

THE UNIVERSITY OF CHICAGO

RESILIENCE OF ADOLESCENT ROHINGYA REFUGEES IN CHICAGO

B.A THESIS SUBMITTED TO THE DEPARTMENT OF
HISTORY, PHILOSOPHY, AND SOCIAL STUDIES OF SCIENCE AND MEDICINE

BY

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ABSTRACT

The Rohingya have a long history of persecution in Myanmar. Those who have escaped from their homeland are relatively safe, but continue to suffer different hardships as refugees. Resilience is the positive adaptation to past extreme stress and adversity, making it an interesting topic of research for Chicago's Rohingya population. The purpose of my research was to determine whether or not adolescent Rohingya refugees who have settled in Chicago have similar resilience as their non-refugee peers. Resilience was measured by using a quantitative approach in the form of a survey and a qualitative method in the form of interviews. The adolescent Rohingya refugees of the Rohingya Culture Center boys' soccer team demonstrated that they were equally as resilient as their non-refugee soccer-playing peers, and also exhibited many positive traits of resilience, like self-reliance, optimism, and confidence. Since research has shown that resilience is a malleable trait, a strength-based approach can be adopted to boost resilience at the individual and community levels. This preliminary study provides important information about how trauma-exposed adolescent Rohingya refugees in Chicago might develop robust resilience by playing on a sports team and belonging to the Rohingya Culture Center. A broader application of this research would be to cultivate refugee-specific strategies to help future adolescent refugee populations resettling in Chicago.

CONTENTS

ACKNOWLEDGEMENTS	iii
ABSTRACT	iv
LIST OF TABLES	vi
1 INTRODUCTION	1
1.1 Historical Context of Rohingya Refugee Crisis	1
1.2 Resilience and its Definition for this study	4
1.3 Conceptual Framework of Resilience	6
1.4 Research Questions, Hypothesis, and Aims	10
2 RESILIENCE AND MENTAL HEALTH	14
2.1 Medical Anthropology and Resilience	16
3 MEASUREMENT OF RESILIENCE	20
4 METHODS	25
4.1 Research design	25
4.2 Data collection	27
4.3 Data analysis	28
5 RESULTS AND DISCUSSION	32
5.1 Demographic Information	32
5.2 Demographic Information Discussion	33
5.3 Survey Results	35
5.4 Survey Results Discussion	38
5.5 Interview Results and Discussion	39
5.6 Interview with Assistant Director of RCC	43
5.7 Practical implications	45

5.8 Considerations for future research	46
5.9 Limitations of study	48
6 CONCLUSIONS	51
BIBLIOGRAPHY	54
APPENDIX A Consent Forms	60
APPENDIX B CYRM-12 Survey Questions, Background Information Questionnaire and Interview Questions	66
APPENDIX C Raw Data Tables	72
APPENDIX D Data Analysis	75

LIST OF TABLES AND FIGURES

Table 1. Definition of Resilience for this Study	7
Figure 1. Conceptual Framework of Resilience	13
Graph 1. CYRM-12 data Rohingya Cultural Center Boys' Soccer Team	36
Graph 2. CYRM-12 data Morgan Park Academy Boys' Soccer Team	36
Table 2. Summary of Data Showing Means and Standard Deviations for RCC and MPA Boys' Soccer Teams	37
Graph 3. Showing the Mean and Standard Deviations (S.D) of the Total CYRM-12 Survey Scores for Participants from the RCC and MPA Boys' Soccer Teams.	37

CHAPTER 1

INTRODUCTION

1.1 Historical Context of Rohingya Refugee Crisis

The number of refugees in the world is on the rise. According to the United Nations High Commissioner for Refugees' (UNHCR) report, "Global Trends: Forced Displacement in 2017," a new record high was reached; 68.5 million individuals were forcibly displaced from their homes by the end of 2017, at a rate of 44,400 people per day, as a result of persecution, conflict, generalized violence, or human rights violations (UNHCR 2017). Of the 68.5 million individuals forcibly displaced worldwide, the report states that 25.4 million people were refugees (UNHCR 2017). The United Nations defines a refugee, as a persecuted person who has crossed an international border to leave their country of nationality and does not want to return to it, while a displaced person has been forcibly removed from his or her home but remains in his or her own country. The UNHCR further states that the main reason that refugees flee from their countries is due to "ethnic, tribal, and religious violence," and that "two-thirds of all refugees worldwide come from just five countries: Syria, Afghanistan, South Sudan, Myanmar and Somalia." ("What is a Refugee" UNHCR 2018).

Of the refugees of these five countries, the Rohingya are the most persecuted group of people in the world; they have been beaten, raped, abused, displaced, and killed by the Myanmar military ("The Most Persecuted People" The Economist 2015). In addition, the humanitarian crisis in Myanmar continues to worsen; according to the United Nations' Inter Sector Coordination Group (ISCG), Cox's Bazar in Bangladesh is currently the largest camp for Rohingya refugees in the world (ISCG 2018). The suffering of the Rohingya people dates as far back as the 8th century, when Rohingya Muslims are thought to have inhabited Myanmar. Even

then, they were enslaved and forced into military service by the kingdom of Arakan, formerly located in what is now the Rakhine state. British conquest of Myanmar (then Burma) and Arakan prompted the immigration of thousands of laborers from Bengal to Arakan in search of work. Once Myanmar gained independence from British rule, its governments began reversing the effects of British colonial rule by denying the Rohingya citizenship and failing to recognize them as an indigenous ethnic group of Myanmar (Ibrahim 2018). Consequently, the Rohingya have been forced out of Myanmar. The United Nation's Office of the United Nations High Commissioner for Human Rights (OHCHR 2017) compiled a report from interviews of Rohingya fleeing from Myanmar after military attacks by the Burmese army, which began on October 9, 2016. The OHCHR concluded that "the attacks against Rohingya villages, and the associated serious violations affecting the right to life and physical integrity and the destruction of houses, food stocks and sources of food make it impossible for Rohingyas to live in their villages, thereby creating a coercive environment amounting to forced displacement" (OHCHR 2017). There was global outrage, after the Myanmar military and police's October 2016 persecution of the Rohingya people in the Rakhine State, however, this was not an isolated incident. As noted by the OHCHR report about the Rohingya, decades of "widespread discriminatory policies and/or practices targeting them on the basis of their ethnic and/or religious identity had led to an acute deprivation of fundamental rights" (OHCHR 2017). As a result, the military government of Myanmar has been accused of ethnic cleansing and genocide by various international governing agencies, human rights groups, and governments such as the United Nations ("Myanmar Military Leaders" UN 2018), the International Criminal Court (Barron 2018), and the United States' government (McKay 2018).

In a report by the non-governmental organization Plan International, published in June 2018, the Rohingya crisis is attributed to decades of discrimination and violence, periods of forced displacement, and the current lack of a political solution. The article noted that the government was responsible for ethnic cleansing and the crisis was prolonged by the lack of international intervention (“Adolescent Girls in Crisis” Plan International 2018). Despite detailed investigations and reports with recommendations by organizations such as Human Rights Watch (HRW 2017), the United Nations, (OHCHR 2017) and Plan International (2018), the international community has not succeeded in shortening the crisis. In addition, the government in Myanmar has arbitrarily restricted the access of humanitarian groups, for example, the international organization Médecins Sans Frontières is barred from northern Rakhine (“Independent Humanitarian Agencies” MSF 2018), and Yanghee Lee, the U.N. Special Rapporteur on the situation of human rights in Myanmar, continues to be denied entry to the country. As a result, Ms. Lee had to rely on the testimonies of Rohingya refugees in her report to the U.N. in March on the situation of human rights in Myanmar (Lee 2018). Furthermore, conditions for Rohingya refugees are not likely to improve in the foreseeable future, as they cannot go back to Myanmar and they are forced to stay in camps in Bangladesh or seek refuge elsewhere (Wake 2018).

A Human Rights Violation. Myanmar’s domestic mechanisms for recognizing and prohibiting torture are ineffective, because their current government follows typical strategies of obstruction and abuse that have been recognized with respect to other democratic regimes in which torture was permitted to occur. The government in Myanmar is flawed, and it is not likely, given the known trends with respect to democratic regimes of torture, identified by John Conroy, that it will be capable of addressing the Rohingya crisis it has created without international

intervention (Conroy 2000). However, international mechanisms such as the Rome Statute of the International Criminal Court, and the United Nations' Convention against Torture and other Cruel, Inhuman, and Degrading Treatment or Punishment, have also failed to intercede in Myanmar on behalf of the Rohingya, and successfully end this regime of torture (Ibrahim 2018). Living under oppression has become a way of life for the Rohingya in Myanmar, as this mostly Muslim population has endured discrimination, violence, extortion and other abuses by the Buddhist majority, for generations. More recent adverse conditions have forced them to flee to seek protection.

1.2 Resilience and its Definition for this Study

Human beings are capable of withstanding great adversity by adapting to or protecting themselves from their environment. However, individuals vary in their response to hardships. The development of natural protective mechanisms requires basic material and social resources, including healthy family and community environments, as well as good physical and mental health. While some people become resilient after exposure to traumatic events, others develop psychological disorders. The relationship between resilience and mental health is therefore discussed in Chapter 2, which also includes a section about the medical anthropological perspective of resilience in relation to the construct of subjective well-being. In particular, Chapter 2 addresses the social and cultural factors which impact resilience, and physical and mental health in refugees. With an increase in the number of global refugees, many of whom have undergone extreme trauma, resilience research is necessary to understanding the mechanisms for successful resettlement.

