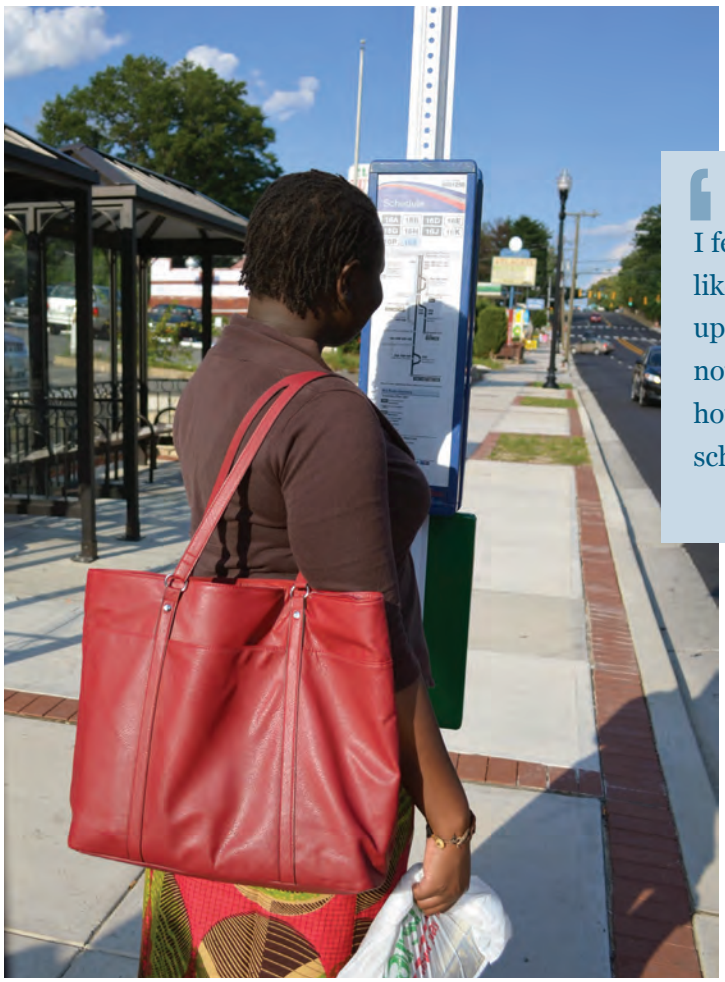
"Life was bad over back there because we were in a refugee camp where we did not have a house. We were living in a shelter. It was tough. But here, I'm really worried about the housing issue. If the help I am getting ended, maybe I will become homeless. The life will be the same thing at camp, the same way I used to be in a shelter."

Although participants did not express concern about finding jobs, both clients and service providers alike highlighted the pitfalls of low-wage work: "You get paid nothing, and then everything goes to the rent." Both also reported the low possibility of job advancement without English language skills.

The majority of participants had very limited English proficiency, with the exception of the youngest participants in the study who attended school upon arrival in the US. Women reported ceasing to attend ESL classes as soon as they started working, which, for some, was as early as 6 weeks post-arrival in the US. Women cited a lack of evening ESL classes and difficulties with transportation, as well as not having enough energy or time, as their primary reasons for dropping out of ESL classes.

One young woman reported never having attended an ESL class since coming to the US, and yet expressed an ambition to go back to school and "get out of housekeeping." Many women expressed a desire to find work other than cleaning hotel rooms or other physically demanding low-wage work. Some women did not want to continue indefinitely in their current positions, seeing "no future" in struggling from one day to another to make ends meet.

"Even if most of these folks are working full-time, it's still $8 or $9 an hour. Really hard to sustain a family. Without knowing more English, getting a better job is really hard. They're not the kind of jobs that pay the rent."
(Service provider)



> I feel like I can't keep working like this. I just feel like I just need to go to school. I feel scared to give up work and then just go to school. I feel like I will not be okay, so I keep struggling [to figure out] how I can do both of them. I just need to go to school so I can get to another level.

Being resettled to the US alone made it difficult for women with children to find appropriate and affordable childcare. Without childcare, women were not able to find work and support their families within the time-limited scope of resettlement-related services. Lack of childcare was also a barrier to attending the frequent appointments with resettlement caseworkers, public benefits authorities, and healthcare providers.

Service providers, interpreters, and clients all identified the need for more time and longer-term support before single mothers could be expected to sustain their families on a single income. Longer-term housing support was cited as instrumental to enabling women to gain English proficiency, navigate the challenges of childcare, and, ultimately, find better-paying work. One service provider stated, "Sometimes I don't know what I would do without that state program for the single moms." The state-funded program for single parents in Utah is an interesting model worthy of further study.[xxxiv]

# 5. Safety and Security

Sense of safety and security:

- Sense of personal safety in the US
- Sense of food security in the US
- Past and current vulnerabilities related to domestic violence

The study was designed around specific questions about women's sense of safety and security since coming to the US. Participants resoundingly reported feeling safe in their homes and the cities in which they now resided. As described above, women strongly stated preferring not to be on their own with their children but indicated that they were unafraid. "I don't like living alone. Not that I'm afraid. Nobody is going to kill me in the middle of the night or anything." Even women who described having transportation difficulties to and from work at all hours of the day and night did not indicate feeling unsafe. The comparison with their harrowing experiences of violent conflict and displacement may cause these women not to sense potential dangers in this new environment. Similarly, participants who had been responsible for children during their displacement and as refugees prior to coming to the US no longer worried about having enough to feed themselves and their children, in comparison to what they considered to be a lack of adequate food in the camps.

> "Before, when we came from our country, we didn't have any safety, so we ran away. Then we came to Uganda. In Uganda, we never felt safe, because it wasn't our country, and we felt unsafe. Coming here, we were safe. There was food, and the kids could go to school, and they'd be safe and come home safe. Coming here, I never felt unsafe."

In addition, having been resettled as single mothers may have provided some women with protection from previously abusive partners. Although the study was not designed to inquire into past experiences with intimate partner violence, a small number of participants indicated that they had been subjected to physical and emotional violence by spouses while still in DRC.

These women, however, continue to be potentially vulnerable to new or continued abuse and violence in the US. At least three participants spoke about a friend or family members' experiences with intimate partner violence with a Congolese spouse while in the US. One woman reported ongoing and potentially lethal abuse experienced by her sister. She described her brother-in-law's getting drunk and beating her sister. Although her sister did not call law enforcement, neighbors intervened.

"When [the neighbors] heard like someone scream in the house, and they just decide and call the police. When the police came, when she was eight months

pregnant and, yeah, they decide to put him into jail. He stayed there for a week. They took him out again and he went back again [to jail]. He'll be like waiting with my sister at the bus station, and he just tells my sister he's going to kill her."

In addition, concerns were expressed by service providers in one study site that single women across nationalities, especially those with mental health needs, were vulnerable to being exploited by men who sought sex, free room and board, and access to food stamps and other benefits in exchange for companionship and protection.

"Over there, when I was living with the father of my kids, he was very, very abusive, beating and cursing on me. Over here, I feel safe because there is nobody who will have to abuse me as much as I was abused by the father of my kids."

