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Factors in Childhood that Contribute to the Development of Resiliency: An Exploratory Study of Adult, Female Somalian Refugees

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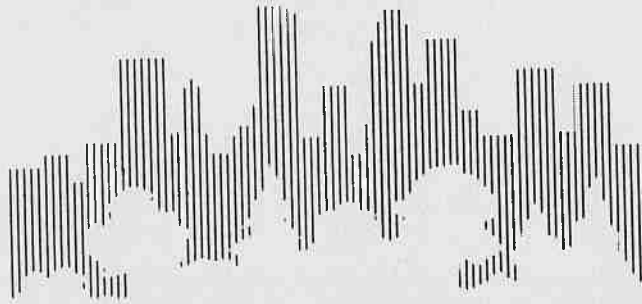
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**MASTERS IN SOCIAL WORK
THESIS**

Joyce L. Arends

**Factors in Childhood that Contribute to the
Development of Resiliency: An Exploratory Study
of Adult, Female Somali Refugees**

2001

**MSW
Thesis**

**Thesis
Arends**

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Factors in Childhood That
Contribute to the Development of Resiliency:
An Exploratory Study of Adult, Female
Somalian Refugees

Joyce L. Arends

Submitted in partial fulfillment of the
requirement for the degree of
Master of Social Work

AUGSBURG COLLEGE
MINNEAPOLIS, MINNESOTA

2001

MASTER OF SOCIAL WORK
AUGSBURG COLLEGE
MINNEAPOLIS, MINNESOTA
MASTER OF SOCIAL WORK
AUGSBURG COLLEGE
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CERTIFICATE OF APPROVAL

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Date of Oral Presentation: May 18, 2001

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DEDICATION

This thesis is lovingly dedicated to my husband,
Paul
who has been so supportive this past year,
even through the stressful times;
my son, Ryan, his wife Dawn, and my daughter Kristi
who have provided encouragement and meaning,
and lastly-my precious grandson Bryce,
who has provided inspiration to me as I complete my study.

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A special thanks to my children, daughter-in-law, and grandson. I promise to be more available and fun times will resume!

Finally to my husband Paul, thank you for being there unconditionally and providing unwavering support as I pursue those things in life that I highly value!

ABSTRACT

Factors in Childhood that Contribute to the Development of
Resiliency:

An Exploratory Study of Adult Female Somalian Refugees

Joyce L. Arends

May, 2001

The rural area of Minnesota has an increasing population due to the arrival of Somalian refugees. The Somali families have relocated to Minnesota as a result of a civil war in their country. This exploratory study examined what factors in childhood contributed to the development of resiliency in adult, female, Somalian refugees. Somali people are now focusing on resettlement and survival in the United States. The tasks they face are finding adequate, affordable housing, overcoming loss and isolation, coping with cultural adjustment and learning English. There were 5 participants in the study, ranging in age from the low-20's to the mid-60's. The study revealed that most Somalis have strong family ties, which provide stability in times of need. The findings also revealed that the psychological outcomes of the refugees' adaptation to their new home depend on several factors including family and social supports and inner strengths. Religious and family activities are an important part of Somali

culture. All of the study participants appeared to possess some problem solving skills. Implications for social work practice focus on the value of identifying and enhancing resiliency factors so that individuals, family and society may benefit. Additional training is needed in the field of social work to further understand refugee issues, policy, cultural considerations, and issues of grief and loss. This study expands the scope of social sciences by addressing the lack of research about refugee families.

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CHAPTER 1

Introduction

Rural Minnesota has a growing Somali population. The Somali families have relocated to Minnesota as a result of a civil war in their country. Somali people are now focusing on resettlement and survival in the United States. The tasks they face are finding adequate, affordable housing, overcoming loss and isolation, coping with cultural adjustment, and learning English. There is little research on Somali families who have relocated to the United States. Research has shown that several protective factors including individual characteristics, a supportive family environment and community supports contribute to the development of resiliency. My research will help fill that gap by identifying what factors in childhood have contributed to the development of resiliency and how that resiliency has helped adult, female, Somalian refugees adjust to life in the United States.

Study Population

In the mid-1980's, the United States admitted small numbers of Somalis as refugees. In 1990, a civil war broke out in Somalia and an estimated 4 million people became refugees (Willenbroack, 1998). Somalia's leader, Siyad Barre, was thrown out of office nine years ago and there

has been no functioning government since. The overthrow set off conflicts among 16 rival factions. What followed were clan wars and a series of natural disasters - flood, famine and drought. More than 900,000 Somalis have fled to neighboring countries (The Minneapolis Foundation, 2000). Others have found shelter in the United States. According to a report by The Minneapolis Foundation (2000), "The State Department of Human Services estimates that there are 15,000 Somali refugees in Minnesota, with the vast majority of them having arrived in the past five years. Minnesota has the largest Somali population in the United States" (p. 4). The Somali people are now focusing on resettlement and survival in the United States.

Study Significance

Literature exists in the fields of psychology, social work, and education about the development of resiliency. This study examines resiliency factors in childhood. It examines how resiliency has helped adult, female, Somalian refugees adjust to their lives in a new land. This study helps to increase the understanding of professionals in several fields.

Research Questions

The research questions are: 1) "What factors in childhood contributed to the development of resiliency in

adult, female, Somalian refugees? 2) How has that resiliency contributed to their capacity to adjust to life in the United States?"

CHAPTER 2

Review of the Literature

Resilience in children differs by several factors including race, socioeconomic status, gender and other risk and protective factors. This literature review will define resilience, and compare and identify factors that are crucial to the resilience continuum. It will also identify gaps in the literature.

Definition of Resilience

Resilience is defined several ways. Fraser, Richman, and Galinsky (1999) state the following: "The term "resilience" usually is used to describe individuals who adapt to extraordinary circumstances, achieving positive and unexpected outcomes in the face of adversity" (p. 136). According to Rak and Patterson (1996), "Resiliency in children is the capacity of those who are exposed to identifiable risk factors to overcome those risks and avoid negative outcomes such as delinquency, and behavioral problems, psychological maladjustment, academic difficulties, and physical complications" (p. 368). Children who are resilient are able to overcome developmental hazards and adversity without apparent negative outcomes (Smith & Carlson, 1997). According to Frazer, et al. (1999), "Individual attributes that produce

resilience under one set of environmental conditions may not produce resilience under another set of environmental conditions" (p. 138).

Stress

Research has revealed a steady correlation between stress, psychological, and behavioral problems in children and adults. The developmental process in children can be affected by stress. There are also neurological effects of abuse and neglect. Lowenthal (1999) reports, "A young child's neurodevelopment can be disrupted in two ways: through a lack of sensory experiences, which are necessary for the brain's optimal development, and through abnormally active neurons, caused by negative experiences as maltreatment and neglect" (p. 204). The regions of the brain that regulate affect, empathy, and emotions may malfunction due to negative environmental events. The attachment process in infants may be disrupted if continual abuse and neglect occurs. Maltreated children may have brains 20 to 30 percent smaller than those of their peers (Lowenthal, 1999).

Types of stress vary from environmental or within the individual and can range in intensity. Major life events, including ordinary and unusual and daily hassles are considered acute stressors (Smith & Carlson, 1997). Such

acute stressors include divorce, loss of a parent, parental separation, a move to a new home, accident, or injury or illness of a parent or sibling. According to Smith and Carlson (1997), "Ordinary stressors consist of those events experienced by most children and adolescents, such as entering a new school, that may be evaluated as positive but nevertheless present uncomfortable demands" (p. 232). A natural disaster or a serious parental illness would be considered an unusual stressor. Chronic stressors include abuse, neglect, violence exposure, homelessness or deprivation. Conditions that lead to handicaps are also chronic stressors.