The term resilience was first used as a psychological concept in the 1970s, with respect to human development research on chronic adversity (Garmezy 1973). Bonanno and Diminich

identify four broad phases with respect to the evolution of the use of the term resilience in developmental research. In its first phase, research emphasized the analysis of factors that were associated with positive outcomes in individuals who had previously experienced adverse conditions. The second phase focused on processes that generated resilience. A third phase introduced interventions that were preventative in that they reduced risk and enhanced protective factors. The fourth phase of resilience research adopts “an integrative perspective that can encompass genes, neurobehavioral development and statistical analyses, and explores moderators of risk as well as the role of neural plasticity in resilience.” (Bonanno and Diminich 2012)

Resilience has been broadly identified throughout literature as an evolving process resulting in a positive adaptive response to life-experiences of trauma and adversity (Jackson 2007, Coleman 2002, Smith 1999). The American Psychological Association characterizes psychological resilience as the “...process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress...it means ‘bouncing back’ from difficult experiences” (Comas-Diaz 2019). While Southwick (2014), defines resilience as “...a stable trajectory of healthy functioning after a highly adverse event.” It must be noted, however, that a “stable trajectory” also allows for periods of deviation from one’s normal functioning, as defined by Bonanno, who states that “resilient individuals...may experience transient perturbations in normal functioning” but they are generally healthy over time (Bonanno 2004). It is, therefore, the generally stable nature of healthy functioning over a period of time which distinguishes resilience from short-lived forms of recovery. One does not have to have experienced adverse traumas to be resilient; any life stressors to which adaptations are required, such as those that

refugees face while resettling in a new country, like adjusting to differences in culture, language, climate, or foods, can contribute to resilience.

For the purpose of this study resilience will be defined as the positive adaptation to past extreme stress and adversity, with respect to psychological, social, and cultural factors, and their interaction over time in order to affect one's response to adverse experiences. Table 1. depicts this definition with the types of protective factors that represent positive adaptations. The interactions of these psychological, social, and cultural factors over time, in the period after experiencing trauma, will help to determine the resilience of refugees. Resilience researchers vary in their studies about the factors which contribute to resilience, however, there is now general agreement that resilience is multifaceted, and has intrinsic personal qualities as well as environmental, cultural, and societal factors. In sum, resilience is a complicated construct, and one that must take into consideration multiple factors in its definition and in developing interventions to enhance it.

1.3 Conceptual Framework of Resilience

The definition of resilience used in this study and described in the previous section, is based on the following theoretical framework; resilience is a process and an outcome working together such that the process leads to the outcome. The process is the ability to recover well from an adverse event and with greater resourcefulness while the outcome is being able to function well after experiencing an adverse event (Van Breda 2018). The resilience framework used in this thesis is dependent on individual, social, cultural and environmental processes and the interactions between these (Figure 1). Family relations, social structure, the physical and social environment, the availability of resources, and cultural norms all play an important role in providing positive outcomes under stress. Any interventions to enhance resilience must consider

Table 1. Definition of Resilience for this Study

Positive adaptation response to past extreme stress and adversity, with respect to psychological, social, and cultural factors.

Past Extreme Stress and Adversity:	Positive Adaptations are Protective Factors: (Lee, 2012)
<ul style="list-style-type: none"> • Violation of human rights conditions endured in Myanmar that caused Rohingya adolescents and their families to seek shelter 	<ul style="list-style-type: none"> • <i>Bonding</i> - forming emotional attachments with family, peers, school and community members • <i>Optimism</i> - demonstrated as self-efficacy, spirituality, senses of identity, and meaning of life • <i>Favorable Environment</i> - like a warm and nurturing family, safe home and school environments with good social and emotional support systems, opportunities for socioeconomic development, and access to healthcare and social services • <i>Five Core Competencies</i> – Signs of any or all of positive cognitive, emotional, moral, behavioral, and social competencies. A positive competency in Rohingya adolescents will include ability to reason, ability to control emotions and impulses, a good sense of self, traits which are admired by society, and community appeal or attractiveness.

social and environmental processes along with individual traits and cultural contributions in a holistic and multi-leveled approach.

Justification for Framework Resilience is a malleable trait which can be boosted by teaching traumatized individuals coping strategies, and providing social and environmental support systems (Figure 1). The Rohingya population has endured extreme trauma and many have fled Myanmar to become refugees all over the world including the United States. About

1,500 Rohingya refugees live in Chicago, and Illinois has one of the United States' largest populations of newly resettled Rohingya refugees (rccchicago.org, "Admissions and Arrivals" wrapsnet.org 2018). The Rohingya Culture Center (RCC) in Chicago, founded in 2016, is the only culture center for Rohingya in the U.S. (rccchicago.org). Its director, Mr. Nasir Zakaria, was recently named the Chicago Red Cross Global Citizenship Hero of 2018. The RCC serves about 450 families who live around the center, in the city's West Ridge/West Rogers Park neighborhood (rccchicago.org). Thus far, there are no reported studies about the resilience of permanently resettled Rohingya refugees. Therefore, this study would help to better understand and address interventions required to build resilience and improve the health and well-being of this growing population. Furthermore, this study is unique because it is the first study to focus on the adolescent Rohingya refugee population of Chicago. Currently, there are very few studies about resilience in adolescent refugee populations (Panter-Brick 2018). According to literature cited above, individuals who have undergone trauma and survived, are likely to have adapted and become resilient. Rohingya refugees are likely to be more resilient than people who have not had to endure extreme trauma, but resettlement in a new country provides additional stressors that refugees and immigrants face. Escaping persecution and reaching the safety of a host country can be considered to be resilient in itself, however to successfully live and thrive in a new country can be challenging as demonstrated by a recent study of Rohingya refugee men in Chicago (Jeremiah 2017). This study measured the daily stressors of Rohingya refugee men aged 25 to 35 years old in Chicago and found that their trauma surged during their resettlement. They worried about family and friends left behind in Myanmar, their children and their elderly relatives, and about integrating within the U.S. This conflict necessitates the study of resilience in the

Rohingya population in Chicago in order to be able to suggest the best interventions for the psychological health and well-being of this population using resilience as a framework.

Resilience in Adolescents Adolescent refugees are often torn between the culture from which they came and the new culture into which they are resettling. In addition, youth in general are faced with the typical stresses of trying to fit into their school communities, enduring peer pressure, and perhaps even handling bullying. Refugee youth have the added pressures of language and culture barriers, and also perhaps other risk factors such as poverty, separation from family, poor health or illiterate parents. Therefore, adolescent resilience is not only an individual process, but depends on other factors like family, school, community, and culture. According to the American Psychological Association, childhood stress and trauma can alter brain development resulting in physical, mental, and behavioral problems, suggesting that these symptoms may be alleviated by boosting resilience in these individuals (Masten 2014). Psychologists like University of Minnesota's Ann S. Masten, also recognize that some individuals flourish after undergoing trauma; she suggests that there is a need to research factors that boost resilience in children (Masten 2014). Resilience based approaches for treatment of children and adolescents who have undergone trauma are now becoming recognized as significant in their social, emotional and cognitive health (Richards 2016).

In addition, there is a recognized need for fostering resilience more broadly among school-aged children in Chicago. The Center for Childhood Resilience (CCR) at Lurie's Children's hospital, established in 2004, partners with CPS to train and educate school professionals in working with at-risk students (CCR, n.d.). CCR training programs such as Cognitive Behavioral Interview for Trauma in Schools (CBITS), and Bounce Back are "evidence-based interventions for students displaying symptoms of Post-Traumatic Stress

Disorder (PTSD), depression, and general anxiety among children exposed to trauma” (CCR, n.d.). These programs are focused on teaching students coping strategies after undergoing stressful and traumatic experiences. CPS recognizes the significance of boosting resilience in children who have undergone trauma, as shown by its training of teachers to create and sustain a trauma-informed school environment (NCTSN 2017).

Although there are some studies of resilience in adolescents who have undergone trauma, experienced a loss, violence, separation or have been injured or tortured, or suffered homelessness, there has been little emphasis on resilience in adolescent refugees (Dray 2013, Zimmerman 2013). With a growing global refugee crisis, there is now an even greater need to study this population to determine the best ways of enhancing adolescents’ resilience in order to have a positive developmental outcome. This study focuses on adolescent Rohingya refugees, because as a younger generation, their resilience and success will be indicative of their community’s future success. For example, the Rohingya Cultural Center in Chicago was established by Mr. Zakaria, in part because he saw a need to engage with younger Rohingya as a way of directly helping his community. Adolescent Rohingya refugees provide a unique group for resilience studies because they have undergone extreme trauma, survived, and resettled in a safe and stable environment. It is the hope that findings of this study will help in suggesting protective interventions for adolescent Rohingya populations, and more generally for other adolescent refugee populations resettling in the U.S.

1.4 Research Questions, Hypothesis, and Aims

Research Questions Do adolescent Rohingya refugees in Chicago need interventions to enhance their resilience? If so, what are the best ways to enhance this refugee population’s resilience?

Best Current Answer Rohingya refugees in Chicago who have managed to flee from an immediate and dangerous setting can be considered to be resilient by having successfully overcome adverse conditions. However, resilience is not a stable construct. It is dependent upon circumstances and situations, and therefore, resettled Rohingya in Chicago are faced with new problems as well as constant reminders of their past adverse experiences through social media and news coverage. The question posed for this research is one of great importance when trying to determine the types of positive experiences to provide for adolescent Rohingya resettled in Chicago, especially because it is difficult to know their current status of resilience. It is hoped that the findings of this work will help to decipher whether adolescent Rohingya require protective resilience interventions, and if they do, what these might be.