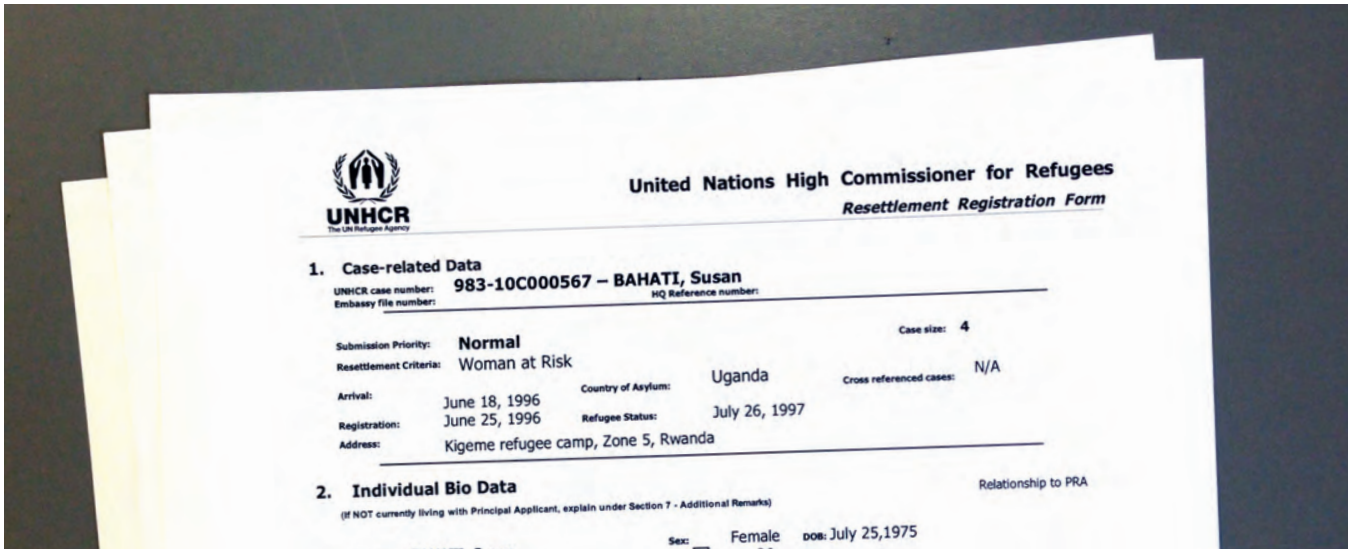
# 6. Expectations of the woman-at-risk category

- Expectations are that the designation will trigger services in the US
- Agencies are often unaware of the category under which refugees are recommended
- Assessment of risk is not shared with US-based resettlement agencies

The findings of this study built on UNHCR's 2013 research report on how the women-at-risk designation was applied in practice overseas in recommending refugees for resettlement, in addition to how the designation was utilized by US-based resettlement agencies upon the women's arrival.

UNHCR defines women-at-risk as women who have protection problems particular to their gender and *lack effective protection normally provided by male family members.*[xxxv] However, the category is widely understood within UNHCR as synonymous with "single woman and single mother." Women can be considered for resettlement under the woman-at-risk category if:

She faces precarious security or physical protection threats as a result of her gender; she has specific needs arising from past persecution and/or traumatization; she faces circumstances of severe hardship resulting in exposure to exploitation and abuse, rendering asylum untenable; there has been a change in the social norms, customs, laws and values resulting in the suspension of or deviation from traditional protection and conflict resolution mechanisms and the lack of alternative systems of support and protection, placing the refugee woman or girl at such risk that it renders asylum untenable.[xxxvi]



Each one of these criteria is complex and challenging to operationalize, and it is worthwhile to note that nearly all of the examples of the category provided in the UNHCR Resettlement Handbook involve a form of gender-based violence.[xxxvii] Nairobi-based resettlement officers interviewed for the study raised the importance of understanding the use of the women-at-risk category in relation to the survivor of torture/violence category, given the overlap in criteria.[xxxviii]

Resettlement officers shared their expectations that designations trigger specific services and support for refugees upon arrival in the US, which revealed the seriousness with which they weigh category assignments. They described using the survivor of torture/violence category for those refugees who have disclosed experiencing something "horrific" and who require "psychological support" and will, therefore, "receive more services in the resettlement country." Those given the women-at-risk designation were described as presenting with issues related to the risks or struggles that they currently have with "coping" as refugees in the initial country of asylum (prior to resettlement). Women-at-risk were defined as needing "more economic support" than were other refugees upon arrival in the resettlement country. As this study indicates, the reality is that Congolese refugee women have intersecting experiences with violence/torture and vulnerabilities/risks that cut across categories and that necessitate a host of service needs and support that reflect those experiences.

No matter how thoughtfully refugees are assessed and recommended as under specific categories, these assignments quickly lose meaning in the resettlement process. Local resettlement agencies often do not receive notification of a specific designation, i.e., "I really am not aware of who comes with the [woman-at-risk] designation," and attempt to identify needs and vulnerabilities based on limited biographical information provided. Further, refugees' risks and vulnerabilities can go undetected by the resettlement agencies that serve them.

"If they don't have appointments, and they're pretty self-sufficient, and there's no red flags, then they usually don't refer them [for extended case management]. 'Cause it's like I said, we have more than enough to keep us full. We had one mother; she was just a mother of two, but she kept somehow or another kept slipping through the cracks." (Service provider)

The women-at-risk category is one of the seven categories for Priority 1 (P1) UNHCR individual referrals.[xxxix] Designations are not given to individual refugees in Priority 2 (P2) group referrals (with medical needs as the only exception). A significant number of Congolese refugees are expected to be resettled to the US as part of the P2 group referrals from the region. None of the women included in the P2 group referrals will receive a designation that indicates specific risks or vulnerabilities.

Service providers who participated in the study made a resounding call for more information to better prepare for incoming refugees prior to their arrival in the US. Resettlement agencies feel limited in their ability to make sound placement decisions and to prepare adequately for the arrival of cases, given the lack of data that they receive on their incoming arrivals. Service providers feel that even a minor increase in the level of appropriate information they receive on their cases could make a difference in setting up women-at-risk and their families for success in their resettlement sites.

# Conclusions

The findings of this study reveal the complex and dynamic nature of Congolese refugee women's resettlement experiences in the US. Vulnerabilities that position women for resettlement under the women-at-risk category are not explicitly stated or shared in resettlement processing procedures, not addressed through standard resettlement programming, and potentially exacerbated upon the women's arrival in the US.

The findings reinforce what the resettlement community already knows: Refugees are resettled in the US *with* pre-existing vulnerabilities that may become exacerbated in resettlement sites to which women arrive feeling profoundly alone and without key survival skills. Vulnerabilities left unaddressed or untreated will have reverberating effects on women's well-being as well as their children's, despite the prevailing perception that refugees, and women in particular, demonstrate resilience and strength in adapting to life in the US. Further, the study highlights the additional impact of sexual violence and other forms of conflict-related trauma on individuals and families as well as the ways in which these traumatic events carry over into the resettlement experiences of Congolese women and single mothers, in particular.

Some of the issues highlighted in this report also will apply to Congolese women who arrive with a spouse or partner or under another resettlement category, such as "survivors of violence and torture." Moreover, these findings may speak to the experiences of other refugee groups. Although other groups and other Congolese may face similar issues, the findings reiterate the importance of attending to refugees with respect to their gender, national background, and ethnicity.

In the urgency to get refugees employed and economically self-sufficient, opportunities to ensure the overall well-being and successful integration of refugee families are foregone. Congolese women who meet the criteria for the women-at-risk resettlement category (whether or not they are resettled under that category) are less likely to integrate successfully in the US through the provision of standard programming, as the extreme forms of vulnerability that make them eligible for resettlement in the first place do not dissipate with a change of context.[xl]

Finally, to address the specific needs of Congolese single mothers requires specialized resources and has clear implications for increased funding. Given that resettlement agencies are increasingly asked to provide additional and specialized services without commensurate resources, funding streams must promote innovation and allow service providers the flexibility and incentive required to meet the needs of different groups within the refugee population, such as those presented by at-risk Congolese women.