There is a link between stimulation and brain development. A child's experiences whether they are good or bad influence the wiring of the brain and connections to the nervous system. When faced with physical or emotional trauma, the body produces a steroid hormone called cortisol. High levels of cortisol cause the death of brain cells, thereby causing a reduction in connections between the cells in certain areas of the brain. Research in adults shows a shrinkage of a certain area of the brain is related to a chronic or intense activation of the cortisol producing system. A strong attachment between children and their parents or caregivers serves as a buffer to negative

effects of stress. Children receiving warm and responsive care were able to turn off the negative response more quickly and subsequently have lower levels of cortisol in their brains. Children who are emotionally neglected or abandoned early on are more likely to have difficulty learning, have trouble experiencing empathy, attachment, and emotional expression. Cognitive ability and appropriate responses to stressful situations are impaired by an excess of cortisol in the brain (Newberger, 1997).

Measuring stress in children and adolescents has proven to be challenging. There is a tendency to rely on the perceptions of significant adults, such as parents or teachers. A more recent trend is to interview children about what is stressful for them. There is a difference in perception about what is stressful to a child. Children and adolescents are more likely to be stressed by daily hassles with parents and ordinary transitions, such as school changes (Smith & Carlson, 1997). Tschann, et al. (1996) report that previous research reveals that high risk children and children exposed to low levels of stress may have personal characteristics which have moderating effects that may differ by age.

Poor family functioning is a major source of stress for young children (Tschann, et al., 1996). According to

Tschann and colleagues (1996), "Both parental conflict and divorce are linked to emotional and behavioral problems in children, including externalizing problems such as depression and anxiety" (p. 6). The way family conflict is dealt with and acted upon are sources of stress to the child.

Lowenthal (1999) gives a physiological explanation for developmental difficulties as related to stress. Maltreated children form templates in their brains that hold them in a constant state of alert. This provides survival against further maltreatment but delays development. The children become at risk for emotional, behavior, learning, and physical difficulties. Freezing and dissociation are ways children may cope with fears. The appearance of freezing is that the child is doing nothing and is not compliant. The freezing response allows the child to process and evaluate the stressor. If the response lasts too long, it may be misinterpreted as noncompliance and additional maltreatment may result. The result may be further alteration of the brain's organization resulting in the child feeling anxious and frustrated all of the time even when non-threatened. Children may become aggressive, hyperactive, irritable or hypervigilant (Lowenthal, 1999). The dissociative response

occurs when a person separates their painful experience from conscious awareness. It is used as a protective mechanism against the overwhelming thoughts and emotions associated with their trauma. The resulting extreme may be amnesia, hallucinations, personality or self-identity disorders. Tschann, et al. (1996) found that children with extremely difficult temperaments at age 7, and whose families had poor parenting skills, were more likely to be diagnosed with a psychiatric disorder in adolescence, as compared to children with easy temperaments and excellent parenting.

Stress is cumulative. A crisis is the result of trauma and stress. "Crisis in refugee children is a time-limited period of psychological disequilibrium, precipitated by the trauma and stress of refugee episodes that bring sudden and significant changes to their lives" (Bryant & Ahearn, 1999, p. 82).

Risk Factors

Risk factors are markers of stressful events (Fraser, et al., 1999). According to Smokowski (1998), "Risk factors represent any influences that increase the probability of onset, digression to a more serious state, or maintenance of a problem condition" (p. 338). Risk factors are both biological and environmental, although

they are not entirely independent (Rak & Patterson, 1996). Risk factors can be categorized as nonspecific and specific (Fraser, et al., 1999). Examples of nonspecific risks are child abuse, chronic family conflict, unskilled parenting, academic failure, peer rejection, poverty, racism, sexism, and other types of discrimination; and neighborhood disorganization (Fraser, et al., 1999). A specific risk factor is one that is clearly associated with specific social and health problems. Fraser, et al. (1999) give the example of "failure to use contraception,...is a more important risk factor for sexually transmitted diseases than it is for dropping out of school" (p. 132).

Multiple risk factors are associated with negative outcomes and single risk factors rarely determine later outcomes. There is evidence that cumulative effects of risk factors produce more negative outcomes (Smith & Carlson, 1997). Fraser, et al. (1999) report that "This view is rooted in recent research that suggests there is no single pathway leading to many social problems" (p. 132). Smokowski (1998) describes risk traits as "individual predispositions that heighten vulnerability to negative outcomes" (p. 338). A family history of depression or temperament are examples.

Sociodemographic characteristics have an influence on

risk factors for children. Smith and Carlson (1997) report that "...environmental and contextual risk factors are more highly concentrated in the lives of children from ethnic minority groups" (p. 235). Gender, race, and ethnicity represent a variety of effects. Along with discrimination and poverty are cultural patterns that contribute to resilience (Fraser, et al., 1999). More studies are needed on the relationship of sociodemographic characteristics to resilience.

Coping and Adaptation

It should first be stated that not all children who are subjected to stressful situations experience negative outcomes and instead display resilience. Coping is defined as constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person (Smith & Carlson, 1997). Core elements of resilience are competences in problem solving, communication, coping, and acting in a planful way (Fraser, et al., 1999). According to Eisenberg, Guthrie, Fabes, Reiser, Murphy, Holgren, Maszk, and Losoya (1997), "Focusing attention on nonthreatening ideas or objects can be used to distract oneself from a distressing event or cognition. Thus, people who can regulate their attention

are likely to be relatively positive in social interactions involving emotion" (p. 296). Smith and Carlson (1997) have identified four steps in the coping process. The first step is an appraisal of the situation to determine the meaning of the event and its implications for one's well being. The second step is taking a look at one's own coping strategies and resources, the stressor, and choosing a strategy. The third step involves carrying out the strategy and the final step is an evaluation of one's coping efforts and checking to see if the stressor is reduced or eliminated.

Types of coping are defined as active or passive. Active strategies are also called primary or problem focused strategies because they are information seeking or attempts to alter the actual source of stress (Smith & Carlson, 1997). Passive or secondary strategies are emotion focused because the stressor is viewed as uncontrollable. Personal resources such as beliefs and values, self-worth, and efficacy are an important tool in coping and adaptation. Physical and mental health, knowledge, and intelligence are important resources in coping. Good social skills and economic resources are those that may facilitate access to other supports.

According to Boss (1999), "Perhaps the most common

break in one's perception of family comes from immigration...our ability to overcome ambiguous loss from immigration is influenced by our personal and cultural legacy" (pp. 36 & 43). There are several factors, which may influence the psychological outcomes of immigration. Those factors are: the immigrant's adaptation to their new home, how permanent the move, whether the move was voluntary, whether a return visit is possible, age, optimism, how well received the immigrant is, and the similarity between roles in their homeland and new country. The ability to stay connected to the homeland while starting life in the new country is an underlying factor.

Psychological absence is often present in immigrant families and can affect young children. Many times parents and grandparents are homesick and preoccupied with those left behind. They become emotionally unavailable to the children. Boss (1999) reminds us that, "In immigrant families, then both kinds of ambiguous loss - psychological and physical - can occur simultaneously in different generations" (p. 58).

Family rituals, symbols, stories, and metaphors are helpful when families are trying to make sense of loss. Immigrants are often faced with structural constraints and conditions in their new environment that shape family

arrangements, roles and orientations. Norms and values are altered as well as behaviors as immigrants struggle to retain certain aspects of traditional family systems while adjusting to a new setting (Foner, 1997).

Phases of the Refugee Experience

There are three phases to the refugee experience: 1) pre-migration, 2) migration, and 3) post-migration. Pre-migration may include a number of traumatic events that cause social, medical, and psychological problems. These events are often the result of natural disasters, such as earthquakes, floods, droughts, or famine, or can be man-made disasters borne of violence and oppression often associated with war or revolution (Bryant & Ahearn, 1999).