Current research shows that it is impossible to predict whether a person will become resilient after undergoing a traumatic event, however, it is known that individuals are capable of adapting after undergoing adversity. Furthermore, researchers have discovered that resilience can be enhanced by helping people achieve their goals personally and culturally, through preserving their dignity, supporting development in children, and assisting communities and individuals to access necessary resources, and to be better prepared for traumas (Southwick 2014). Adolescents would benefit from access to positive role models, education, and other individuals with whom they can relate and discuss their experiences.

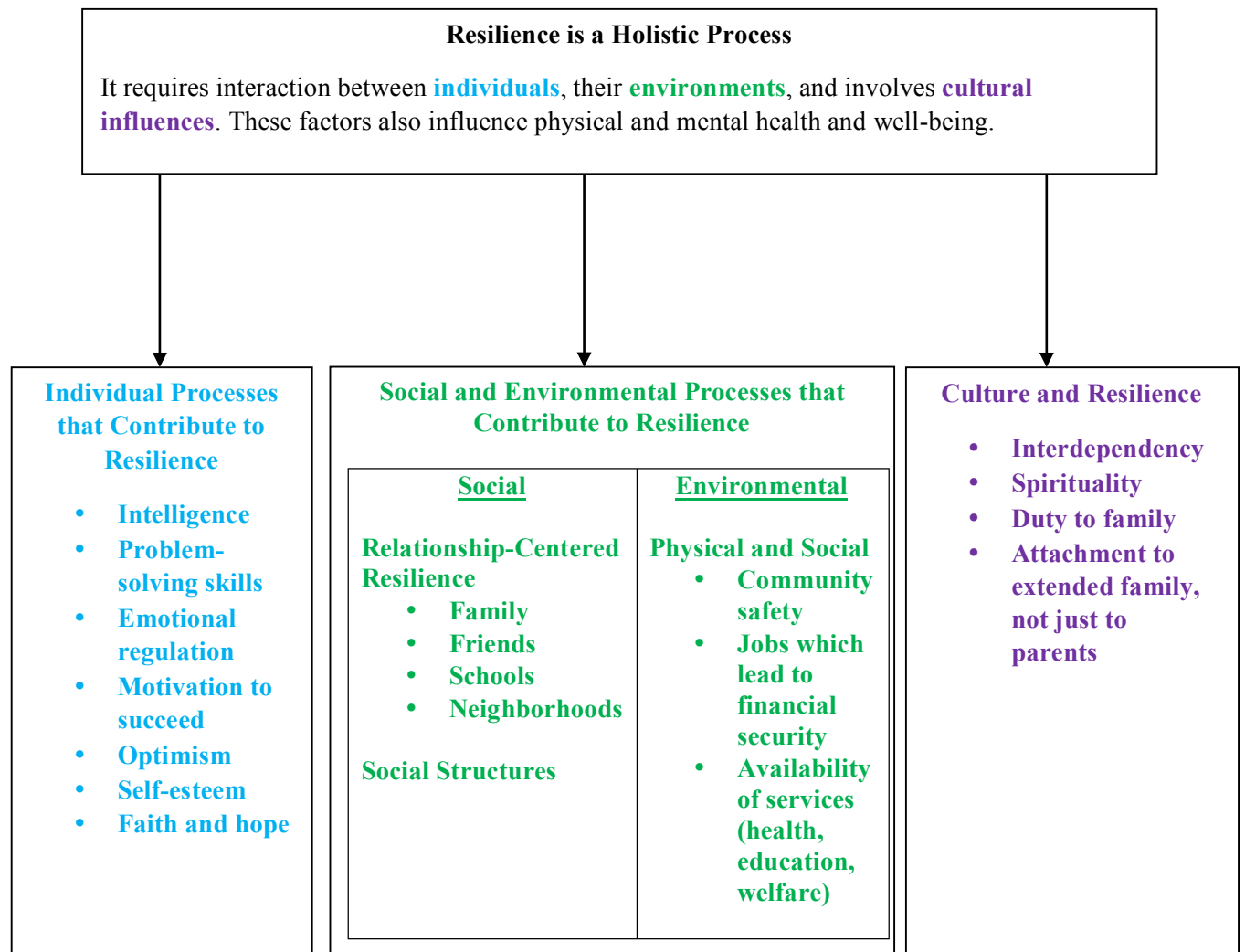
Education about health, such as where to access help, will also enhance resilience at the community level. By cultivating resilience in a younger population, there would be lasting intergenerational benefits, like educational and economic opportunities, and it would help to build a support network. Other interventions which can build resilience in the adolescent Rohingya refugee population, could include providing education and assistance for young

mothers. Addressing culturally-motivated gender disparities that isolate girls from their local environments, making their adjustment to life in the U.S. more difficult, can be alleviated by providing a physical place to meet, like the RCC. In addition, resilience can be boosted among adolescent refugees by the establishment of student programs for refugees in neighborhood schools, and community programs may also involve preventing negative social influences such as gang violence or recruitment.

The adolescent Rohingya refugee population of Chicago may need supportive interventions to boost their resilience and these can be best provided by interactions with their environment at the personal, social and cultural levels.

Hypothesis Even though adolescent Rohingya refugees have experienced extreme past traumas, and face ongoing challenges, they are expected to be as resilient as their non-refugee peers in Chicago, when exposed to similar positive factors.

Research Aims The overall purpose of this study is to determine resilience in a sample of adolescent Rohingya refugees who have settled in Chicago, by using a quantitative measure in the form of a survey and a qualitative measure in the form of interviews. The aim is to present resilience as a conceptual measure and basis for the development of practical approaches, that take into account the social and cultural implications for resilience in this population. A broader application of this research would be to cultivate refugee-specific strategies to help future adolescent refugee populations resettling in Chicago.



Examples of Interactions Between these Resilience Factors

- Teamwork – for example, interactions of parents and teachers.
- Empathy – for example, individuals need to have positive interactions with society to develop bonds with others who will show empathy and help them with their challenges.
- Another example of interaction between family and community providing early caregiving to children resulting in better developmental and educational outcomes.
- Faith provides support at the cultural level.

Figure 1. Conceptual Framework of Resilience

Resilience is dependent on the interactions between individuals, their environments and their culture. A society’s ability to allow its people to fulfill their values and goals promotes well-being which in turn impacts resilience.

CHAPTER 2

RESILIENCE AND MENTAL HEALTH

The mechanisms of resilience at an individual level, are not well understood. What makes one individual more resilient than another depends on many interconnected factors such as physical health, life satisfaction, happiness, and academic or economic success and many of these factors are also related to mental health. The biological perspective of resilience considers how the environment can influence biological changes in individuals, while the social perspective relates resilience to interpersonal relationships that provide one with a sense of security. Cultural, economic, and political considerations account for the resources available in a given environment to build resilience (Southwick 2014). The physical effects of stress that refugees endure cannot be ignored, as they are likely to have increased incidence of stress-related illnesses such as diabetes, heart disease, obesity, and gastro-intestinal and immune system problems. Mental health and resilience are intricately related; while resilience can help to protect individuals from mental health conditions like anxiety and depression, individuals who have mental disorders could benefit from protective interventions aimed to enhance resilience.

Traumatic events can cause some people to adapt and become resilient while others develop psychological disorders such as, posttraumatic stress disorder (PTSD), anxiety, depression, substance abuse or dependence. There are few studies reporting the mental health conditions of Rohingya refugees. Tay et al in their 2018 UNHCR review of the general Rohingya population in refugee camps, found that there is high occurrence of mental health conditions with symptoms related to PTSD, depression, as well as “explosive anger, psychotic-like symptoms, somatic or medically unexplained symptoms, impaired functioning, and suicidal ideation” (Tay 2018). High level of distress was reported among adults, adolescents and children. However, the

authors caution that results may not be a true representation of mental health in the Rohingya, as the measures have not been confirmed for this population. The wide variation in results could be because of variations in cultural and background influences, the methods and instruments used to measure mental health, and the length of time after trauma that measurements were made (Tay 2018). For example, the high levels of anxiety, depression, loss of sleep and appetite, and suicidal thoughts that Rohingya may experience in refugee camps, where they face an uncertain future with limited resources and difficult living conditions, may not be apparent to the same extent as a population which has resettled in a new country, with better resources and living conditions. A Médecins sans Frontières study of the mental health and social conditions of Rohingya refugees in the Cox's Bazar settlements, showed that refugees suffered from anxiety, depression, fear, paranoia, feelings of helplessness, and behavioral abnormalities (Prosser 2006). Similar poor mental health status was also reported among Rohingya refugees in a study of Kutupalong and Nayapara camps (Riley 2017), an Action contre la Faim (ACF) study also in Kutupalong and Nayapara camps (Tay 2018), and Action contre la Faim's study of Cox's Bazar (Action contre la Faim 2017). Results indicated that daily environmental stressors of living in a camp played a major part in poor mental health outcomes.