# Recommendations

Based on the study findings, we offer five recommendations to the refugee resettlement practitioner, policy, and donor communities. These serve as a complement to existing efforts underway to inform and enhance the resettlement of Congolese refugees. The recommendations were developed to inform the response at micro, mezzo and macro levels as well as to provide actionable elements within each recommendation for the individual caseworker or resettlement office, a network of offices, a resettlement site or state, the national Congolese working group, UNHCR, and the Office of Refugee Resettlement (ORR) or PRM.

## 1. Develop targeted training materials and mentorship opportunities for front-line service providers who work with incoming Congolese refugees.

Service providers may see the Congolese as having challenges and experiences that are similar to those of other refugee groups without fully understanding the dynamics at play. For example, there is a tendency in practitioner and policy discourses and in some materials to conflate *nationality* or *country of origin* with *ethnicity*. This reinforces prevailing assumptions that "Congolese" in the pipeline for resettlement will automatically connect with and receive support from "Congolese" communities already in the US. Although this will be true for many Congolese refugees, it will not be true for others. These assumptions should be challenged through the dissemination of accurate information and guidance on how to become informed on this sensitive subject.

Although service providers do not need to understand all of the dynamics and sensitivities at play, a lack of understanding may lead to missed opportunities or avoidable problems. Webinars have been developed that provide excellent information on the background of the DRC conflict, the contexts from which Congolese are being resettled (e.g., camps, cities), as well as mental health concerns.[xli] Existing webinars, however, tend not to directly target direct service providers or to address the pragmatic questions and concerns with which front-line staff may be confronted (or not be aware of) in their day-to-day work with their Congolese clients.

The development of training efforts should be undertaken at the national level with leadership or consultation from the national Congolese working group and with consultation from content experts. Front-line staff in resettlement agencies require time and space in their work schedule to participate in training/learning opportunities as well as clear accountability measures in place to ensure that they do. Training efforts should continue beyond the first year of increased numbers of Congolese arrivals to the US to allow front-line staff to continue to learn and reflect as they become more and more familiar with their Congolese clients.

## 2. Strengthen or establish relationships and collaborative programming between resettlement agencies and sexual assault/ domestic violence service providers to establish additional service options for Congolese women.

The incoming Congolese caseload presents an opportunity for resettlement actors to (re)connect or deepen collaborations with their local sister sexual assault and domestic violence organizations. Many community-based sexual assault and domestic violence organizations have the potential to enhance local service provision available to Congolese refugee women through their existing case management and counseling services as well as through shelter and transitional housing programs. Subsidized quality mental health services, for example, may be available through these organizations. Congolese clients should be able to readily access those services and those organizations should adapt to provide and further develop services for this clientele.

Sexual assault and domestic violence organizations should be encouraged to further develop culturally competent services and programming for refugee and other immigrant groups. Sexual assault and domestic violence organizations may not come to the table with a sufficient knowledge base in regard to conflict-related sexual violence, for instance, and may need to build up that area of expertise over time. Together, refugee resettlement and sexual assault and domestic violence organizations could explore mutually beneficial modifications to existing services, particularly by culturally or linguistically adapting them to Congolese and other refugee groups through an exchange of expertise and technical assistance. Organizations should be encouraged to work together in responding to the wide range of needs of this vulnerable population, and federal and state funders could reinforce this type of collaboration.

Resettlement agencies' connecting with state and local sexual assault and domestic violence coalitions can serve as a good starting point for agencies that are new to building relationships with sexual assault and domestic violence service providers. These coalitions often maintain updated directories of local sexual assault and domestic violence organizations in their states. State and local coalitions also could hold regular meetings that serve as an excellent venue for sharing information, generating interest and momentum around serving refugees, and conducting training.

Resettlement agencies may be hesitant to refer their clients to local sexual assault and domestic violence providers due to the lack of interpretation services available at those organizations. If the sexual assault and domestic violence providers are federally funded however, they may have access to anonymous phone interpreters, such as those provided by language lines.[xlii] Medicaid providers are often not aware of how to bill for this service, which indicates the need for training and advocacy in this area. Further, depending on their flexibility with financial resources, some resettlement agencies may be in the position to provide interpretation for initial services provided by the domestic violence or sexual assault provider.

## 3. Create guidelines for practitioners and service providers who work with Congolese individuals and families affected by sexual violence and other forms of trauma.

As the findings of this report remind us, experiences with sexual violence and other forms of trauma may factor into the resettlement experiences of Congolese women and their families in ways that resettlement communities may not be equipped to address. While assumptions should not be made that all Congolese women have experienced rape, it is important that providers consider the possibility that Congolese women, men, adolescents, and children may be survivors of sexual violence or have been otherwise affected by having witnessed or been forced to participate in the violence perpetrated against others.

The subject of sexual violence is highly sensitive, and many Congolese women and men may make a concerted effort to avoid the cultural stigma associated with sexual violence. Nevertheless, Congolese mothers and families may disclose their own experiences or that a child in their family was conceived by rape. Service providers therefore need to be prepared to respond in a manner that is supportive and helpful to those families.

Sensitive and pragmatic guidelines for working with families affected by conflict-related sexual violence, particularly with regard to the children born as a result, are needed to equip service providers and educators to respond effectively to those issues as they arise. These guidelines need to be developed by technical and cultural experts in consultation with refugee stakeholders and service providers.

Such guidelines could, for example, include:

• Recognizing and contextualizing disclosures of trauma

• Responding effectively and compassionately to disclosures of trauma (see Recommendation 2 above regarding referral options)

• Creating support mechanisms for front-line staff who handle disclosures of trauma

• Providing special consideration for the use of interpreters when responding to disclosures of trauma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## 4. Launch a process to develop, pilot, fund, and evaluate innovative programming for women-at-risk, drawing best practices from resettlement sites that have targeted programming relevant to the risks and challenges that women-at-risk face in the United States.

This study was not designed to assess the effectiveness of programmatic responses to the needs of women-at-risk. However, we took note of a number of promising practices in the three sites that warrant consideration in developing comprehensive programming for Congolese women-at-risk. Our recommendation is premised on the understanding that good practice is underway and has the potential for replication and expansion but that, at the same time, we saw the need for innovative programming approaches. We, therefore, recommend a process of development, implementation, and evaluation of innovative programming for women-at-risk, informed by existing promising practice in the field.

### Identify Preferred Resettlement Sites for Women-at-Risk

This process would first entail the identification of preferred resettlement sites in the US for women-at-risk, based on an in-depth analysis of resettlement sites that are currently well positioned to receive and to further develop programming and services for women-at-risk refugees. A comprehensive review of the top 8 to 10 women-at-risk destinations could serve as a starting point.[xliii] This review would include an assessment of the sites' programmatic responses to the needs of women-at-risk identified in the first UNHCR report as well as those specific to the Congolese women-at-risk identified in this study. Such a review should build on the work of the national and state working groups and current efforts by voluntary agencies to map existing resources and to inform the placement of the Congolese caseload.