Migration, the second phase is the attempt to escape danger, death, harm, starvation, or privation. Many Somali refugees perished from starvation as they fled their country. The process of migration contains another phase called "first asylum". This involves a period of containment in a prison, camp, or detention center. This period may be brief or may last months or years. The refugees' initial reaction to asylum is relief. Their basic needs of food, shelter, and safety are being met. However, the longer the stay, the greater the likelihood for fear, anxiety and uncertainty (Bryant & Ahearn, 1999).

In the third phase or post-migration, refugees may return home or resettle in another country. This phase can be wrought with disappointments as villages can be destroyed and families and friends dead. Resettlement brings problems in adjustment and acculturation and other issues such as language and cultural identity (Bryant & Ahearn, 1999).

When working with refugee children, it is important to establish the nature of the child's loss and where they are in the grieving process. The presence and strength of social and emotional support systems are important factors for refugee children. According to Bryant and Ahearn (1999), "Emotional resources consist of genetic and physiologic endowments and traits, such as psychological skill and capacity, that are employed to manage stress and resolve problems. Social resources are the sum of a person's relations that form networks and linkages of interrelationships" (p. 83). Children who have the supportive resources have greater success in coping with trauma and loss. Supportive friends, relatives, parents, and neighbors are important for problem management of refugee children.

Cultural supports are important, as are the promotion of norms and values in the refugee community, its families

and children. Family life is disrupted by refugee flight and resettlement. The dilemma of how to maintain one's culture, assimilation, and acculturation are not easy ones. Bryant and Ahearn (1999), give the following examples, "...African refugees are almost never offered citizenship in their host country, which has the effect of limiting their ability to work and become self-sufficient. This can result in males being unable to enact their culturally prescribed roles as providers and thus adds to the disruption of family life. The loss of cultural supports and thus cultural identity for refugee children can have serious consequences, including identity problems and delayed development, a process referred to as "cultural bereavement" (p. 84).

Protective Factors

All major studies of resiliency have identified protective factors in the histories of participants (Rak & Patterson, 1996). Some children adapt successfully and in some ways are stimulated by certain life events, while other children experience difficulties (Dumont & Provost, 1999). Resilient children possess several attributes including: a) an active, evocative approach toward problem solving; b) an ability from infancy on to gain positive attention from others; c) an optimistic perspective even if

they are suffering; d) a positive outlook for a meaningful life; e) the ability to be alert and autonomous; f) a tendency to seek novel experiences; and g) a proactive perspective (Rak & Patterson, 1996). Sociability and humor, along with high self-esteem are protective factors (Smith & Carlson, 1997). Problem solving skills and intelligence are also linked to resilience. Faith and religion have been found to be associated with protection from poor outcomes. Fraser, et al. (1999), have identified several protective influences that are helpful in altering negative outcomes. They include insight, independence, fulfilling relationships, initiative, creativity, humor, and the capacity to distinguish good from bad.

Gender is a characteristic that is taken into account during stressful times. This varies with the child's age. During early and middle childhood, boys are more vulnerable to stressful events than girls, however, during adolescence, girls report more stressful events and have more negative outcomes (Smith & Carlson, 1997). Children's reactions to stress may depend on certain personal characteristics. According to Tschann, Kaiser, Chesney, Alkon and Boyce (1996), "...children with an internal locus of control may be relatively unaffected by high stress, while children with an external locus of control may show a

decline in functioning as levels of stress increase" (p.1). Protective mechanisms may differ according to developmental stage (Tschann, et al., 1996).

There are several family conditions that promote resilience. Family factors may add to a buffering effect for children in stress. According to Rak and Patterson (1996) family factors include: "a) the age of the opposite-sex parent (younger mothers for resilient male participants, older fathers for resilient female participants); b) four or fewer children in the family spaced more than 2 years apart; c) focused nurturing during the first year of life and little prolonged separation from the primary caretaker; d) an array of alternative caretakers - grandparents, siblings, neighbors - who stepped in when parents were not consistently present; e) the existence of a multiage network of kin who shared similar values and beliefs and to whom the at-risk youths turned for counsel and support; f) the availability of sibling caretakers in childhood or another young person to serve as a confidant; and g) structure and rules in household during adolescence despite poverty and stress" (p. 369).

According to Gibbs (1995), empathy is a survival skill and experience can shape empathy. Young children learn by

imitating and watching how other people act when they observe someone in distress. Children then begin to develop a variety of sensitive responses. "If on the other hand, the feelings they begin to express are not recognized and reinforced by the adults around them, they not only cease to express those feelings but they also become less able to recognize them in themselves or others...Empathy also acts as a buffer to cruelty, and it is a quality conspicuously lacking in child molesters and psychopaths" (Gibbs, 1995, pp. 123-124).

Environmental or External Supports

Supports outside of the family are crucial to providing buffers to vulnerable children. Resilient children often have a number of mentors outside of the family throughout their development (Rak & Patterson, 1996). Included are teachers, school counselors, coaches, neighbors, mental health workers, and workers in community and school based programs. According to Smith and Carlson (1997), "Resilient children seem to be especially adept at actively recruiting surrogate parents" (p. 239). Positive peer relationships are a feature of good adjustment. Smith and Carlson (1997) remind us "...those children and adolescents with superior social skills tend to have more and better peer relationships" (p. 240).

Emmy Werner conducted a forty year longitudinal study of seriously at-risk children. The children grew up to be resilient successful adults. That success was attributed to unconditional love from family or unrelated mentors who encouraged their goals and dreams, curiosity, and gave them tasks and responsibilities that facilitated discovery of their strengths and weaknesses (Sylwester, 1997).

Self Concept Factors

Self-concept plays a role in resiliency. The ability to understand one's self and one's boundaries as related to long term family stressors such as psychological illness, and to enhance positive self esteem and rebound in times of stress all act as protective factors for at-risk children (Rak & Patterson, 1996). For some children, stressful events served to steel and challenge them in the face of adversity. Participating in the family, neighborhood, or community in a helping manner by preventing distress to others leads to positive change in young people. Effective coping also contains elements of hope and faith that things will work out.

Family rituals are an integral stabilizing characteristic of family life. Family rituals foster cooperation, continuity, lessen conflicts, and improve the ability to handle major crises. Traditions contribute to

identity and a sense of belonging (McCubbin & McCubbin, 1998).

Intervention and Prevention

An early intervention program called *Babysteps* has been implemented by Olmsted County Public Health in Rochester, Minnesota. This program supports first time mothers who have a child at risk of abuse. The program further reduces the incidence of non-accidental death, injury, and maladaptive child development. "The objectives are to improve the emotional, social, health, and cognitive outcomes for children by strengthening the mother-infant bond and provide positive interactions during the first two years of the child's life" (Minnesota Department of Children, Families and Learning, Spring 2000, p. 6). Home visits by public health nurses and social workers, support groups, and video taping parent-child interactions are program components. Mothers and children are involved with the program for two to two and one half years.

Headstart is a successful psychosocial prevention program for high-risk preschoolers. It has several components, including home visits, early childhood education, parenting education, and socialization. Even Start is a federally funded literacy project that is even more comprehensive and intensive. It works with the entire

family until the youngest child reaches the age of 8 (Dulmus & Wodarski, 1997).

A primary intervention program called the Comfort Corner at Helen Bailer Elementary School in Camas, Washington has had a positive impact on the lives of many students and families. The program provides at-risk children the chance to get a healthy start in school by helping them build friendship skills, communication skills, and self-esteem (Novick, 1998).