The 2018 UNHCR report about the mental health of Rohingya refugees found no research about Rohingya settled in other countries. The report further suggests that new research is required to account for cultural and contextual differences in developing measures for this specific population and predicts that there will be an increase in psychosocial problems among Rohingya refugees in the future because of the emergency that they are currently faced with (Tay 2018). My thesis, which hypothesizes that resettled Rohingya adolescent refugees in Chicago will demonstrate resilience as a result of enduring and adapting to past traumas, particularly if

they have the benefits of access to social, environmental, and cultural support systems, will provide new information about Rohingya refugees. Tay et al conclude, that not only do the Rohingya refugees require “culturally relevant and contextually appropriate” services and supports for treatment of their mental health, but they also require interventions which use individual and community strengths to “build on their resilience” (Tay 2018). Therefore, resilience studies are relevant and necessary to determine how to better support the mental health of Rohingya refugees. In addition, a better understanding about how the Rohingya view suffering would help to find the necessary solutions for mental health conditions.

2.1 Medical Anthropology and Resilience

Medical anthropology is the study of human suffering, and the systems that have been established to assuage this suffering across diverse cultural and temporal contexts. Medical anthropologists assess health and illness within a complex social, cultural, political, and economic matrix. The field allows researchers to work across disciplines and produce, for example, a biosocial view of mental health, that considers the effects of both neurobiology, and inhumane social conditions, such as “poverty, homelessness, political violence...war, refugeeism, [and] genocide” (Inhorn 2012). In addition, a medical anthropological understanding of caregiving encourages researchers to relate their theoretical work to the development of practical responses for global health problems (Inhorn 2012). Groundbreaking medical anthropologist Arthur Kleinman, argues that research considering essential disciplinary questions, such as the “comparative cross-cultural ethics of caregiving” by families, communities, and clinicians, will assist in the robust development of global public health programs, particularly within environments where resources are severely limited (Inhorn 2012).

Medical anthropology provides a meaningful structure for assessing resilience theory as an analytical framework. Its nuanced consideration of health-related concepts such as well-being is particularly helpful in contextualizing the use of a resiliency paradigm, to characterize the complex interactions of social and cultural factors upon adolescent health and development. Medical anthropologists, like Yale professor Dr. Catherine Panter-Brick in the division of Biological and Medical Anthropology, argue that resilience is “a process to harness resources in order to sustain well-being” (Panter-Brick 2013). This view of resilience, as a process of continuous change, is particularly relevant to the study of refugee communities, which undergo considerable changes in the process of resettling in new social and cultural environments.

Well-being The construct of subjective well-being (SWB) is especially important for the justification of resilience studies. It supports the theory that environmental factors affect the relative performativity of individuals, as well as individuals’ perceptions of their own ability (Figure 1). While it remains difficult to compare SWB across different cultural contexts, Diener and Suh claim that it is possible to empirically determine that certain societies possess greater subjective well-being, and are therefore more successful at allowing its people to achieve their values and goals (Diener 2003). Diener and Suh argue that people who are unable to fulfill their values and goals are less likely to be satisfied and happy (Diener 2003). Subjective well-being measures reflect an individual’s opinions of their society to some degree. Therefore, it follows that a society’s ability to allow its people to fulfill their values and goals is indicated by subjective well-being; that if people living in a particular society evaluate their lives more positively than others, their society has greater SWB and is more successful. SWB can be used to assess both individual capacity and social performativity, because it allows for the evaluation of social resources with respect to the subjective values and goals of individuals; SWB can indicate

how an individual's ability to successfully achieve their goals differs under varying social contexts, and demonstrate the nature of particular cultural standards, through their effect on how individuals perceive their lives (Diener 2003). The Rohingya culture, which is predominantly Muslim, is more focused on social cohesion than on individual self-actualization, therefore resources should be directed to help the society as a whole in order to improve the subjective well-being of this community.

Anthropological theory also positions the preservation of well-being as an outcome of interpersonal relationships and social organization. Thelen writes that since humans are interdependent, research focused on a humanistic, comprehensive approach to care is necessary, in order to allow for the creation of interventions focused around promoting the possibility for mutual development within communities. Understanding of the dynamic interactions surrounding care is possible, once researchers reject their more rigid notions of this process as being merely an exchange "between autonomous givers and recipients" (Thelen 2015). As a result of producing this dynamic understanding of care, anthropologists who study refugees also realize a responsibility to effect change with their work, in order to illuminate the larger, and protracted adversities that refugees face. They have recognized that research concerning refugees and displacement, "...offers the chance to record the processes of social change, not merely as a process of transition within a cultural enclave, but in the dramatic context of up-rootedness where a people's quest for survival becomes a model of social change" (Harrell-Bond 1992). In addition, they acknowledge that medical anthropologists "should engage the issues that matter most to people in the communities and countries where [they] study; that [they] should engage in what is at stake in the local moral worlds of the communities where [they] work" (Guarnaccia 2001). Furthermore, anthropologists recognize their ability to incite contemporary international

and bureaucratic changes in support of refugees, and have created agencies such as the Refugee Studies Centre at Oxford, Cultural Survival, and the International Work Group for Indigenous Affairs (Colson 2003). The relationship between the fields of anthropology, psychiatry, and mental health is characterized by a long and complicated history (Inhorn 2012). However, medical anthropology's recent research, and orientations for future study, are unique among these fields, in its focus on working across disciplines (i.e. by incorporating new neurobiological understandings with respect to mental health), and in its focus on supporting practical interventions. Research in medical anthropology can therefore approach explanations of psychological, social and cultural processes, and present their significance with respect to health issues. Additionally, refugee studies in medical anthropology can beneficially influence policy affecting the wellbeing of Rohingya refugees, who, in this protracted humanitarian crisis, remain a stateless and persecuted people.

The crisis of Rohingya statelessness necessitates long-term responses that will be able to support refugees, such that they can find freedom, safety, empowerment, and healing in their lives. The cultivation of resilience can enhance positive development, and mitigate against the effects of negative factors on adolescent development. Resilience research such as this study will provide a means by which to identify and improve long-term strategies, with respect to the needs of resettled Rohingya refugees. This crisis is recent and requires more research to determine appropriate interventions based on resilience and other factors for the Rohingya refugee population. In order to implement these interventions based on resilience, a measure resilience must first be determined. Some of the various quantitative and qualitative methods that have been developed to measure resilience, will be discussed in the following chapter which will also introduce the specific measures used in this study.

CHAPTER 3

MEASUREMENT OF RESILIENCE

Measurement of resilience can pose a challenge because it is dependent on many factors and spans different disciplines. Therefore, the best means to improve resilience is by considering each of these systems to be interconnected. Measures of resilience should therefore take into account not only an individual's disposition, but also his or her interactions with the environment. An individual's genetic predisposition can be built upon, with adaptable interactions with the environment as well as by providing training to develop personal traits. While certain components of resilience are fixed, for example optimism, morality, ability to face fear, and altruism, other aspects of resilience can be adapted in the communities that individuals live in, for example, having a social support system, belonging to a faith, or having a role model, providing resources to help create a purpose in life (Ackerman 2018).

Measures of resilience have been developed using qualitative and quantitative methods. As described by Maxwell et al, it is necessary to adopt a multi-method approach in measuring resilience after exposure to trauma because it provides a "more detailed understanding of the dynamic relationships" (Maxwell 2015). The authors advise that although quantitative data are generally thought to be more objective, resilience measurements must include qualitative data to accurately capture how resilience is associated with nature and social relations. Qualitative data about resilience measures include "perceptions, opinions, judgements and the nature of social interactions," while quantitative data include measures of biomarkers, and rating scales (Maxwell 2015). Survey data measuring perceptions, preferences, or self-assessments are quantitative and often use Likert scales for analysis, however quantitative data alone cannot currently capture the social relations which contribute to resilience (Maxwell 2015). In addition,

resilience measurements vary according to the “purpose, scale, focus, and method of analysis” therefore measures must consider resilience from the subjects’ viewpoint and include specific and relevant qualitative and subjective information (Sturges 2016). Because methods used to measure resilience are relatively new and evolving, the effectiveness of these methods are still being evaluated in literature, however there have been tremendous gains in knowledge about the multitude of factors contributing to resilience and newer methods are being developed to account for these factors (Maxwell 2015, Sturges 2016).

Quantitative measures dependent on understanding the biology of resilience are expected to yield information which can identify at-risk individuals and arm them with protective interventions to promote resilience (Yehuda in Southwick 2014). In addition, by measuring the biomarkers of resilience, which include blood pressure, stress hormones, immune function and gene methylation, the effectiveness of resilience-building interventions can readily be determined (Panter-Brick in Southwick 2014). Technological advances in brain imaging, genetics and epigenetics provide additional measures of trauma and adaptation after its exposure; such neurobiological knowledge can contribute to strategies and interventions necessary to enhance resilience (Southwick 2014). Biological measures therefore provide an additional tool from the qualitative and quantitative psychosocial measures of feelings and behaviors.

These metrics of resilience have often been simplified and translated into resilience scales for investigators to develop according to the population being studied, the context of the investigation and the practical application of the findings. Resilience scales can be self-report measures, or self-rating questionnaires. Each scale measures a set of factors which help to determine an individual’s mental capabilities and behavioral habits for example, The Resilience Scale (RS) developed by Wagnild and Young (1993) measured purpose, self-reliance,

determination, and acceptance of self and life in older adults (aged 53-95). Another scale used in clinical practice is The Connor-Davidson Resilience Scale (CD-RISC) which measures resilience in adult individuals suffering from Post-Traumatic Stress Disorder (PTSD) by evaluating their personal competence, acceptance of change, trust and tolerance, strengthening effects of stress, control, and spiritual influences in these individuals (Connor and Davidson, 2003). The Brief Resilience Scale (BRS) which was developed by Smith et al (2008) measures an individual's ability to bounce back from stress, focused on undergraduate students, cardiac rehabilitation patients and women with fibromyalgia and healthy women controls. A final example of a resilience scale is The Resilience Scale for Children and Adolescents (RSCA), developed by Prince-Embury (2008), which measures sense of mastery, sense of relatedness, and emotional reactivity in adolescents (aged 12 to 18 years) and children (aged 9 to 11 years). The RSCA measures resilience related to a specific traumatic event but it has not been validated for use in refugee adolescents. It does not take into consideration the dynamic nature of resilience which the Rohingya refugee population who would be faced with the additional stresses of adjusting to a new environment.