### Design a Program Model and Evaluate Program Effectiveness

The findings of this study suggest that, in addition to the standard package of support provided to resettled refugees, women-at-risk would benefit from a package of services and programming that prioritize the following areas:

- Extended case management
- Long-term financial support for housing
- Accessible long-term English language training
- Targeted support in building social networks and social bonds[xliv] to mitigate the potential for and impacts of social isolation
- Assistance with parenting and childcare
- Quality culturally relevant mental health screening and services with specialization in refugees, trauma, and sexual violence

We recommend the establishment of a women-at-risk advisory committee to create a structure to facilitate collaborative work across women-at-risk priority sites, comprised of refugee women, resettlement practitioners, refugee state coordinators, program design and evaluation experts (i.e., an academic partner), and professionals from the sexual assault/domestic violence service sector. Collaborators would define desired outcomes based on the existing evidence base, the expressed needs and challenges of (Congolese) women-at-risk, and the experiences of resettlement practitioners in the priority sites who have expertise in working with this clientele. Outcomes would be informed as well by the most current thinking about integration measures, such as those as outlined in the Government Accountability Office (GAO) 2012 report "Greater Consultation with Community Stakeholders Could Strengthen Program" and the recommendations made by the 2013 UNHCR report about adapting those integration indicators to women-at-risk (pp. 27–29). Based on the identification of these outcome measures, collaborators would develop programming strategies based on practitioner experience, existing evidence, and refugee stakeholder recommendations as well as on an evaluation strategy.

Essential to the learning process and developing the program model is the implementation of pilot programming, coupled with monitoring and evaluation systems in place to track the progress of clients over time and to inform program decision-making in real time. The women-at-risk advisory committee is important to ensuring that learning generated from programming in each of the priority sites is circulated between sites and in supporting the creation of "communities of practice" both within each priority site as well as across sites.

- ☑ Engage Congolese women-at-risk and other stakeholders
- ☑ Pull from existing innovative resettlement programming
- ☑ Draw from the knowledge base in other professions, such as sexual assault and domestic violence service provision
- ☑ Prioritize trauma-informed practices at all stages of the programming
- ☑ Develop informed training materials and mentorship for front-line staff
- ☑ Consider the adaptation of the program model across diverse geographical and cultural locations as well as with other vulnerable refugee groups

Funding through traditional and nontraditional donors is needed to implement targeted programming with women-at-risk (with or without the official designation) resettled to priority sites. The national Congolese Resettlement Working Group could prioritize the identification of new funding streams as well as work with traditional federal and state donors to advocate for creating supplemental funding for more holistic programming for this vulnerable population.

## 5. Conduct an in-depth analysis of the women-at-risk category, as stated in UNHCR policy and as operationalized in practice throughout the resettlement process, from identification to processing to arrival in the United States.

The women- and girls-at-risk category was originally developed (a) to "provide international protection and assistance through resettlement to refugee girls and women who face particular protection problems related to their gender"; (b) to help expedite the processing and departure of women and girls considered at risk; and (c) to ensure that they receive "specialized care and appropriate support" upon arrival in the country of resettlement "with a view to achieving socio-economic integration and self-sufficiency."[xlv] There are indications that the category may be successful in achieving the first two objectives but less effective in ensuring that women receive specialized care and appropriate support.

In practice, refugee women's single-mother status forms the basis for recommending them for resettlement under the women-at-risk category, without which they may not be considered. The implicit impetus behind the category is that single mothers resettled to the US as women-at-risk will be less "at-risk" as a result. The findings of this study confirm, however, that single mothers resettled under this category can face undue burden and risk by being resettled without other closely connected adults who are able to contribute productively to the household and provide companionship, i.e., not necessarily a male head of household as the woman-at-risk definition maintains.

The value of expediting women's resettlement to the US is insufficient if the conditions that led to their assessment as "at risk" during the identification period fail to be addressed during the process of resettlement in the US.[xlvi] Exacerbating risk, or exchanging one set of vulnerabilities and challenges for new ones, is not a desirable outcome of resettlement. It is, therefore, important for UNHCR to analyze the extent to which those expectations are being met and to identity what changes can be made to the policy and practice to more effectively support the resettlement processes of women and single mothers, in particular. We offer the following entry points to assessing and considering a multifaceted approach to mitigating and reducing risk throughout the resettlement process:

### Review the official definition in comparison to how it is operationalized.

While the women-at-risk category is often operationalized by UNHCR as single women and single mothers at risk, this singular use of the category to identify women for resettlement is not dictated by the official definition or criteria of the women-at-risk category detailed in the UNHCR 2011 Resettlement Handbook. Moreover, the written definitions and criteria overlap between the women-at-risk and the survivor of torture/violence categories, potentially leading to arbitrary decisions about which category is used to recommend a woman for resettlement. The participants in this study serve as a reminder of the difficulty of defining a woman's needs for resettlement in a single category, given the multiplicity of experiences and needs that span the resettlement categories. Therefore, the woman-at-risk category should be analyzed in conjunction with the survivor of torture/violence category and alongside the remaining five resettlement submission categories as well. It is also worthwhile to analyze the targets that UNHCR sets to increase the number of women who access resettlement opportunities over time and determine how those targets positively or negatively affect the ways that the category is used to make recommendations for resettlement.

Also integral to the analysis of the woman-at-risk category is consideration of the actual purpose of the resettlement category, i.e., to prioritize and expedite the resettlement of refugees with particular needs, vis-à-vis the responsibilities of the receiving agencies to make decisions about where refugees are sent and in regard to planning for their arrival. As it stands, the women-at-risk category (and likely other categories as well) provides minimal guidance to domestic service providers in terms of highlighting the needs of their incoming clients. This particular study did not address how the at-risk category is being used to recommend girls (vs. adult women) for resettlement, which should be a priority in future analysis of the resettlement category.

## Assess risk to mitigate risk.

The process by which women are identified for resettlement under the woman-at-risk category speaks to the challenges of the definition and criteria discussed above and to how risk is understood and assessed. Our understanding is that a refugee woman's risk is assessed with regard to circumstances in the past or in the present that render that woman and her children particularly vulnerable. Lacking from the risk analysis are (a) how those risks could remain static or be exacerbated through the process of resettlement and (b) what actions could be taken while a refugee woman's case is being processed for resettlement and upon her arrival in the resettlement country (in this case, the US) to mitigate those risks. Without these additional layers of risk analysis, women's risks and vulnerabilities are assumed to be reduced by virtue of changing locations.

Further, we suggest that risk be assessed across categories, including within P2 groups in which designations are not typically made. Thus, women would not fall through the cracks simply because they were referred on a group basis versus on an individual basis. This would serve to avoid a myopic approach to understanding an individual's vulnerabilities and needs purely in relation to a particular category, e.g., her status as a single parent, survivor of violence, or having medical concerns.

Questions to consider in analyzing how risk could be assessed more effectively include:

- ☑ How are current or past risks assessed in identifying and recommending women for resettlement? To what extent is the current understanding of risk limited vs. comprehensive?
- ☑ How are identified risks analyzed against the known challenges of resettling to the US?
- ☑ What actions can be taken during the processing phase to reduce and mitigate those risks? (See below for suggestions to consider). What actions can be taken upon arrival in the resettlement country to mitigate those risks?
- ☑ How are those risks documented and appropriately shared with key actors in the resettlement process?

### Analyze options for improved information sharing between overseas processing and US resettlement agencies as well as enhanced resettlement intake and screening procedures.

Refugee client information is extremely sensitive. The current system in place provides for due diligence in upholding client rights with regard to their information and privacy. At the same time, however, very little information is shared with resettlement agencies, in comparison to the amount of information that refugees share to be considered and vetted for resettlement by overseas UNHCR resettlement officers.[xlvii] Resettlement agencies could, for instance, use specific data points to better inform how they place women who meet the women-at-risk criteria (i.e., in pre-identified sites vs. with weak US ties),[xlviii] assign case managers, schedule more frequent home visits in advance, and anticipate possible referrals. Further, those data points would provide more reliable information than a women-at-risk designation that is not consistently applied (i.e., in P2 group cases) or shared with front-line service providers. Domestic service providers may require guidance about how to take the additional information into consideration in their decision making.