For at-risk older children, grades 3-5, afterschool intervention programs have proven to be effective. According to DeMar (1997), "Combining social-skills training with cognitive problem solving skills...proved effective in equipping children with the personal and social competencies necessary to build and enhance resilience. The use of these competencies can be transferable to other life-compromising situations" (p. 229).

Measurement Tools or Assessments

It was discovered during this literature review that there are measurement problems in the field. It is difficult to have a reliable estimate of the numbers of resilient children or adults at any given time. Most measurements are obtained from parents or teachers, and as

noted earlier, children may have different perceptions of stress. According to Smith and Carlson (1997), "...school-related stressors and interpersonal conflicts with peers or family are often felt more intensely" (p. 233). There is a lack of agreement and measurement tools on how to measure coping. Rak and Patterson (1996) developed a 25-item resiliency questionnaire. This tool allows the practitioner to identify risk factors and protective or buffering factors in the participant's life.

The Search Institute in Minneapolis, Minnesota has developed the asset approach. This approach consists of a 30 item checklist that evaluates which assets youth possess. The assets are the building blocks that youth need to make positive choices. "Sixteen of the assets are external. They are the supports, boundaries, and structure that surround youth. The other 14 assets are internal commitments, attitudes, values, and skills that support youth from within. Together they form a foundation for healthy development" (Search Institute, 1995, p. 1). If a youth possesses more assets, they are protected from risky behaviors. Positive behavior in youth increases. According to the Search Institute (1995), "The same patterns hold true in all sizes of communities, across

racial and ethnic lines, and among females and males" (p. 2).

Somali Family Structure

Somali family structure is that of a nuclear family. Older parents may move in with one of their children. Most households are monogamous. One-fifth of all families are polygamous (Putman & Noor, 1993). According to Putman and Noor (1993), "For all Somalis, the family is the ultimate source of personal security and identity" (p.14). Strong family ties are important and provide stability in times of need. The protection of family honor is important.

Clans and sub-clans exist in Somali society. Clans can be a source of solidarity and conflict. They can combine forces for protection, land, water, and political power. However, alliances frequently change among the clans. The *Samaale* comprises the majority of the Somali people and is made up of four main clan families: the Dir, Isaaq, Hawiye, and Daarood. Each of these is further divided into sub-clans. The *Samaale* live throughout Somalia, Ethiopia, Kenya, and Djibouti. They are mostly nomadic. The *Sab* is made up of two clan families: the Digil and Raxanweyn. They are located mainly in southern Somalia. They are likely to be sedentary and mix farming and herding. Family lineage is important to Somalis. A

common Somali question is, "tol maa tahay"? This means, "what is your lineage"? (Putman & Noor, 1993).

The population in Somali society can be divided into three groups based on their way of life: pastoral nomadism, sedentary herding, and the coastal city culture. Each household has a regular work schedule. In Somalia, infants spend the majority of time with their mothers. Most of the infants are breastfed and are weaned between 18 and 24 months. Female relatives are then brought in to care for the children. Children ages 2-6 spend much of their day doing chores and playing, while under the care of other caretakers. Children ages 6-13 attend school and Quranic school during the day and do chores and play the remainder of the time. Circumcision is done between the ages of 7-10, and more duties are given the child so there is less time for play. There is more importance placed on segregating the sexes at this time (Dybdahl & Hundeide, 1998).

According to Putman & Noor (1993), the Somali male dominates the center of Somali culture. In business, farming and herding families, as well as in the household, females are valued as playing an important economic role, as long as the man is viewed as being in charge. Women have begun to become more educated, hold jobs, and travel.

Women are still expected to remain virgins until they marry. This is meant to preserve the family honor. Female circumcision and infibulation is still practiced as a way of controlling a women's sexuality. This practice is performed on 98% of Somali girls and has caused a large variety of medical problems (Putman & Noor, 1993).

Education in Somalia provided traditional Islamic education. Prior to the colonial era, students were educated in Koranic schools. After Koran school, the students study theology, Arabic grammar, literature, and sharia (Islamic law). Students often had to travel far to learn a particular discipline. During the colonial era, Western-style education was provided: British in the north and Italian in the south. The schools run by the British focused on administrative and technical education. The Italian run schools trained students in agriculture, commerce, maritime studies, and aviation. After the written language became available in 1972, education expanded. Universities and technical schools offered training in higher education. Many of these institutions were destroyed in the civil war (Putman & Noor, 1993).

Somali Family Strength

According to Heitritter (1999), family strength finds its origin in the Sunni Muslim religion and in the cultural

traditions of the Somali people. Family structure and organization is rooted in religion. Religion provides the base for promoting family unity and thus strong families.

There are four types of unity within the Somali family structure. Spiritual unity within families is supported by loyalty, respect, and stability of the hierarchical role structure. In order to promote family strength, hierarchical role structure is necessary to provide stability. Men and elder family members are responsible to family unity and well-being and are assigned positions of high regard. Somali women are to defer to men, especially in public. Children are obligated to show lifelong respect to their parents, as it is the parent's right.

Social unity within families is fostered by cooperation and responsibility of role functioning. Men and women are assigned specific role responsibilities as prescribed by religious tradition. Role functioning is dependent on public and private domains. Men are dominant in public and women are dominant in home management.

The promotion of psychological unity within families is defined as peace, harmony, and health. Family relationships without disturbances are due to peace. Religious tradition prescribes that family roles function in harmony with one another. The notion of health is that

of holistic well-being. Physical, mental, and spiritual health is blended together, rather than viewed as separate categories.

Physical unity is achieved through interdependence and supportive sharing of resources. Families are used to relying on the physical environment and extended family for necessary resources. It is expected that interdependence and resource sharing will occur between family generations and between families and the larger community of Somalians (Heitritter, 1999).

Somalis celebrate several religious events in accordance with their predominantly Sunni Muslim faith. Islam is the principal faith and provides Somalis with a sense of national identity. Putman and Noor (1993) note that, "Social occasions such as engagement, marriage, circumcision of boys on the seventh day after birth, and the remembrance of saints are rooted in both culture and religion" (p. 21).

Gaps in Literature

Several of the articles mentioned that there needed to be more research done on the sociodemographic effects of gender, ethnicity, and race as related to resiliency. The article by Rak and Patterson (1996), reported that most research is based on the health model rather than the

illness model and the authors felt that the illness model would be more useful in identifying children with potential psychological difficulties. The health model focuses on salutogenesis or the origins of health. The illness model of psychology focuses on psychogenesis of later problems. Two articles (Lowenthal, 1999 and Newberger, 1997), focused on the biological aspects of maltreatment and resiliency.

Discussion

Considerable research has been done in the area of resilience. Most of the research corroborates each other by identifying the same risk and protective factors such as external supports and self-concepts. Similar terminology is used throughout, with some variations in theme.

As research on brain development evolves, a need has been revealed for increased support for early childhood programs. Children have a critical period early on, yet receive the least attention from educators.

Through my research I have become interested in how other cultures demonstrate resiliency, specifically the Somali. The rural area of Minnesota has a growing Somali population. There is little research on the Somali families who have relocated to the United States as a result of a civil war in their country. My research will help fill that gap by identifying what factors in their

childhood have assisted them in surviving adversity.

CHAPTER 3

Theoretical Framework

The theoretical models used for this research are ecological systems theory, family systems theory, and strengths perspective. Each theory contributes to the development of resilience. The three models are interrelated.

Ecological Systems Theory

Ecological systems theory deals with how a person relates to their environment and to certain situations. Ecological systems include the whole environment of the individual, the family unit, the school system, the neighborhood, peer relationships, church or spiritual involvement, social systems, and others (Compton & Galaway, 1994). Kilpatrick and Holland (1999) tell us that, "The key assumptions of an ecological perspective emphasize that people and environments are holistic and transactional" (p. 17). DeMar (1997) goes on to state, "Using an ecological perspective (that is focusing on children, families, schools, and communities), the development of resilience in children is a process of healthy human development in which personality and environmental influences interact in a reciprocal relationship" (p. 220).