Resilience in the adolescent Rohingya refugee population in Chicago will be measured using quantitative and qualitative analysis; a subjective survey measure as described in the youth version of the Child and Youth Resilience Measure (CYRM) and formulated by Dr. Michael Ungar at the International Resilience Project (IRP), in 14 globally distinct populations (Ungar 2016). The CYRM measures the resources available to strengthen resilience in individuals (see Methods section). The CYRM is a good fit for this study, because it was developed by using a mixed method to study youth resilience across cultural contexts, and it used both qualitative and quantitative dimensions in its construction in order to account for variability of experiences

(Ungar 2016). The CYRM measures factors that may enhance individual resilience, including social and cultural factors and has been used in adolescent refugees (Panter-Brick 2017).

A strong proponent for qualitative measure of resilience, Panter-Brick, suggests that, ...the most important and effective way to approach resilience is to start with listening to what people have to say about their everyday lives. I want to understand what goals are important, and identify what people are already doing for themselves to reach them. Resilience is about achieving a “good enough life”— there is a normative dimension to realizing your own goals that is very important (in Southwick et. al. 2014).

In this regard, if the Rohingya adolescents in Chicago have developed skills to attain greater resilience after enduring the adversity in Myanmar, their adaptations are expected to result in a healthier outlook to life in general and a better way of functioning in society. Both Panter-Brick (in Southwick, 2018) and Conostas et al, 2014 point out that resilience is best studied with an array of techniques. Qualitative data reveal patterns and themes which need to be organized, and interpreted so that appropriate conclusions can be drawn.

Therefore, to account for the complex and multi-faceted nature of resilience, qualitative information in the form of personal interviews will be included in this study to add to the understanding of resilience in Rohingya adolescents because such studies would enable culturally and socially specific resilience strategies to be identified with respect to this adolescent refugee population. Personal interviews are expected to provide descriptive data in the form of opinions and ideas which, when analyzed, will provide a better understanding of resilience of adolescent Rohingya refugees in Chicago.

Resilience is dependent on many different interconnected factors; therefore, there is a wide array of metrics to measure resilience. Although the effectiveness of methods used to measure resilience is still being evaluated, the importance of both quantitative and qualitative methods has been recognized and incorporated in the measures. Therefore, my study of

resilience in adolescent Rohingya refugees in Chicago, will adopt both a quantitative and a qualitative method.

CHAPTER 4

METHODS

4.1 Research design

Evidence of positive adaptations in adolescent Rohingya refugees in Chicago, as described in Table 1. was assessed from background information and interview responses. In addition to these qualitative determinations of resilience, the “positive” adaptations for the quantitative measure of resilience, was measured using the youth version of the Child and Youth Resilience Measure (CYRM); a survey method that uses a rating scale (Ungar 2016). The main intent of the CYRM-12 is to assess factors that depend on a person’s ability to access resources associated with resilience and the availability of these resources to the person (Ungar, 2016).

Before quantitative or qualitative research could begin, the Rohingya Culture Center (RCC) of Chicago at 2740 W Devon Ave, Chicago, IL 60659, was contacted to request help with this study. Permission to recruit participants was requested from Directors and Board members of RCC and granted. In addition, approval from University of Chicago’s Institutional Review Board (IRB) was requested and granted. IRB guidelines and training were closely adhered to in these studies.

Quantitative Measure A rating scale must have good validity, reliability, and reproducibility, whereby validity means that the scale is measuring what it is intended to measure, reliability means that it is measuring the same thing in each subject, and reproducibility means that it can be replicated (Windle, 2011). The CYRM-12 created by Liebenberg et al (2013) was developed from the CYRM-28 with these properties in mind; its design is to measure resilience in children and adolescents across cultures and in different social contexts. In designing their CYRM measure, the authors recognized that measurement of resilience in

adolescents is complicated by the fact that adolescents are still growing and developing and therefore their abilities to cope with adverse conditions may vary over time. In addition, further complications arise from the fact that while a youth may cope well in one adverse condition, he or she may do worse in another. Despite this, Liebenberg et al (2013) demonstrated that the CYRM-12 provides a validated measure of resilience and suggested that it can be used as a screener for main resilience characteristics in adolescents. The CYRM-12 was used to determine the resilience of adolescent Rohingya refugees and of a non-refugee group of adolescents (Ungar 2016, Ungar & Liebenberg 2011). The CYRM-12 was designed with a three-point and a five-point Likert scale to measure the interactions of “individual, relational, community, and cultural factors” that produced positive results in people facing adverse conditions. One benefit for using the shorter CYRM-12 for the present study was that the Rohingya refugee population in general was not enthusiastic about talking about their feelings or reading written material.

Qualitative Measure. Qualitative data in the form of personal interviews and a background questionnaire aimed to probe into subjects' lives after first arriving in Chicago, the adversities they faced and how they coped with these, and what help they sought or was rendered. Interviews were designed to indicate individuals' interactions with their social and cultural environments, and to provide evidence of their ability to function in their daily lives. The goal was to determine whether or not participants' adaptations were positive thus far and to provide knowledge about any of their current stresses at school, culturally and socially. Interviews were transcribed verbatim, however, in order to ensure confidentiality, identifying information, such as names and locations, were substituted with codes. Interviews were conducted in English, with the availability of a bilingual translator, if needed. One limitation of

qualitative data analysis, was that interpretation may be subjective, as only one researcher was responsible for analyzing the interviews.

Participants The Rohingya Cultural Center’s boys’ soccer team, whose members attend school in Chicago were the sample population for this study. They were the only group which could be accessed from the RCC because its administration was protective of its members in respect of their culture and because of their past experiences. RCC felt that their boys’ soccer team would be the best to study because the team members were proficient in English and used to being interviewed. Therefore, adolescent Rohingya refugee boys were participants and one sample population for this study. A second group of non-refugee adolescent boys from Morgan Park Academy’s high school soccer team were also participants in this study. This group was selected as a comparative group of non-refugee Chicago students who also played on a soccer team. The project was explained to the participants as described in the recruitment letter, and consent or assent forms and contact information provided for any further clarification. The word “resilience” and its explanation were not used in the description to avoid biased answers to survey questions, however a detailed overview was discussed. Informed consent was obtained from youth (18 years old or older) or from parents and guardians (for participants under 18 years in age). All forms used are reproduced in Appendix A.

4.2 Data collection

Background Information about Study Participants was collected by using the “Background Information” form (Appendix B). Subjects were not informed that the study was about resilience in order to avoid biased opinions and data but were only told that the research focused on the adolescent Rohingya population in order to become better informed about their

past and current experiences. Administration was informed about the full purpose of the study, but advised not to reveal these reasons to subjects until data had been collected.

Quantitative Measure of Resilience – CYRM Survey Resilience in a sample adolescent Rohingya refugee population living in Chicago was measured using the brief youth version of the Child and Youth Resilience Measure (CYRM-12) on a five-point scale (Ungar 2016).

Adolescent boys from the RCC and MPA soccer teams were asked to fill out the CYRM-12 survey independently after survey questions had been read and explained to them (Appendix B). An interpreter was at hand for the RCC team if needed.

Qualitative Measure of Resilience – Interviews Personal interviews were conducted with a small group of (7) adolescent Rohingya refugee boys from the RCC soccer team. Each participant was interviewed separately, in private at the RCC with an interpreter at hand if needed. The interview questions listed in Appendix B were used to obtain qualitative data and have been adapted from the Resilience Research Centre’s interview guide, which was initially designed to assist with the creation of the Child and Youth Resilience Measure (CYRM), but has since been used to assess resilience processes across various cultures and contexts (Ungar 2016). Interviews lasted about 15-20 minutes and were recorded.

4.3 Data Analysis

Demographic Information The “Background Information” form provided information about: the number of years adolescents had lived in Chicago, their future educational plans, whether or not they had a job, their religious practices, their family and household, and social activities

Demographic and background information about participants helped to determine the social and cultural factors that influenced their lives. Similarities and variations between the two groups

of soccer players studied, were noted and responses were tabulated and cross-compared between and within the groups.

CYRM-12 Survey Ungar's (2016) brief, youth version of the Child and Youth Resilience Measure, CYRM-12 survey on a five-point scale, was used to measure resilience in adolescent boys from the RCC soccer team. Responses were represented as a range from 1 (not at all) to 5 (a lot), where the higher the score, the greater is the resilience, and participants were asked to rate their responses in a way that best describes them. The CYRM-12 is easy to implement and the Likert scale easy to understand, both of which were important for the adolescent Rohingya population studied, because not only is English their second language but also because they did not like having attention focused on them, therefore the brevity and simplicity of the survey was helpful. A newer 2018, revised version of this survey has been recently developed, the CYRM-R which contains five additional questions ("Resilience Research Center" 2018). For the purposes of this study, however, the CYRM-12 was used because not only was the newer version not available when the study was being designed, but also because the CYRM-12 has already been used and validated in adolescent populations (Ungar 2016, Liebenberg 2013) and indeed, in an adolescent refugee population (Panter-Brick 2018). In her study with Syrian refugees and a Jordanian host-community, Panter-Brick et al (2018) concluded that the CYRM-12 was a reliable and valid tool to measure resilience in the form of refugees' and hosts' abilities to acquire resources that would improve their well-being.