In addition, the study findings indicate that certain risks and vulnerabilities may never be identified by the agency and, therefore, are never addressed. Service providers should carefully consider the possibility of assessing/screening for risks and vulnerabilities in consultation with local refugee providers. Establishing such procedures in agencies that do not currently have these intake procedures in place would require training, supervision, and establishing viable referral options.

### Explore possibilities for resettling identified women-at-risk with others for mutual support during the resettlement process.

The study findings indicate that pre-existing US-based Congolese communities will not always serve as a support to incoming Congolese refugees resettled to the US. Therefore, a cluster approach to resettling cases (families) together with existing social connections, i.e., those in the camps, may assist single mothers and other vulnerable women in adjusting to life in the US through providing help with children, the ability to earn additional income, and a source of emotional and social support. For instance, with regard to the P2 groups expected to be resettled out of the Congolese camps in Rwanda and Tanzania, cases or households could be clustered and resettled together in the same location depending on the strength of existing social networks. Alternatively, single mothers could be asked to identify individuals or families with whom they would prefer to be resettled (to the same location, not necessarily housed together). There is the possibility that some women will prefer to be resettled separately for personal reasons, e.g., those related to social stigma.

The 2013 UNHCR report raises an important policy question: Should a US anchor/tie dictate where a woman-at-risk case is resettled or should her resettlement location be driven by the availability of programs that are equipped to provide substantive support to women-at-risk in a given location? The UNHCR report illustrates the potential weakness of those US ties/anchors and the fact that those individuals identified as ties/anchors are often not in the position to provide the level of support that single

mothers need to navigate the resettlement process. We recommend that UNHCR examine the feasibility of resettling single mothers with other supportive adults, with the recognition that this approach could have a similar inherent weakness as the US tie/anchor approach, if those ties are not as genuine or as long-lasting as needed to make a difference in the lives of those resettled under the women-at-risk category.

### Prioritize initiating family reunification processes for women resettled under the women-at-risk category.

Women in this study spoke longingly of the idea of having their mothers, sisters, adult children, or male partners with them in the US, even at the risk of temporarily delaying their resettlement to the US. Further, a number of women did not seem to understand the process needed to launch reunification procedures. *In addition* to exploring possibilities of resettling single mothers with others with whom they share a connection, UNHCR also could offer to initiate family reunification processes as the resettlement process moves forward prior to their arriving in the US. For example, if specific women (single mothers) are likely to be recommended and accepted for resettlement, resettlement officers can initiate discussions with them as to whom they would prioritize to bring over post-arrival in the US and provide concrete assistance to expedite that process immediately upon their arrival in the US. This could mean UNHCR identifying individuals in DRC or elsewhere and having them start to put together their necessary documents as well as UNHCR flagging to resettlement agencies that they need to prioritize working on family reunification for this case upon arrival.

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## Notes

[i] AWR is the agreed-upon acronym for women-at-risk.

[ii] Indicative of the momentum underway, a national Congolese Resettlement Working Group has been established, with subgroups focused on (a) preparing for US Resettlement (with a special focus on mental health); (b) marshaling appropriate resources (public and private); and (c) preparing communities/stakeholders to receive larger numbers of Congolese. The Congolese Resettlement Working Group Sub-Groups are intended to serve as the primary forums to bring USRAP stakeholders who work on Congolese resettlement together to plan for the increasing numbers of arrivals of Congolese refugees. This working group model has been replicated and operationalized at the state level in Texas and likely in other states. In Utah, similar efforts are underway to lead preparation efforts in anticipation of the arrival of Congolese. A number of service providers indicated that this approach would serve not only the Congolese caseload but also inform preparation and programming for other refugee groups in the years to come.

[iii] For the purposes of this report, DRC and Congo are used interchangeably, and all references to Congo are

to DRC (not to be confused with the Republic of Congo/Congo Brazzaville, one of nine countries that share an international border with DRC). In addition, the use of the term "Congolese" in this report refers solely to people who consider DRC their country of origin.

[iv] The US accepts approximately 60,000–70,000 refugees from around the world through the USRAP per year (Bruno, 2013; U.S. Department of State, 2012).

[v] The designation is officially termed the *women and girls-at-risk category*. The focus of this study was adult women. Therefore, for the purposes of this report and for readability, we use the term *women-at-risk category*. Girls have their own specific vulnerabilities related to their age and gender that deserve attention and study as does how the category is used to facilitate the resettlement of refugee girls deemed at-risk.

[vi] This percentage does not accurately reflect the number of Congolese women resettled to the US who would meet the women-at-risk criteria. This is due, in part, to the fact that women who would qualify as women-at-risk may be included with P-2 arrivals, although not identified or counted as women-at-risk designees.

[vii] International Rescue Committee (2007). IRC and some of the world's leading epidemiologists conclude that an estimated 5.4 million people died from conflict-related causes in Congo since 1998. The vast majority were not killed in combat and died from easily preventable and treatable conditions when people have access to healthcare and nutritious food.

[viii] Human Rights Watch (2010).

[ix] By mid-1994, there were about 500,000 internally displaced persons (IDPs) in eastern Congo. That figure dropped to around 100,000 by the end of 1997 and then reached an all-time high of around 3.4 million IDPs in 2003, following five years of conflict. In 2006, this number fell to just over 1.5 million. Throughout 2007 and 2008, clashes between the Congolese army, the CNDP, and other armed groups kept the number of IDPs—most of whom were in the Kivus—at about this same level (Human Rights Watch, 2010).

[x] Opportunistic land "grabbing" has become yet another source of (ethnic) tension within and between communities (and ethnic groups) that contribute to fueling the conflict.

[xi] Human Rights Watch (2002).

[xii] To understand the context in which the barometer for sexual violence was so high so early on in the conflict, it is important to consider the role that the Rwandan genocide in 1994 played in sparking the conflict in eastern DRC, during which sexual violence was systematically used in the massacre and destruction of human life along ethnic lines.

[xiii] Human Rights Watch (2009), Bartels, Van Rooyen, Leaning, Scott, and Kelly (2010), Kelly (2010), Kelly, Van Rooyen, Kabanga, Maclin, and Mullen (2011).

[xiv] UNHCR (2014).

[xv] Not to be confused with the Democratic Republic of the Congo (DRC).

[xvi] UNHCR (2011, p. 263).

[xvii] UNHCR (2011, p. 263).

[xviii] UNHCR (2011, p. 265).

[xix] UNHCR (2011, p. 262).

[xx] Service providers are discouraged from asking someone his or her ethnicity until trust has been established (Cultural Orientation Resource Center, 2013, p. 9).

[xxi] Cultural Orientation Resource Center (2013, p. 9).

[xxii] For additional information on study procedures, contact the Institute of Domestic Violence & Sexual Assault (IDVSA) at idvsa@austin.utexas.edu.

[xxiii] Braun & Clark (2006).

[xxiv] Saldaña (2012).

[xxv] Padgett (2008).

[xxvi] See appendix for a breakdown of the data per province of origin.

[xxvii] Pseudonym.

[xxviii] Pseudonym.

[xxix] The RHS-15 is a mental health screening tool developed and evaluated by Pathways to Wellness and is available in several languages. More information is available at: http://refugeehealthta.org/files/2012/09/RHS15_Packet_PathwaysToWellness.pdf

[xxx] Screening for mental health needs goes hand in hand with accessible, high-quality mental health services.