Family Systems Theory

Family systems theory focuses on the family as a unit. The concept of family has changed over the last decades and now includes several different constellations. According to Turner (1996), "The family system consists of four major subsystems, including (1) spousal in the broadest sense; (2) parent-child; (3) sibling; and (4) the smallest subsystem, the individual" (p. 606). A change in one part of the family system will lead to changes in other parts of the system. Systems theory includes four types of interactions for individuals and families: the situation, micro, meso, and macro levels. The situation is what an individual is involved in at any given period of time. From here our perceptions and behaviors are developed. The micro level is the physical and social environment that an individual interacts with daily. The meso level includes organizations such as school, work, church, leisure and community resources. The meso level has a direct influence on the micro level. The macro level makes up cultural, social, economic and political structures of society (Turner, 1996). Kilpatrick and Holland (1999) describe the exosystem as a representation of formal and informal social structures that influence the way a person functions.

The functioning of a family is affected by whether a family system is open or closed. According to Turner (1996), "In open systems, members are free to move in and out of interaction with one another, with extended family members...or with extrafamilial systems such as school, church, neighbors, or teacher. The lack of societal exchanges in closed systems decreased their ability to deal with stress. Limited or perhaps nonexistent contact with others outside the family may lead to fearful, confused, and ineffective responses. In extreme cases of rigid systems and/or persistent stress, chaos and anarchy may follow within the family" (p. 611). Family functioning is affected by immigration. Often there is both psychological and physical absence present in immigrant families and family members become emotionally unavailable to other members.

Strengths Perspective

The strengths perspective focuses on individual and family values. The client defines their vision and hopes for the future. Strategies for attaining goals begin with client identification of internal, external, created and naturally occurring resources (Early & GlenMaye, 2000). The strengths perspective recognizes the talents, capacities, competencies, visions, values and hopes of

individuals, families and communities (Saleebey, 1996). Foner (1997) tells us, "Immigrants may walk a delicate tightrope as they challenge certain aspects of traditional family systems while they also try to retain others...This continued close contact with home communities...often strengthens immigrant's attachments to family values and orientations in the home society" (pp. 1 & 5). External forces in the new environment affect the immigrant family as new opportunities and values, beliefs and standards, as well as constraints are provided (Foner, 1997).

As people discover their abilities and resources, they take pride in having survived adversities and become re-energized. Personal qualities and strengths are often developed through our own personal struggles (Saleebey, 1996). Cultural stories can be an abundant source of strength for families and can provide inspiration and meaning. The collective capacities of individuals and families can positively impact and strengthen the larger system.

CHAPTER 4

Research Design and Methods

Background

In the midst of a civil war, many Somalians have fled to the United States. The majority of them have arrived within the last five years. The Somali people are now faced with the task of resettlement and survival in a new country. This study consisted of 5 adult, female Somalian refugees who have resettled in rural Minnesota.

Research Questions

The research questions are: 1) "What factors in childhood contributed to the development of resiliency in adult, female Somalian refugees? 2) How has that resiliency contributed to their capacity to adjust to life in the United States?"

Research Design

The design of this study was an exploratory, qualitative interview with individual participants. The interview guide is broken down into three sections, totaling 27 questions. The first section consists of three demographic questions such as age, occupation, and reason for being in the United States. The second section has 18 questions that pertain to when the subject was a child.

The factors examined in this section are parent's marital and economic status, family relationships, customs and rituals, school experiences, goals and dreams. Life events, coping mechanisms and family and social supports are also examined. The third section contains 6 questions that relate to the participant at the present time. The factors considered in this section are happiness, coping mechanisms, control over one's life, and what has been most helpful.

Key Terms and Definitions

The unit of analysis for this study is individual adult, female, Somalian refugees who have been in the United States about 5 years or less. Key terms are defined as follows:

Key Term: Somalian

Operational Definition: A person born in Somalia

How Measured: Born in Somalia

Key Term: Refugee

Operational Definition: A person who has fled his or her country because of past persecution or a well-founded fear of persecution based upon race, religion, nationality, political opinion, or a membership in a particular social group.

How Measured: As defined by law

Key Term: Resiliency

Operational Definition: The ability to successfully adapt to and function, despite experiences of chronic stress or severe trauma

How Measured: By self report

It is important for the purposes of this study to distinguish the terms *immigrant* and *refugee*. According to Heitritter (1999), "The term *immigrant* was used to refer to an overall category of Somali families who have arrived in the United States after 1991 following the collapse of the Somali government and was considered to include the status of refugee...However, the everyday use of the term *immigrant* blurs the distinction between immigrants and refugees" (p.7). The differences between immigrants and refugees differ greatly in the context in which resettlement occurs, as well as differences in goals, aspirations and motivations to resettle (Xiong, 1997). Immigrants seem to have a voluntary causal motivation to leave or the "push", while the "pull" factors provide motivation to resettle in a new environment (Bariagaber, 1994). Immigrants tend to leave their countries in an orderly fashion with the expectation of a better life in a new country. Refugees are forced out or "pushed" out of their countries of origin, forcing them to leave in a disorderly manner.

Forced migration, brutal conditions in refugee camps, and loss of identity in a strange new land are likely experiences for refugees (Heitritter, 1999).

The United States Immigration and Naturalization Service through the Refugee Act of 1980, section 101 (a) (42) of the Immigration and Nationality Act provides definitions of immigrants and refugees. The term *immigrant* is referred to as *permanent resident alien*. A *permanent resident alien* is "an alien admitted to the United States as a lawful permanent resident...they may be issued immigrant visas by the Department of State overseas or adjusted to permanent resident status by the Immigration and Naturalization Service in the United States" (Immigration and Naturalization Service, 2000, p. 22). A *refugee* is "any person who is outside his or her country of nationality who is unable or unwilling to return to that country because of persecution or a well-founded fear of persecution. Persecution or the fear thereof must be based on the alien's race, religion, nationality, membership in a particular social group or political opinion" (INS, 2000, p. 28). A person who is not in the United States may apply for inclusion within the United States refugee program. If they are in the United States, they may apply for the United States asylum program (INS, 2000).

According to the Immigration and Naturalization Service (2000):

This definition of a refugee does not include those people who have left their homes only to seek a more prosperous life. Such people are commonly referred to as "economic migrants", and are not refugees. People fleeing civil wars and natural disasters also may be ineligible for refugee resettlement under U.S. law, although they may fall within the protection of the United Nations High Commissioner for Refugees (UNHCR) (p. 1).

The legal definition of refugee does not appear to include displaced families who have fled their countries of origin to escape civil war. There are some Somali families who immigrate to the United States, but most are here as refugees (Heitritter, 1999). The participants in this study will be referred to as "refugees".

Study Population, Sampling Unit, and Sample

The study population was Somalian refugees. The sampling unit was adult, female Somalian refugees. The sample was adult, female, Somalian refugees who have been in the United States about 5 years or less. The participants ranged in age from the low-20's to the mid-60's. The study participants were enrolled in a Family

Literacy Program. The participants were also enrolled in English as a Second Language (ESL) classes. There were approximately 11 families enrolled in the Family Literacy Program, which began in January 2001. Each adult female was given the study information and each had an equal chance of participating in the research study. The interviews took place at the Family Literacy Program site.