The CYRM-12 survey was also administered to a non-refugee adolescent population; the boys' soccer team from Morgan Park Academy (MPA), a college preparatory, independent day school on Chicago's south side. This group of participants also completed the background questionnaire but none were interviewed. The MPA boys' soccer team was chosen as a

contrasting group because none of these participants were refugees, they were from a different socioeconomic background, they attend a private school, and had not endured the same refugee hardships as the boys on the RCC soccer team. However, the similarities between the teams were that both the MPA and RCC teams were adolescent boys who play the same competitive sport, and attend schools in Chicago.

Plan for Data Analysis The manual for use of the CYRM-12 scale states that resilience is measured as a single factor and not broken down into the sub-scales of resilience (individual, relationship, and context measures), like some of the other CYRM measures are (Ungar 2016). Each participant's response ranging from 1 to 5 for each item on the CYRM-12 was summed to calculate the total CYRM-12 score (Ungar, 2016).

The CYRM-12 gives one overall score which accounts for the individual, relational and contextual aspects of resilience. Since the CYRM-12 was derived from the CYRM-28, in this study, the sub-scales for Ungar's CYRM-28 (2016) were used to categorize the CYRM-12 items into individual, relationship, and context sub-scales shown in Appendix B. Further, the designers of the CYRM-12 at The Resilience Center were contacted to determine whether or not it was meaningful to categorize the CYRM-12 into the sub-scales, and Dr. Philip Jefferies, a research fellow at Dalhousie University, Halifax, Nova Scotia, Canada, responded to say that the items in the measure could be divided into those domains.

The total resilience and total resilience for each of the three categories, individual, relationship, and context, for each participant and for each of the two groups of soccer team boys (RCC and MPA) was calculated by adding the scores for each item under each category for each of the two groups of soccer team boys (RCC and MPA). Responses from each group were entered into Excel for statistical analysis using standard methods.

Comparison of Means. Means of the total scores for resilience and total scores for the three aspects of resilience (individual, relationship, and context) for the RCC and MPA groups were compared using Independent sample *t*-tests (two tailed with 95% confidence intervals).

Interviews The purpose of interviews conducted with adolescent Rohingya boys of the RCC soccer team was to capture their perceptions, opinions, and social interactions and how they related to resilience. Resilience of the RCC soccer team participants can be better understood by obtaining information about the Rohingya culture, beliefs, and values through interviews; their behaviors, decisions, and opinions will all be based on their social and cultural backgrounds as well as their experiences. Life experiences such as preparedness, being accepted or neglected in their neighborhood, whether or not their needs are met, physical and psychological well-being, feelings of safety, confidence, optimism, satisfaction or dissatisfaction, lack of trust or pessimism, are all better captured in interviews.

Interview Analysis Recorded interviews from seven of the RCC soccer team members were transcribed and analyzed for common themes and patterns that pertain to resilience. Interview data was transcribed manually. Next, the transcribed data was organized in a table (Appendix D) based on the interview questions and analyzed for positive or negative traits. Finally, overall conclusions from interview data was reported.

A further interview was conducted with Laura Toffenetti, assistant director of the RCC. Ms. Toffenetti, has been with the center since its conception and works closely with the families as a strong advocate and spokesperson for them as well as overseeing the day-to-day functioning of the center. Ms. Toffenetti agreed to grant an interview to help provide insight into the background and culture of the Rohingya refugee community of Chicago. Her responses are included in Appendix D and analysis provided in the next chapter.

CHAPTER 5

RESULTS AND DISCUSSION

5.1 Demographic Information

Demographic information obtained from the “Background Information” questionnaire was tabulated in Tables a. (RCC) and b. (MPA) in Appendix C.

RCC Demographic Information Fourteen members of RCC boys’ soccer team in grades 9th to 12th, ages 15-20 years, were asked to participate in this study, and thirteen boys agreed to participate (93%). Five boys who were under 18 obtained parents’ consent for them to participate, while the rest were able to consent themselves. None of the RCC soccer team’s families are from Chicago; 9 out of the 13 participants’ families are from Myanmar, 3 families are from Malaysia, and one family is from Afghanistan. On average, participants from the RCC team have lived 3.6 years in Chicago, ranging from a minimum of 1 year to a maximum of 7 years. The average age of the participants was 17.7 years. Ten out of the 13 participants plan to go to college after high school, two plan to work, and one was not sure about his plans. Seven out of the 13 RCC team participants hold a job outside of school (54%), the average hours per week worked by these students is 24.3 to 25.7. Nine of the 13 boys are Muslims, two selected “other” as their religion, one boy said he is a Hindu, and one said he is a Christian. Eleven out of the 13 boys said their fathers are alive and living at home, two said their fathers were not alive. All 13 participants’ mothers are alive and living at home. The number of people in the households of participants range from 1 to 9 with an average of 6 people. All of the boys play a sport at school, and 9 out of 13 belong to a club at school (69%).

MPA Demographic Information Thirteen members of MPA boys’ soccer team in grades 9th to 12th, ages 14-18 years, were asked to participate in this study; five boys’ parents gave

consent for them to participate, and one additional 18-year-old boy from the team also agreed to participate. Only 46% of the team members agreed to take part in this study. Two out of six participants said that their families are from Chicago, one said his family is from Chicago and St. Lucia, one from the southern state of Georgia, one family is from Greece and one from Mexico. Five out of six participants have lived in Chicago all their lives and one participant has lived in Chicago for 13 out of his 18 years. Average years lived in Chicago was 15.3 years ranging from a minimum of 13 years to a maximum of 17 years. The average age of the participants was 16.2 years. All of the MPA participants plan to go to college after high school. Only 1 out of the 6 participants holds a job outside of school (17%); his job is only during the baseball season and he works 6.5h per game. Four out of six boys are Christians, one Greek Orthodox, and one is not affiliated with a religion. Five out of 6 participants' fathers are alive and living at home, one boy's father is not alive, while all participants' mothers are alive and living at home. The number of people in the households of participants range from 2 to 4 with an average of 3 people. All of the boys play a sport at school and they all belong to clubs at school.

5.2 Demographic Information Discussion

More members of the RCC soccer team were willing to participate in this study (93%) than the MPA soccer team (46%) suggesting a greater willingness to help other youth who might have faced similar difficulties as them. RCC soccer team, like the MPA soccer team, knew that this study was gathering information to potentially help the adolescent refugee community in Chicago. One of the goals of the RCC is to raise awareness and funds to help its members, as such, the soccer team members were keen to participate. The team has also experienced the value of raising awareness by directly benefitting from funds raised because the RCC has been able to provide the team with uniforms and to pay for their matches and transportation. The lower

participation from the MPA team could demonstrate a lack of interest in a study that does not directly concern them, or since a majority of these students required parental consent, a lack of willingness on the parents' part to allow their students to participate. While most of the MPA participants have lived in Chicago all their lives, the RCC team members have only lived in Chicago for an average of 3.6 years indicating that the RCC team was far less accustomed to the American culture and Chicagoan traditions and customs about music, foods, language, fashion, arts, and sports as well as social customs, to name a few. To add to the confusion of recent immigrants like the Rohingya, the cultural diversity of the United States, and the fact that different regions have their own distinct customs and traditions could make it particularly difficult to adapt quickly.

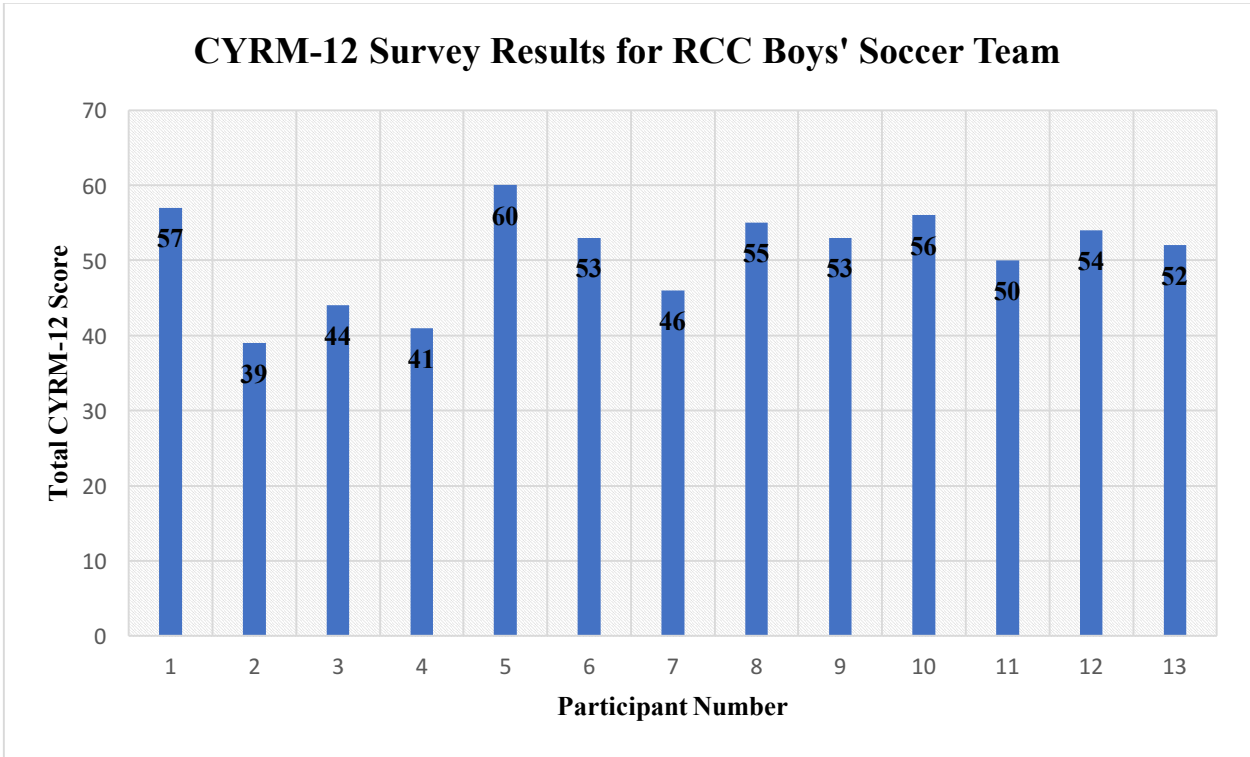
A major difference between the two groups of adolescents was that more of the RCC team members had a job outside of school (54%) working on average, 24 to 25 hours per week, compared to 17% for the MPA team where the member worked only seasonally. This potentially indicates an income disparity between the two groups where the RCC team members had the need to work to perhaps help to support their families. In two of the cases where the RCC youth had jobs outside of school, their fathers are not alive. The refugee adolescents could therefore be considered to be faced with greater hardships than the non-refugee boys in the MPA soccer team. Another possible indication of financial strain on the RCC families is that the average number of people living in their households is greater than the average number of people living in the MPA team members' households; 6 people for the RCC families compared to 3 people for MPA families. In addition, there are a greater number of siblings living at home for the RCC team members than the MPA team members, suggesting that although there is a greater number of people, only a few might be able to contribute to the family's income.