[xxxi] The physical, psychological, and social impacts of the sexual violence perpetrated in DRC on women are severe: Survivors describe psychological symptoms consistent with depression, anxiety, and post-traumatic stress disorder (Bass et al., 2013). In addition, feelings of abandonment and rejection by family and friends, concerns about providing for self and family, fear, and stigma are pronounced (Bass et al., 2013). Further, women risk being labeled by spouses, family, and community members as rape victims, which leads to ostracism and even abandonment. A rape survivor is blamed for her attack and for letting her husband be killed while she was "only" raped.

[xxxii] Some Congolese groups may believe that the ethnic Tutsis, i.e., Banyamulenge, are not Congolese and hold them responsible for the war and suffering in the Congo (Cultural Orientation Resource Center, 2007, p. 5).

[xxxiii] While ethnic dynamics were not the focus of this study, researchers observed how those dynamics could play into women's resettlement experiences and processes in ways that may not be readily apparent to the refugee resettlement service community. Examples that were observed during the study included (a) pairing interpreters of one ethnic identity with study participants of a different ethnic identity without anticipating the potential for tension or distrust; (b) a lack of awareness of the shared ethnic identities, i.e., ethnic Tutsis or Hutus, across nationalities, i.e., Rwanda, Burundi, and DRC, and the potential for community building that is not related to country of origin but rather ethnic identity and language; (c) a lack of understanding of the complex dynamics between neighboring countries involved in and affected by the DRC conflict, i.e., Rwanda and Burundi; and (d) assumptions that incoming Congolese will connect and integrate into existing Congolese communities.

[xxxiv] The office of the Refugee State Coordinator in Salt Lake City has developed a number of special initiatives for single mothers and their families through the use of refugee-specific funding and coordination with other public services. All single-parent refugee households

are eligible for up to two years of case management services that offer ongoing social support and guidance. For 100 families, a housing program subsidizes their rent for up to three years, which reduces the portion of their income that they must use for rent from 60% to no more than 30%. A refugee employment program provides up to one year of English language and job training. In Utah, English language training does meet the Temporary Assistance for Needy Families (TANF) work requirements, which makes it possible for refugees to continue to study English even after the first year (UNHCR, 2013, p. 25).

[xxxv] UNHCR (2011, p. 263). *Italics added*. The definition negates the reality that a male partner's abuse of power and control in the household can often increase the risks that women face to their physical, emotional, and economic well-being. The complex reality is that both protective and risk factors can be at play simultaneously.

[xxxvi] UNHCR (2011, p. 265).

[xxxvii] UNHCR (2011, pp. 266–268).

[xxxviii] "UNHCR will consider a woman for resettlement under the Survivor of Violence and/or Torture category if she has experienced torture and/or violence either in the country of origin or the country of asylum; *and* may have lingering physical or psychological effects from the torture or violence; *and* could face further traumatization and/or heightened risk due to the conditions of asylum or repatriation; *and* may require medical or psychological care, support, or counseling not available in the country of asylum; *and* requires resettlement to meet their specific needs" (UNHCR, 2011, p. 251). *Italics added*.

[xxxix] These categories are: (1) Legal and/or Physical Protection Needs of the refugee in the country of refuge; (2) Survivors of Violence and/or Torture, where repatriation or the conditions of asylum could result in further traumatization and/or heightened risk; or where appropriate treatment is not available; (3) Medical Needs, in particular, life-saving treatment that is unavailable in the country of refuge; (4) Women and Girls at Risk, who have protection problems particular to their gender; (5) Family Reunification, when resettlement is the only means to reunite refugee family members, who, owing to refugee flight or displacement, are separated by borders or entire continents; (6) Children and Adolescents at Risk, where a best-interests determination supports resettlement; (7) Lack of Foreseeable Alternative Durable Solutions, which generally is relevant only when other solutions are not feasible in the foreseeable future, when resettlement can be used strategically, and/or when it can open possibilities for comprehensive solutions (UNHCR, 2011, p. 243).

[xl] While many hold the belief that the US resettlement program is highly successful, there is little empirical evidence available to support this assertion. The 2012 United States Congress by the Government Accountability Office (GAO) report offered a working definition of integration as "a dynamic, multidirectional process in which newcomers and the receiving communities intentionally work together, based on a shared commitment to acceptance and justice, to create a secure, welcoming, vibrant, and cohesive society" (U.S. Government Accountability Office, 2012, p. 31).

[xli] See webinars developed and hosted by The Refugee

Health Technical Assistance Center (RHTAC) and The National Partnership for Community Training (NPCT) for examples.

[xlii] Language access laws require all agencies that receive federal funding to provide qualified interpretation services to clients who are not fluent in English. Domestic violence and sexual assault service providers that receive federal funding through the Departments of Health and Human Services or Department of Justice are required to have Language Access Plans in place to provide interpretation. For more information on language access rights, see http://www.apiidv.org/organizing/interpretation-language-access-rights-laws.php

[xliii] See UNHCR (2013, p. 30) for additional thoughts about this recommendation.

[xliv] Refugee integration is widely considered to be enhanced by the building of social capital, which includes the notions of social bonds, bridges, and links. *Social bonds* refer to the connections that link members within a group, i.e., proximity to family to share cultural practices and maintain familiar patterns of relationships. For many refugees, being united with close family members is of utmost importance and a pressing concern, and involvement with one's own ethnic group influences quality of life, independent of involvement with the local community. *Bonded social networks* provide resources in three key areas: information and material resources, emotional resources that enhance confidence, and, finally, capacity building resources. *Social bridges*, in comparison, are connections between groups, such as the relationship between refugees and host communities, and help create a sense of safety and security. These can be instrumental in creating longer-term social and economic benefits to a community. *Social links* are defined as connections between individuals and structures of the state, i.e., government services, and access to and accessibility of relevant services (Ager & Strang, 2008).

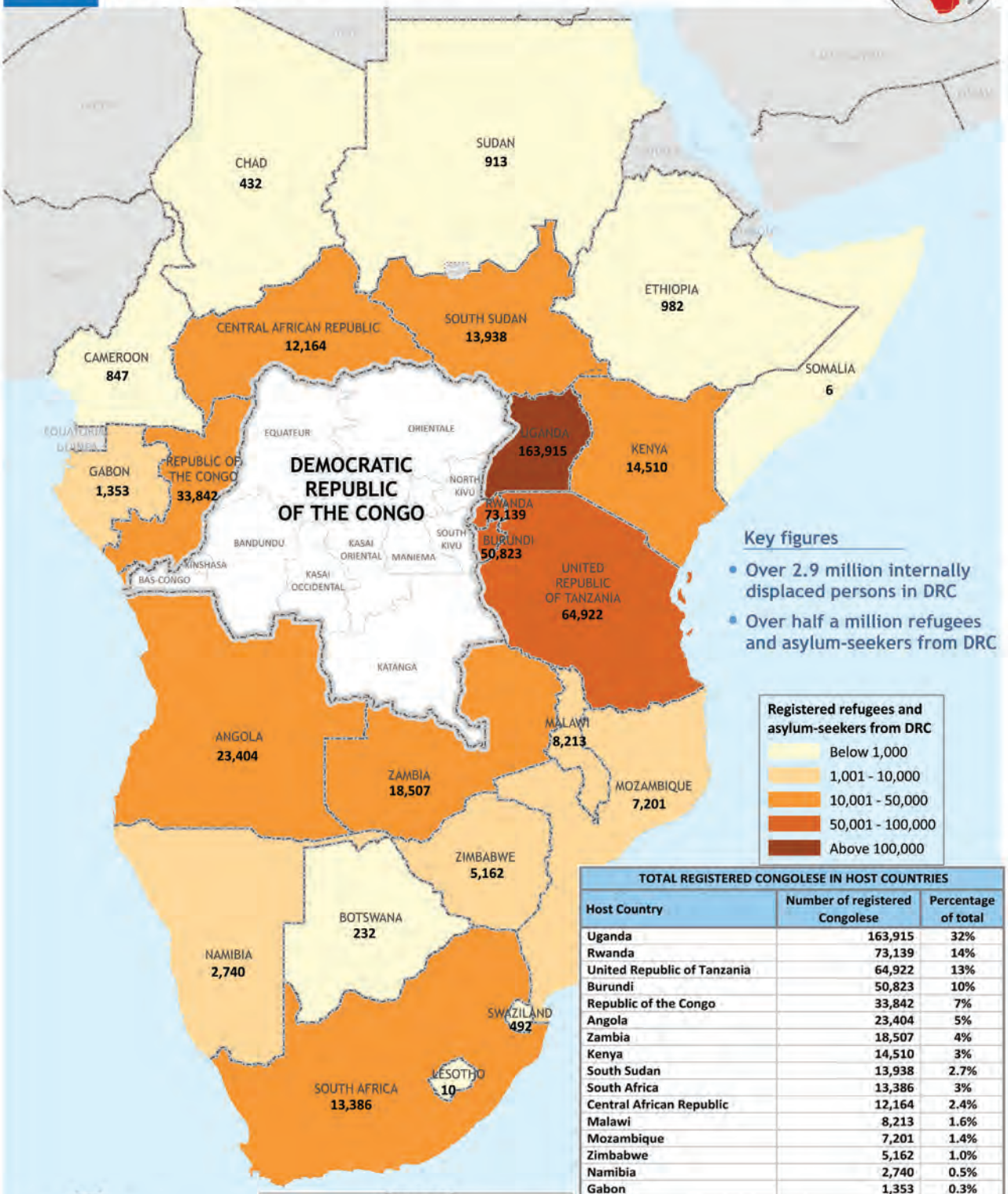
[xlv] UNHCR (2011, p. 262).