Measurement Issues

This study was subject to both systematic and random errors of measurement. Resiliency is difficult to measure as there is no method available to obtain a reliable estimate of the numbers of resilient children or adults at any given time. Random error may have occurred due to language barriers, as many of the participants were not English speaking. The reliability of this study could be in question due to cultural aspects. First, there was the language barrier and the need to use an interpreter. Secondly, there are no proven measures of resiliency in previous research. It was crucial to be clear and specific when asking questions of study participants. A Somali bilingual interpreter was used to help break language barriers. It was important that the participants understood the questions. Due to language barriers, the

questions may have been understood in a different context than which they were meant.

The issue of validity is important to this study. Content validity was examined to determine whether the study participants identified factors in their childhood that contributed to resiliency as adults. Although resiliency is difficult to measure, there are some indicators that correlate with the concept of resiliency. Systematic error may have occurred if the participants found the questions in the study were too intrusive or painful. The participants were all refugees who may have been or have family members in refugee camps. Another possibility is that the participants may have family members who are deceased or who were tortured or killed in front of them. This researcher also looked at the acquiescent response set and the social desirability bias to determine whether the individuals gave their true views.

There are two levels of measurement in this study, nominal and ordinal. The nominal measure includes female, Somalian, education, and childhood home. The ordinal measure includes the ranking of specific variables. This study examined factors that contribute to resiliency in all study participants. The factors are grouped into common

themes. The variables in this study (Somalian, refugee, resiliency) are classified as discrete variables.

Data Collection

The data collection instrument consists of a 27-question interview guide (Appendix A). The interview questions were pre-tested with the interpreter, who is female, bilingual, and Somalian.

The data collection instrument was administered by individual interview sessions with participants.

Data Analysis

Qualitative data analysis was used to examine the findings in this study. Descriptive statistics were used to explain and compare the answers of study participants. Content analysis was used to identify common themes. The focus was on individualized experiences and outcomes.

Protection of Human Subjects

Provisions were made for protection of human subjects participating in this research. The informed consent process consisted of a letter describing the study and the researcher's role in the process. Subjects were informed as to why they were selected for the study. This letter included explanations of anonymity and confidentiality. It was stressed that participation is voluntary. A signed consent form to participate was required of each

participant. Separate consents were required for the use of direct quotes and audiotaping. The participants were given the opportunity to ask questions of the researcher. The risks and benefits of the study were explained to the participants. The participants were given the names and telephone numbers of counseling services, should painful thoughts and memories occur during the interview process. It was explained that utilization of these services would be at the participant's own cost. Participants were informed that they could withdraw from the study at any time without negative consequences. The interpreter involved in this research was told of the ethical obligations of confidentiality and was required to sign a statement promising such confidentiality. The interviews were audiotaped. This researcher took written notes, which are kept in a locked file. These notes will be destroyed upon the approval of my thesis. The only persons to have access to these tapes and notes are the researcher and her thesis advisor.

The study proposal was approved by the Augsburg College Institutional Review Board (IRB) prior to interviewing human subjects. The IRB number is 2001-21-1.

CHAPTER 5

Findings

Introduction

This exploratory study examined what factors in childhood contributed to the development of resiliency in adult, female, Somalian refugees. The study participants have relocated to rural Minnesota as a result of a civil war in their country.

The findings of this study reveal that the participants had several resiliency factors available to them as children. The availability of these factors enhanced their ability as adults to adjust to life in the United States. There were three areas of resiliency factors identified in the literature review. The three factors are: 1) self-concept; 2) family; and 3) community. In Somali culture community is considered a part of extended family. This writer will discuss the part each of these factors may have played in the development of resiliency in the study participants.

Research Questions

The research questions are: 1) "What factors in childhood contributed to the development of resiliency in adult, female, Somalian refugees? 2) How has that resiliency contributed to their capacity to adjust to life

in the United States?" Given below are the findings related to the research questions.

Demographics

There were three demographic questions. The questions asked about age, occupation, and what brought them to the United States. The study population consisted of 5 adult females, ranging in age from the low-20's to the mid-60's. None of the participants were employed at the time of the study. One was looking, two had recently been laid off, one was a stay at home mom, and one was disabled. All participants identified their reason for being in the United States as "Somalia is fighting". Three of the women talked about being a refugee and one stated she was in a refugee camp for 5 years. Three of the five women were English speaking, but two of the women still used an interpreter part of the time.

Self-concept factors allowed the women to identify their reason for being in the United States and to self-identify as refugees. They were able to accept the services of an interpreter when offered.

CHILDHOOD

Environment

The questions in this section asked about where the participant grew up, and the parents' marital and economic

status. The city of Mogadishu was where 4 out of 5 participants grew up. The fifth participant grew up near Mogadishu. All of the participants' parents were married. Economically, 4 out of 5 participants described their families as middle income and the fifth described her family as poor.

The responses in this section indicate family unity, as all of the participants' parents were married. The majority of the women lived in a large city. The literature does not indicate that rural or urban living affects resiliency factors. It is not known if Somali family income is comparable to income brackets of families in the United States.

Family Relationships

The questions in this section asked the participants how they got along with their family, who they identified as a support person within and outside their family, and childhood traumas. All participants described their relationship with their families as good. All participants identified their mother as the person they would go to for help with a problem. One participant included her father as a support person. Four of the participants responded they would not seek help with problems outside of the family. One woman identified her uncle as an outside

person to whom she could turn. Only one of the participants had something bad happen to her as a child. Her father died when she was very young. She stated it was too long ago to remember how she reacted or what she did.

The study participants possessed family factors that provided buffers to stress. First, they described their relationships with their families as good. Second, they identified at least one family member, usually the mother, to whom they could go to for help, which was an indication of problem solving skills. The parent-child relationship was a factor in the development of self-esteem and a sense of self-worth for the participants. One factor they did not possess was the willingness to seek help outside of the family. One woman mentioned her uncle as an outside person, but in reality he is considered family. All but one of the women denied childhood trauma. The one whose father died did not remember the event. The absence of childhood trauma would be remarkable in any culture and the findings of this question should be interpreted with caution.

Somalian Rituals, Customs, and Celebrations

The question asked of the participants in this section focused on rituals, customs, and celebrations that were practiced during the participants' childhood. All of the

participants identified the celebration Ramadan as an important time. Eid Al-Fitr or Id al-Fitr was described by 4 of the 5 participants as a celebration of feasting. This takes place at the end of Ramadan. Haj, which is the pilgrimage to Saudi Arabia was identified by three of the women as being a very important ritual in their lives. This occurs three months after Ramadan. One woman talked about her parents fasting, and stated that children do not fast until they are age 15. Two of the woman identified marriage as a special celebration. Koranic school was mentioned by one participant as being a significant custom.

Participating in rituals, customs, and celebrations are an important part of self-concept, family, and community factors of resiliency. These traditions contribute to a sense of belonging and identity. They serve to stabilize family life, thereby enhancing resiliency (McCubbin & McCubbin, 1998).

Childhood Memories and School

There were several questions in this section ranging from if they attended school, the type of school, number of years completed, how well they got along with the other students, if they were a good student, what they were like as a child, what they wanted to be when they grew up, to happy times they had during childhood.

The educational levels of the participants ranged from 0-14 years. One participant had no education, one had one year, two had 8 years, and one had 14 years of education. The four women who had been to school all stated that they had been good students and got along well with the other children and teachers. One participant, through the interpreter stated, "My teacher was like my dad or my mom. I liked my teacher." The school type identified was a Koran or Muslim School. Another participant referred to it as a "Duksi" school. One woman stated she was taught Arabic, Somali language and Math. Another reported going to English as a Second Language and Italian classes every night.

When asked what they were like as a child, three of the women described themselves as happy. School was identified as being well liked by two of the women. One woman talked about liking dolls and new dresses. Playing was described as a fun activity by two women. One woman talked about how she liked to help her mother and that her grandmother lived with them. Holy days such as Id al-Fitr or Eid Al-Fitr were identified by 3 of the participants as significant happy times in their childhood.