Differences in income between the two groups is also implicated by the fact that MPA is a private school which requires every family to contribute to the cost of tuition, while the RCC team members attend their local Chicago Public School where there is no cost for tuition. Despite these differences, most of the RCC team members (77%) planned to go to college and all of the MPA team members had the same plans suggesting that despite the greater hardships that the refugees faced, their long-term goals are mostly the same as their non-refugee peers. All the adolescents in both groups have mothers who are alive and living with them, and most have fathers who are alive and living with them and all participants played a sport and most belonged to clubs in high school. These latter similarities are all favorable for enhanced resilience traits. Overall, the adolescent refugees have endured greater past traumas as indicated by their political and historical backgrounds and currently continue to endure financial strains and hardships associated with their resettlement in Chicago. The fact that the RCC team members are a cohesive group helps them to form social bonds with each other along with cultural bonds with the RCC, allowing the adolescent refugees to help develop as robust a resilience as their non-robust peers.

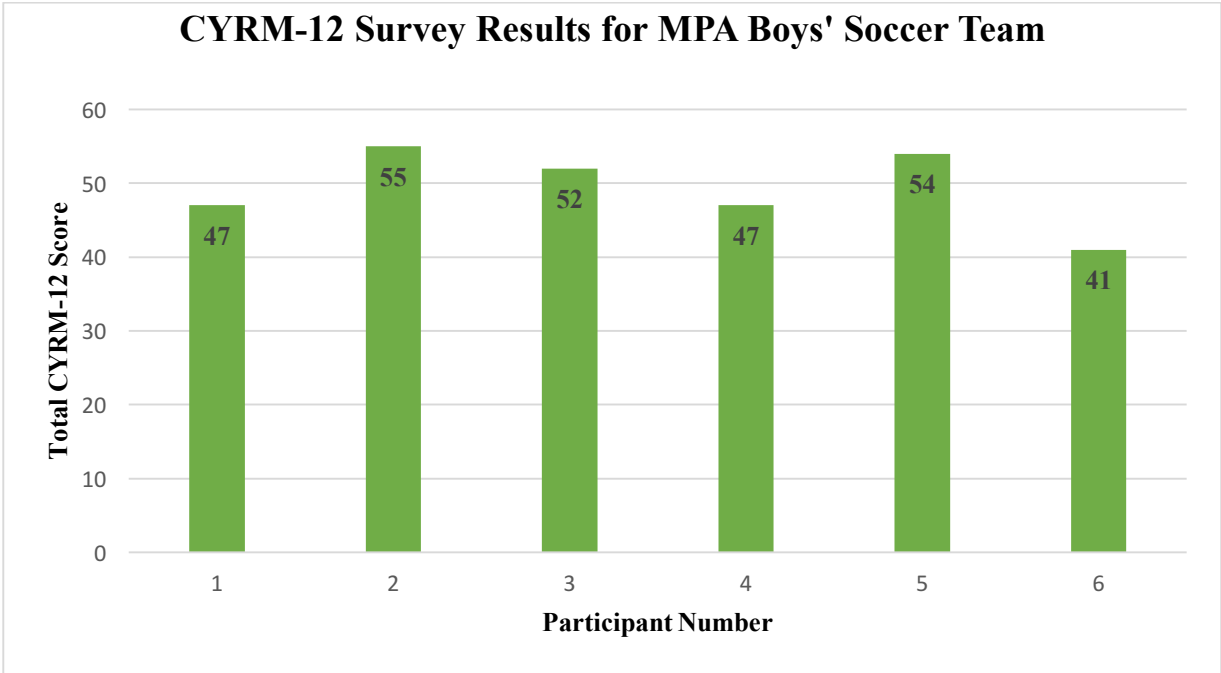
5.3 Survey Results

Graph 1 shows the total resilience scores of the CYRM-12 survey for the RCC boys' soccer team. Graph 2 shows the total resilience scores of the CYRM-12 survey for the MPA boys' soccer team. For each graph, total scores are inside the top of each participant bar. The maximum total score for CYRM-12 survey is 60.

Graph 1. CYRM-12 data Rohingya Cultural Center Boys' Soccer Team



Graph 2. CYRM-12 data Morgan Park Academy Boys' Soccer Team



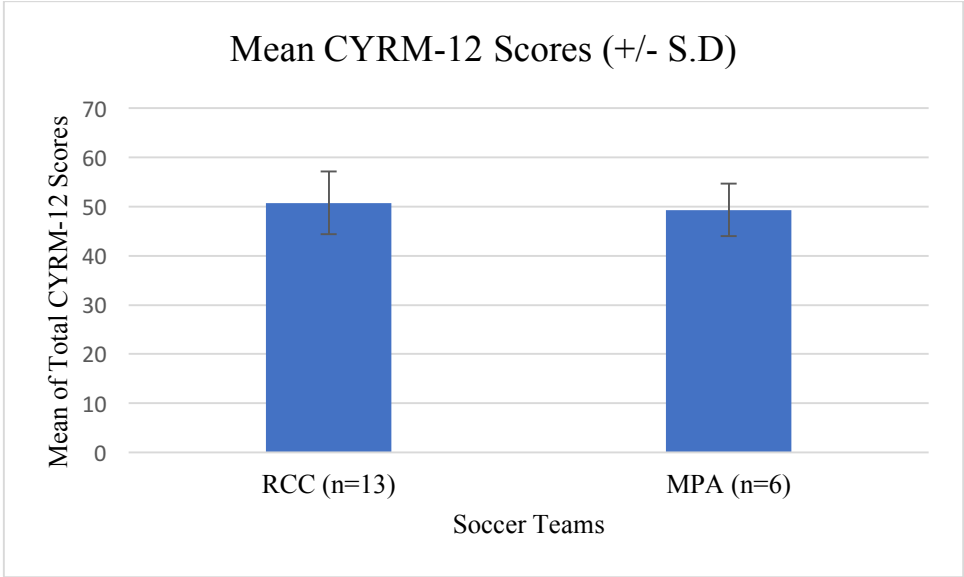
Comparison of CYRM-12 Survey Data for RCC and MPA Boys' Soccer Teams using Two Sample Independent t-Test.

Statistical calculations for means, standard deviations, and two sample independent t-test were done in Excel using standard methods (Divisi 2017).

Table 2. Summary of Data Showing Means and Standard Deviations for RCC and MPA Boys' Soccer Teams

	RCC	MPA
Sum of CYRM-12 scores	660	296
Count (n)	13	6
Average (mean)	50.77	49.33
Standard Deviation (SD)	6.42	5.32

Graph 3. Showing the Mean and Standard Deviations (S.D) of the Total CYRM-12 Survey Scores for Participants from the RCC and MPA Boys' Soccer Teams.



Graph does not show a difference in means of the total CYRM-12 scores for RCC and MPA soccer teams.

An independent two-tailed t-test or student's t-test was used to determine whether or not there was a statistically significant difference between the means of the two unrelated groups of soccer players studied (Appendix D, Divisi 2017). The means of the total CYRM-12 scores of resilience for the RCC and MPA soccer teams using t-test analysis for a significance level of 0.05, showed that the null hypothesis could not be rejected. Thus confirming, that there is no difference between the means of the total resilience scores of the CYRM-12 survey for RCC and MPA boys' soccer teams. The small sample sizes were not randomly selected from a larger population and are considered to be "convenience samples" which are samples that do not have enough statistical power to make predictions about the populations ("Stat Trek" 2019).