[xlvi] Manderson, Kelaher, Markovic, and McManus (1998).

[xlvii] Ethnicity is currently shared as part of the bio-data shared with resettlement agencies.

# East, Horn of Africa, Great Lakes and Southern Africa region: Registered refugees and asylum-seekers from DRC in host countries

As of 01 January 2014




## Key figures

- Over 2.9 million internally displaced persons in DRC
- Over half a million refugees and asylum-seekers from DRC

**Registered refugees and asylum-seekers from DRC**

- Below 1,000
- 1,001 - 10,000
- 10,001 - 50,000
- 50,001 - 100,000
- Above 100,000

**IDPS IN DRC**

| Province | Number of IDPs | Percentage |
|---|---|---|
| Nord-Kivu | 1,123,446 | 38% |
| Sud-Kivu | 579,607 | 20% |
| Orientale | 549,921 | 19% |
| Katanga | 402,220 | 14% |
| Maniema | 293,510 | 10% |
| Equateur | 15,000 | 1% |
| **Total** | **2,963,704** | |

**TOTAL REGISTERED CONGOLESE IN HOST COUNTRIES**

| Host Country | Number of registered Congolese | Percentage of total |
|---|---|---|
| Uganda | 163,915 | 32% |
| Rwanda | 73,139 | 14% |
| United Republic of Tanzania | 64,922 | 13% |
| Burundi | 50,823 | 10% |
| Republic of the Congo | 33,842 | 7% |
| Angola | 23,404 | 5% |
| Zambia | 18,507 | 4% |
| Kenya | 14,510 | 3% |
| South Sudan | 13,938 | 2.7% |
| South Africa | 13,386 | 3% |
| Central African Republic | 12,164 | 2.4% |
| Malawi | 8,213 | 1.6% |
| Mozambique | 7,201 | 1.4% |
| Zimbabwe | 5,162 | 1.0% |
| Namibia | 2,740 | 0.5% |
| Gabon | 1,353 | 0.3% |
| Ethiopia | 982 | 0.2% |
| Sudan | 913 | 0.2% |
| Cameroon | 847 | 0.2% |
| Swaziland | 492 | 0.1% |
| Chad | 432 | 0.1% |
| Botswana | 232 | <0.1% |
| Lesotho | 10 | <0.1% |
| Somalia | 6 | <0.1% |
| **TOTAL** | **511,133** | |

*The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined. Final status of the Abyei area is not yet determined.*

**Printing date:** 16 May 2014

**Sources:** UNCS; Refugee statistics - UNHCR, Statistics for South Africa - mid 2013; IDP statistics - UNOCHA

# Appendix B: Executive Summary, Resettlement, and Women-at-Risk: Can the Risk be Reduced?

## Resettlement and Women-at-Risk: Can the Risk Be Reduced?
## UNHCR Regional Office for the USA and the Caribbean
## 07 January 2013

### *Executive Summary*

Women-at-risk refugees are of particular concern to UNHCR and the international community due to the increased vulnerability of women in the country of first asylum. UNHCR considers a woman or a girl to be at risk if she has protection problems particular to her gender and lacks effective protection normally provided by male family members. Women-at-risk cases may be single heads of households, unaccompanied, or accompanied by other family members. A 2006 UNHCR Executive Committee conclusion on Women and Girls at Risk, supported by the US, recognized resettlement as one of the key protection tools that UNHCR has to respond to this group. Resettlement countries, such as the United States, have been responsive to UNHCR referrals of women-at-risk in accepting thousands of persons each year. Referrals of women-at-risk have risen in recent years and now account for over 10% of all UNHCR resettlement submissions. For UNHCR, it is of crucial importance that US resettlement remains sensitive to the specific protection needs and vulnerabilities of refugees such as women-at-risk.

Although much progress has been made in identification and referral of women-at-risk, further improvements could be made. An ongoing responsibility for UNHCR staff is to make well-informed decisions about which refugee women-at-risk should be referred for resettlement and to determine to which country to submit them. UNHCR staff are generally in a good position to weigh the mitigation of risk that resettlement could bring but are often less familiar with what happens to women-at-risk after arriving in a resettlement country. This lack of information can lead to uncertainties and incorrect assumptions about the possible results of resettlement.

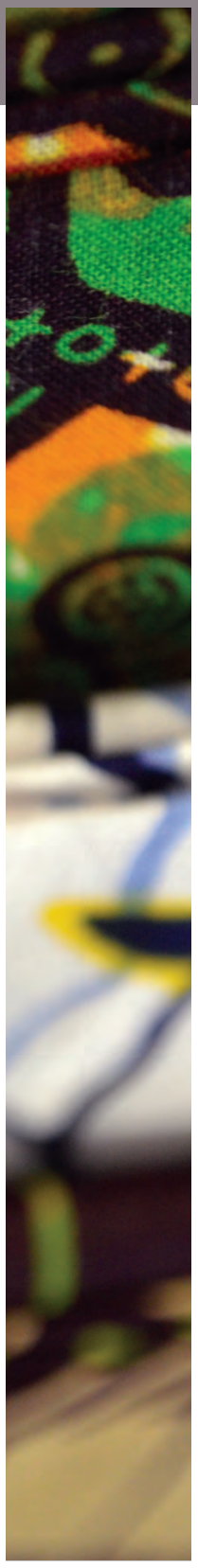
The US refugee program admitted some 4,700 women-at-risk during the time period studied (January 2010 through June 2012). These numbers, however, may be understated, as women-at-risk are primarily identified in P-1 referrals, i.e., individual submissions, and may not reflect women-at-risk included in P-2 referrals, i.e., group submissions. Even when individual women-at-risk cases are identified by UNHCR field staff, this information may not always reach all organization and entities involved in the resettlement process. There was broad consensus among those interviewed for this study that that women-at-risk present particular challenges and need specific responses, and, thus, improving the flow of information about women-at-risk was broadly seen as desirable.