One woman talked about getting new dresses and shoes, another talked about shopping and being happy when her

mother gave her something. One participant who had dreams of being a doctor remembers playing a doctor for kids. She also remembers going to the beach with her family every Friday. Her father did not have to work on Fridays.

When asked what they wanted to be when they grew up, two of the participants responded they wanted to stay with their mothers, one of which wanted to be a helper to her family and help her mother to cook food. A third woman said she wanted to stay with her mom and her dad and go to more school. One woman dreamed of getting married and one dreamed of being a doctor or a nurse.

One of the themes present in this section was the availability of supports outside of the family, specifically the school system, teachers and peers. When one participant likened her teacher to her parents she was displaying resilience. The four women who attended school said they got along well with the other students. Positive peer relationships indicate good adjustment. The women indicated good self-concept when they talked about hopes and dreams and being happy children. The closeness to parents, especially mothers was again a prominent theme in this section.

ADULTHOOD

Coping Mechanisms

The questions in this section asked the participants if they are happy even when they have problems, coping mechanisms, advice to others, and external and internal supports they found helpful when they settled in the United States.

The individuals of this study talked about being happy even when they had problems. Only one woman identified herself as not being happy. She stated through an interpreter, "I'm not happy now because my father go to an interview to immigration... I signed papers for my father to come to the United States and immigration said no, and I'm not happy now. My brothers and sisters too. Only my mom is here."

When asked what they do when they are upset, two of the women said they stay at home, one added with her husband. One individual responded that she helps herself and plays with her kids. One woman said she tells mom or God if she is sad. Prayer was identified by two of the women as a coping mechanism. One participant said she would call the police if she were upset. Given this response, it is uncertain if the participant understood the question.

The study respondents' advice to others with problems was as follows: tell them to talk about it, talk to your mom, talk to them to find information on what happened and what they need, and if you haven't anything go to the welfare for help. One woman stated, "I say be patient, everything's going to be okay. As long as you're still alive, you've got a problem you know."

All individuals in the study described having control over what is going on in their life. God and prayer were identified by 2 of the women. One woman talked about her mother helping her with problems. Another talked about her friend's help. One woman stated, "I feel okay. I live a free life." Another stated, "Iimaan - accept everything that comes to you. You have to pray a lot - that's all I have to do."

The study participants described agencies such as YMCA, welfare, immigration, and refugee services as external help when they came to the United States. One individual identified the YMCA as giving her a place to stay, food, and furniture. One participant talked about her mother signing papers to get her a sponsor and the sponsor helping her.

All of the individuals identified God/Allah, and/or prayer as being internal things that helped them the most

when they came to the United States. One woman stated that she hoped to find a job. Another stated, "I don't know nothing if when you are new. I was scared. I said how am I going to be fine - now I am fine." One individual said she prays two times and says, "Oh my God, I have problem, I need help."

All three themes were prevalent in this section: self-concept, family, and community. The ability to identify a problem and be optimistic is an attribute of resiliency, as is having an active, evocative approach toward problem solving (Rak & Patterson, 1996). An empathetic response is a survival skill that was present in the study participants. Effective coping was demonstrated by all participants who identified having control over what is going on in their lives. Coping was also demonstrated by the hope and faith that things will work out. The women had the ability to seek help from community agencies as they resettled in the United States.

Chapter 6

Discussion of Findings

This study confirms that Somalian families have a lot of strength. The women in the study appeared to be very resilient. All of the women in the study described being very close to their mothers. Additionally they described having good relationships with other family members. The Sunni Muslim faith was mentioned by every study participant. God/Allah and prayer are a very important part of Somalian life. School is also a very important aspect of a Somalian child's life. They are very happy to learn the Koran. It was interesting that all but one participant described herself as being happy. The refugees are faced with the enormous task of resettlement, yet this writer found them to be very pleasant to work with. The participants seemed to gain more trust, the more times they saw this writer at the interview site. The happy times the women described centered on religious and family activities. All of the individuals appeared to have some problem solving skills - in knowing where to go for help for themselves and others. The intangible things in life, such as hope, God, and prayer were identified by all of the women. The concept of things inside of a person that help

them was a difficult concept for the women to grasp. The researcher had to provide additional explanation about this concept.

The women in this study are in the third phase of the refugee experience as described by Bryant and Ahearn (1999). The women are facing problems in adjustment and language barriers, but have shown much strength in overcoming these. They are so grateful to be in the United States and are eager to learn new things, such as reading and speaking English.

McCubbin and McCubbin (1998) described how traditions contribute to identity and a sense of belonging. I found this to be very accurate as the women described the customs and celebrations from their childhood. They appeared to be very proud of their heritage and the integral part that family rituals play in it.

Strong family ties are important and provide stability to the participants. The women identified their mothers as being a significant support person. Putman and Noor (1993) described how personal security and identity is tied to family.

The study participants did not report significant risk factors as described by Fraser, et al. (1999). Only one participant reported a bad event - her father died when she

was very young. There was only one participant that did not have any education.

The majority of the women possessed the protective factors cited in the literature review. Notably was the optimistic perspective and the positive outlook they held. The participants had a strong faith and religion which contributed to their resiliency. The majority of the women in the study reported positive relationships with teachers and peers. This may have provided a buffering effect for them.

This study ties into the ecological systems theory by examining the whole environment of the study participants. In this case, the childhood environment of adult participants was examined as well. Family systems theory fits well with this study in looking at the interactions of individuals and their families. Religion plays a part of this family system as the church is sometimes thought of as "extended family". As the women identified such things as hope, God, and prayer, it was evident that the strengths perspective was especially applicable. The women had strong family values in wanting to stay close to and help their families.

CONCLUSION AND RECOMMENDATIONS

Limitations of Study

This study is limited because of the small sample size. The small group may not be representative of the Somali population. The findings of this study may not reflect the same resiliency characteristics of other individuals or cultures. The study population consisted of adult, female, Somalians who have been in the United States about 5 years or less. All participants were enrolled in the Family Literacy Program. The narrow focus of the study population limits the findings to those meeting the criteria to be in the study, and does not allow for generalization to persons with different characteristics, traits or cultural identity.

Another limitation of this study is the language barrier. Many of the participants did not speak English. The interpreter spoke limited English, but did not read English. The interview guide, consent form, and confidentiality form needed to be read to her. It was difficult to explain the questions to the interpreter in the context in which they were meant. This researcher used a lot of hand gestures to explain. The interpreter also took meanings to be more concrete and literal. For example, questions 26 and 27 ask about what has helped them

the most outside and inside themselves as they settle in the United States. The participants thought the questions were about services, ie. welfare, community action agencies, etc. The researcher meant the first question to be about services and the second question to refer to sources of inner strength or family, friends, and so on.

Much of the literature reviewed for this thesis is viewed from United States' culture. There is little research on resiliency in Somalian culture. More research is needed to understand how and to what extent resiliency translates into Somalian culture. The Search Institute conducted research on children across the United States. The article by Rak and Patterson (1996) made mention of Emmy Werner's study of children in Kauai, Hawaii. Also included in the article was Rutter's study of Isle of Wright (England) and inner London children. The study by Demar (1997) took place in the United States and included 69 percent black, Latino, or Asian participants. Dumont (1999) studied mostly middle-class, Caucasian, French-speaking families. The article by Bryant and Ahearn (1999) focused on African refugee children. Foner (1997) wrote about immigrants in general.