When specific identifying information is lacking about women-at-risk, those involved in receiving these refugees have formulated their own methods to identify cases. This methodology relies heavily on case composition, i.e., singling out female-headed households. Proper designation of a case as "women-at-risk" plays an important role in determining where a woman-at-risk is placed in the US. The overriding factor in the placement process, however, is the presence (or not) of known US ties.

Data on initial placement show that women-at-risk with US ties are much more dispersed through the country than are women-at-risk without US ties. Women-at-risk without US ties are much more concentrated in a few locations. The sites chosen for resettlement of women without US ties are based on diverse criteria, such as pre-existing ethnic communities, bilingual caseworkers, or the presence of specific programs aimed at serving women-at-risk. Questions were raised during the study about the reliance on some of these factors and the extent to which the refugee's input may have been considered in making placement decisions. Given the distinct resettlement patterns for women with US ties, as compared to those without ties, there are questions as to what extent the appropriate services would be in place in those locations where women with US ties are destined.

An examination of some programs that operate at the local level to meet the needs of refugee women shows a variety of promising practices. Among these is the strategic use of caseworkers to ensure that there is both linguistic capacity and appropriate gender sensitivity. At the same time, these responses require nuance, such as in the case of language capacity, for which some felt that some women-at-risk might be better served by caseworkers who speak the same language even if they were not of the same nationality. Other successful strategies discussed were the use of micro-enterprise grants, the building of mutual support systems, and the use of measures to enhance linkages between women and the larger communities. Key to having the necessary resources in place is caseworkers' knowing where women-at-risk will be settled and having an understanding of their needs.

Although the immediate goal of the resettlement of women-at-risk is to provide protection, the long-term goal is for women to be able to successfully integrate within their new country. Measurements of integration for women-at-risk, however, remain elusive. There is no generally agreed-upon criteria for integration of refugees or women-at-risk. A recent report of the General Accountability Office, however, offers a possible framework for evaluation of barriers to and facilitators of integration. This framework offers a model that could be adapted for the analyzing the integration of women-at-risk.



Using the data collected and taking into account the reflections of those interviewed, six recommendations that could serve to strengthen the resettlement process for women-at-risk are offered.

1. Recognize preferred resettlement sites for women-at-risk. The US should undertake an in-depth analysis of the existing programmatic factors considered in placement decisions for women-at-risk to identify and support preferred resettlement locations.
2. Institute earlier background information sharing to support community education. Domestic resettlement partners should be provided with timely relevant information to better understand the women-at-risk who are being (or will be) resettled and to enable them to prepare for and respond to the needs of these women once they arrive.
3. Improve individual case information sharing for women-at-risk. Women-at-risk cases should be more clearly identified through all steps of the resettlement process, from UNHCR referral through allocations and from allocations through placement.
4. Place women at the center of women-at-risk responses. In designing program responses for women-at-risk, there should be greater recognition of and response to the specific challenges that they face as well as approaches developed that allow refugee women to play an active and meaningful role in meeting their own needs.
5. Capitalize on positive social connections and mitigate negative associations. The prevailing assumption that a woman-at-risk is always best served by being co-located with her ethnic community or with US ties should be re-examined and a more nuanced approach developed.
6. Strengthen evaluative tools. Identification of best practices for women-at-risk requires the development of a shared view of what resettlement and integration success looks like as well as a move toward evidence-based and outcome-oriented programming. Evaluative efforts also should include the participation of refugee women.

| North Kivu Province (n = 10) | |
|---|---|
| Average age | 29 (range: 18–32) |
| Language spoken at home | Kinyarwanda (3), Swahili (11) |
| Marital status | Married (2), Single (4), Widowed (3)* |
| Living with spouse/partner | 0 |
| Number of children | 1–5 |
| Average age of children | 9.7 (range: 1–19) |
| Year of flight from DRC (range) | 1996–2009 |
| Country of first asylum | Rwanda (5), Uganda (5) |
| Camp/non-camp | Camp (8), non-camp (2) |
| Year of arrival in US (range) | 2011–2013 |
| US tie/anchor in resettlement site | 0 |

| South Kivu Province (n = 14) | |
|---|---|
| Average age | 32 (range: 19 – 64) |
| Languages spoken at home | Kinyarwanda (6), Swahili (4) |
| Marital status | Married (5), Single (5), Widowed (4) |
| Living with spouse/partner | 3 |
| Number of children in home | 0–6 |
| Average age of children | 8.9 years old (range: 1–20) |
| Year of flight from DRC (range) | 1997–2007 |
| Country of first asylum | Tanzania (5), Republic of Congo (1), Malawi (1), Burundi (1), Uganda (3), Zambia (1), Rwanda (2) |
| Camp/non-camp | Camp (6), non-camp (8) |
| Year of arrival in US (range) | 2004 – 2013 |
| US tie/anchor in resettlement site | 0 |

| Orientale, Equateur, Kinshasa Provinces (n = 3)** | |
|---|---|
| Average age | 33 (range: 28–39) |
| Languages spoken at home | French, Swahili, Lingala, Sango |
| Marital status | Married (2), widowed (1) |
| Living with spouse/partner | 1 |
| Number of children in home | 0–4 |
| Average age of children | 19 years old |
| Year of flight from DRC (range) | 1994–2000 |
| Country of first asylum | CAR (2), Rwanda (1) |
| Camp/non-camp | Camp (1), non-camp (2) |
| Year of arrival in US (range) | 2008–2013 |
| US tie/anchor in resettlement site | 0 |

* Missing data.

** These three provinces were combined to preserve the de-identification of the participants.

# Appendix D: Additional Resources

## Colonial History

*King Leopold's Ghost: A Story of Greed, Terror, and Heroism in Colonial Africa* Adam Hochschild, 1998
Houghton Mifflin

## Conflict in DRC

*Dancing in the Glory of Monsters: The Collapse of the Congo and the Great War of Africa*
Jason Stearns, 2012
Public Affairs Publishing

*South Kivu: Identity, Territory, and Power in the Eastern Congo*
Koen Vlassenroot, 2013
Rift Valley Institute, Usalama Project: Understanding Congolese Armed Groups
Available at: http://www.riftvalley.net/publication/south-kivu#.UsbmAuKohyw

*North Kivu: The Background to Conflict in North Kivu Province of Eastern Congo*
Jason Stearns, 2012
Rift Valley Institute, Usalama Project: Understanding Congolese Armed Groups
Available at: http://riftvalley.asilialtd.com/publication/north-kivu#.UsbmleKohyw

## Unaccompanied Congolese Refugee Minors

*Congolese Children and Youth: USCCB Network Unaccompanied Refugee Minor Program Experiences and Implications Services*
Bridging Refugee Youth and Children's Services (BRYCS) 2013 Report
Available at: http://www.brycs.org/documents/upload/Congolese-URM.pdf

## Resettlement of Congolese Refugees to the US

*Increasing Congolese Refugee Arrivals: Insights for Preparation*
Andrew Fuys and Sandra Vines
Refugee Council USA
Available at: http://ittakesacommunitylancaster.com/wp-content/uploads/2013/09/RCUSA-Congolese-White-Paper_15-Feb-2013.pdf

KIGEME CAMP, RWANDA

THE UNIVERSITY OF TEXAS AT AUSTIN

IDVSA

INSTITUTE ON DOMESTIC VIOLENCE AND SEXUAL ASSAULT

Center for Social Work Research, School of Social Work

North Carolina Agricultural and Technical State University