Implications for Social Work Practice

Schools of social work should provide opportunities for students to understand the refugee experience by integrating refugee issues into their curriculum. Students need to be made aware of various policies designed to help refugee populations. Protocols should be developed for working with refugees involving cultural considerations. Individual social workers may seek additional training to work with refugee families in addressing issues of grief and loss.

What is the best practice to use with refugees whose family members are missing, especially mothers? Social workers can encourage their refugee clients to become involved with their extended community. Women's groups and support groups can be started as a way of facilitating and acknowledging grief and loss issues. This in turn can build resiliency by implementing problem solving skills. The client then feels like they are "doing something".

Implications for Further Research

This research adds to the growing field of refugee study. There is much work to be done in the area of trauma and stress and how refugees cope with their experiences. Additional study needs to be done on the length of time one needs to cope. A longitudinal study would reflect a

clearer understanding of an individual or group's stressors and trauma and what characteristics or factors have contributed to the resiliency continuum. Much of the literature is viewed from United States culture. More research is needed that focuses on how resiliency relates to other populations.

Recommendations

The social work profession needs to continue to respond to the needs of displaced Somalians. This may occur on a personal level and also on a policy level. As social workers we must be attuned to the culture of the people with whom we work. We must emphasize the importance of that culture and how it ties in with an individual's resiliency. In turn we can help build the strengths of individuals and increase their well-being. Strong individuals build a strong community.

Rituals and customs contribute to the strength of the Somali family. We must acknowledge and embrace differences. The more we demonstrate our understanding, the more others will look to us for guidance. Cultural awareness activities can be introduced by social workers in the community. By collaborating with Somalian community members in initiating these activities, we are integrating them into the community. It is through these

collaborations that we break down the stereotypes that divide cultures. The bringing together of cultures will serve to strengthen families and individuals and add to resilience.

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Appendix A

INTERVIEW GUIDE IRB# 2001-21-1

Demographics

1. How old are you?
2. What is your current occupation or job?
3. What brings you to the United States?

Please answer the following questions as they relate to when you were a child.

4. Tell me about where you grew up.
5. When you were a child, were your parents married?
6. When you were a child, what Somalian customs, rituals, or celebrations did your family practice?
7. When you were a child, was your family rich, poor, or in the middle?
8. When you were a child, how did you get along with your family?
9. What were you like as a child?
10. Did you go to school as a child?

Skip questions 11, 12, 13 if person did not attend school.

11. What kind of school did you go to?
12. How many years of school did you complete?
13. Did you get along with the other students and teachers at school?
14. Were you a good student?
15. What did you want to be when you grew up?
16. What are some happy times you had as a child?

17. Did anything bad happen to you when you were a child? (problems with friends, abuse, divorce, racism, death of friends or family)

Skip questions 18 and 19 if nothing bad happened.

18. Tell me about what happened.

19. What did you do when these things happened?

20. When you had problems, to whom in your family did you turn to for help?

21. Who did you go to outside of your family to help you with problems?

Please answer the following questions as they relate to you now.

22. Do you consider yourself a happy person even when you have problems?

23. What do you do when you are upset?

24. Do you feel like you can help what is going on in your life?

25. What do you tell other people to do when they have problems?

26. What outside things helped you the most when you came to the United States?

27. What things inside you helped you the most when you came to the United States?

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Appendix B

RECRUITMENT SCRIPT IRB# 2001-21-1

Hello, my name is Joyce Arends. I am currently in my final year of a Master in Social Work program at Augsburg College. As part of our program requirements, we must work on a thesis, or research paper, in an area of interest to us. I have chosen the area of how people find strength during difficult times. I am interested in studying what things in your childhood helped you find strength and how that strength has helped you today, now that you are in the United States.

I would like to spend about an hour with you during which I will ask you several questions. I will be taking notes and would also like to audiotape the interview. To ensure your privacy, the audiotapes and my notes will be destroyed when I have finished my study and paper. There will be an interpreter available if needed.

Participation in this study is completely voluntary. If you do not wish to participate in the study, it is okay for you to tell me "NO". The interviews will be held here at the Marshall Area Adult Learning Center. You will receive \$10.00 whether or not you complete the interview. Your participation may help to improve the understanding of this researcher and other social work practitioners about your experience. You may also benefit by telling your story and sharing your experiences with others. Do you have any questions? Do you think you would be interested in participating in study?

If yes, when is a good time to conduct the interview?

If no, thank you for your time.

Appendix C

CONSENT FORM IRB# 2001-21-1

You are invited to be in a research study to look at the factors in childhood that helped you during difficult times and have helped you adjust to life in the United States. You were selected as a potential participant because you are identified as a refugee. I ask that you read this form and ask any questions you may have before agreeing to be in the study. Your participation is completely voluntary. This research study is being conducted by Joyce Arends in partial fulfillment of the Master of Social Work thesis requirement at Augsburg College.

What will happen during the study?

The study consists of one audiotaped interview lasting about 60 minutes. I, Joyce Arends, a Master of Social Work student who is working on her thesis will conduct the interview. You will be asked to relate stories about your childhood and your life now. After the interview is complete, I will listen to the audiotapes and compare your stories to those of other refugees to look for common themes. An interpreter will be available if needed.

Are there any risks?

It is possible that through the discussion and recollection of your story, painful memories or thoughts could occur. You may skip any question or questions that you choose to. If at any point during the interview you feel too uncomfortable to go on, you may stop the interview without consequence. After the interview, the following 24-hour counseling referrals are available for you to contact should the need arise. However, payment for any such treatment must be provided by you or your third party payer, if any, (such as health insurance, Medicare, etc.).

Western Human Development Center 507-532-3236

Are there any benefits?

It is possible that you could experience a greater sense of well being or satisfaction in knowing your story will help others. Also, participants will receive an honorarium of \$10.00 at the beginning of the interview. Your participation may help other professionals to learn more about Somalians.

When and where will the interviews be done?

The interview will be scheduled during the days when you are at the Family Literacy Program. Interviews will be done in person.

Who will have access to the interview material?

The only people who will have access to the audiotapes will be the researcher and her thesis advisor. The audiotaped interviews will be transcribed by the researcher and then destroyed. The interpreter assisting the researcher will sign a pledge of confidentiality to ensure your privacy. Any identifying information from the interview,

including your name, will be removed or altered on the written transcript. All information is confidential. However, the researcher cannot guarantee anonymity due to the small sample size, but will make every effort to maintain anonymity. Raw data, including the audiotapes, will be destroyed no later than September 30, 2001.

What if you change your mind?

You are free to withdraw from this study or refuse permission for the use of your interview or transcript at any time and the \$10.00 honorarium will be yours to keep. Your decision whether or not to participate will not affect your current or future relationship with Augsburg College, Marshall Public Schools, Marshall Community Services or the Marshall Area Adult Learning Center.

Before you sign this form, please ask any questions on aspects of the study that are unclear. I will attempt to answer any questions you may have prior to, during, or following the study. You may contact me at 507-532-5764. If I am unable to answer any of your questions to your satisfaction, you may also call my thesis advisor, Professor Sharon Patten at 612-330-1723.

Statement of Consent:

I have read the above information or have had it read to me. I have received answers to questions asked. I consent to participate in the study.

Signature _____ Date _____

Signature of investigator _____ Date _____

In addition:

1. I consent to be audiotaped.

Signature _____ Date _____

2. I consent to allow use of my direct quotations in the published thesis document.

Signature _____ Date _____

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Appendix D

**CONFIDENTIALITY FORM
IRB# 2001-21-1**

This research study includes sensitive and confidential information about study participants. You are interpreting this information for the purposes of clarification and overcoming language barriers. By signing this form you are agreeing to not reveal names, identifying information or any of the content of the interviews.

Name of Interpreter _____

Signature of Interpreter _____ Date _____

Signature of Researcher _____ Date _____