5.4 Survey Results Discussion

Both soccer teams tested demonstrated robust resilience with total mean CYRM-12 scores of 51 (RCC) and 49 (MPA) out of a total possible score of 60. The RCC team scored a little higher than the MPA team but the difference was not significant. Therefore, the refugee boys from the Rohingya Culture Center soccer team were found to be just as resilient as the non-refugee boys from the Morgan Park Academy soccer team. This finding demonstrates that even though the refugee adolescents had experienced past traumas and continue to encounter the typical challenges of adolescents, as well as those that refugees resettling in Chicago are faced with, the RCC team possessed strong characteristics of resilience. One likely reason for players on both teams scoring high on the CYRM-12 measure is that they play a team sport. Eime et al (2013) found in their review that psychological and social health was reported to be improved with sports and in particular team sports. There was an improvement in self-esteem, social interactions, and subjects were overall, less depressed. Team sports like soccer, have the benefit of improving resilience because they improve self-esteem, confidence, and optimism to succeed

even in the face of set-backs. There is personal growth and strong relationships are formed by playing on a team where players share a common goal. In addition, being in control of actions which affect outcomes, developing problem solving skills, and the ability to ask for help are key characteristics of both soccer and resilience.

Along with participating in a team sport, the adolescent refugee group studied here also belong to the Rohingya Culture Center where they receive community support such as, homework help, information about health resources, social and cultural support in the form of prayer groups, translation services, all of which help to develop resilience. Finally, research suggests that individuals who have faced extreme past trauma, as the Rohingya refugees have done, often demonstrate outcomes that are better than expected.

The findings of this study support this in the high CYRM-12 survey scores, but because of the very small sample sizes, the results are not definitive but instead demonstrate a trend that might exist in this population. Further studies are required with larger sample sizes, and varied groups of adolescent refugees who have endured past traumas, to support the preliminary findings of this study.

Survey Sub-Scale Scores Independent t-tests were performed on CYRM-12 sub-scale scores for MPA and RCC teams to determine whether or not there was a statistically significant difference between the means of these groups at the individual, relationship, and context levels (Appendix D). There was no significant difference in means from the RCC and MPA participants (Appendix D).

5.5 Interview Results and Discussion

All interviewees were able to identify resources and individuals available in their local community, and at school, that they go to for help. They specified seeking support from the

teachers, counselors, and security in their high school, local authorities like the police, and their neighbors and RCC community. However, they considered many of these resources to be ineffective. One interviewee was a target for gang members soon after arriving in Chicago.

I had a problem with this, in this school, ah, with gang members. First when I come to U.S., so I see some racism here, ahh, I got in fight with the gangs because they call me refugee, and they were bullying me, and I got, ah, in a fight with them. Ahh, and the reason my, one of my friends got shot and we were uh, we were been, we've been in hospital one weeks, almost one and a half weeks.

After his hospitalization he changed schools, and moved to another neighborhood with his family. He stated that now,

In high school if I face any difficulties first I am going to my counselor and to authorities. If they don't do anything, then I will, like, talk to my mom or family to take care of me.

Nevertheless, he still does not feel that his school and community can provide him with the help he needs.

I am getting help from counselor in high school and community, but most of the, when the personal problems, or family problem, not at all, because the, we have like some, ah, financial problem and some other problem the uh, community like, the they help, but not that, not that much.

Overall, the interviewees exhibited a strong tendency to be self-reliant. All seven of the interviewees' responses to the question on how they overcome challenges, was that they tried to solve problems on their own first. For example, one individual said that when faced with difficulties he would, "...finish the challenge. I finish it." Another interviewee, who takes the bus every day after school to work as a waiter in an Indian restaurant, said that the biggest disadvantage about living in Chicago was a lack of time. He said, "Um, like, we gotta work, right? So, after school, we don't have much time, to, like digress, or. So we've gotta go to work." As a result, he finds it hard to overcome the problem of finding enough time to complete the coursework necessary to maintain his grades in his honor classes. However, instead of seeking help from his teachers or counselors at school, he said, "I usually do homeworks at like, lunch."

He then admitted that this his lunch period is not always sufficient to complete everything, and that he occasionally needs to miss class to finish work, “At gym, though, sometimes. I go to the library. That’s how it’s fixed.”

Despite this tendency for self-reliance, all of the interviewees also emphasized that they go to their friends and family members for advice and help. One interviewee said that he has, “Lots of friends. They help me with, like when I have a difficult time.” And when faced with problems, he will go to his, “Friends first. Always. ...And when it’s bigger, I call my friends, I mean my mom and dad.” Another interviewee stated that when faced with difficulties, he goes out with friends. He said that his friends also helped him when he first came to Chicago, to buy snow boots in the winter, to learn to speak English, and to obtain custom papers.

A distinction between individual problems, and difficulties that were considered beyond their capacity, and harder to resolve, was also evident in the interviewee’s responses. A respondent said that when faced with problems in his life, “I just like, um when I face problem I just like, um...uh, I just, leave it alone? And, like focus on the, the next thing.” However, he differentiated between dealing with problems in general, and personal problems, acknowledging that, “If I have problems I ask my friends. Obviously, for things like that.” In general, respondents were most optimistic in facing challenges that they believed were within the scope of their individual control, such as completing school work, and obtaining good grades. They were less optimistic about problems that they attributed to broader factors, and which they identified as requiring external help, such as from community members and local authorities, in order to resolve. For example, one interviewee said that it is hard for Rohingya to obtain work in Chicago, “‘cause, it’s in- it’s a big city, that’s why.” Another respondent, who had seen his

neighbor get shot three times, said the hardest thing about living in Chicago is that there are a lot of crimes. And one individual, who said that,

This is the land of opportunity. Chicago is very good. We can do any sports, we can go to high school, we, and we can live our life better than in our home country, because in our home country there is war and fighting all the time, but here is good. Ah, we have ah, security, we have, everything we have in school, yeah.

Also stated that despite these advantages, “It’s still, there are some racist people...they’re, they’re bullying us, they they just ah, doing some bad things that they are make us mad or make us crazy. If we do some things, to them, it will be a big problem.” Similarly, another respondent acknowledged that he regularly feels provoked by racist people while living in Chicago, and said that in school, “Sometimes, things happen, you know. Like, when I f- when I fight with others.” When asked why he fights with other students, he said, “Um, I feel like, ahhh, when, like, when it’s all- I feel like (makes sucking sound with lips against teeth) just, living.” In addition, he finds it hard to just ignore the students he gets into fights with, even though he knows that his family, “They’re not happy with my, attitude, like, in school. Behavior.”

The Rohingya soccer team interviewees currently engage in several behaviors that demonstrate a positive adaptation response to past extreme stress and adversity. For example, they exhibited emotional attachments with their peers and family members. They also showed a strong sense of self-reliance, and described nurturing family environments. However, their responses also indicated that they could potentially form closer attachments with their school and community members, that they lacked optimism about broader problems, perceived as being beyond their individual capacity to resolve, and were apprehensive about their physical safety in their school and neighborhoods throughout Chicago, in part due to how members of the domestic population have responded to their racial identity, and status as refugees. In addition, respondents expressed concerns with their inability to access socioeconomic opportunities, and social

services. Interventions that work on strengthening adolescent Rohingya refugees' ties to their family and community, and improving these support systems that they already recognize, yet are not overly confident in, would benefit their resilience. Furthermore, programs like the RCC's soccer team, would provide an extremely valuable opportunity to help adolescent refugees strengthen their relationships with their peers, and thereby benefit their resilience, since time together both in and outside of the school environment was essential to the development of the close friendships that exist among the members of the RCC soccer team.

5.6 Interview with Assistant Director of RCC

Interview with Ms. Laura Toffeneti, (see Appendix D for full transcript) assistant director of the RCC provided insightful information about the background of the RCC, she described how the founder and director of the center, Mr. Nasir Zakaria started the center in April 2016. He escaped from Burma when he was just 14 and made his way to Malaysia where he lived and worked for 23 years before being granted refugee status and arriving in Chicago. Ms. Toffeneti said that Mr. Zakaria, "...learned to speak English as a dishwasher at the Rivers Casino." Realizing that his community needed a familiar meeting place, and a place to help them settle and adjust to life in America, Mr. Zakaria opened the RCC. Ms. Toffeneti described the Rohingya in Chicago as having had to escape from Burma,

...to be here. Most of our population ended up in Malaysia, some for 20+ years. The villages they had to flee were not rebuilt in their lives in Malaysia. The RCC is their first chance of being part of a village again. The languages they speak are rare: Rohingya which is unwritten, Burmese and Malay. There are no caseworkers who speak these languages. Most ESL classes are heavily dependent on the written word which does not work for these folks. Most are illiterate in any language.

The Rohingya in Chicago are not professionals and struggle to live on a minimum wage.

The purpose of the RCC, said Ms. Toffeneti, "...is three-fold: 1. to provide support, education, translation as needed to help with their success 2. To become the center of their

Chicago village where they can connect with other Rohingya, share their culture and form strong friendships and 3. To raise their voices against the genocide being waged on their people back home.” The RCC offers, Quran class, homework help, ESL classes, First Steps – “a Mommy and Me” class for preschool aged children and their mothers, soccer and provides food, coats, and financial help when needed. The adolescents that go to the RCC are “doing well” explains Ms. Toffeneti, like the soccer teams and those enrolled in college, but the center is trying to reach out to high schools to see how they might best serve those Rohingya adolescents. “This is a patriarchal society. Some of the girls marry young. Some of the boys as soon as they hit 18 drop out of school so they can work and help support their families,” explained the assistant director and went on to say that,

The adolescents often seem to be in such a hurry to Americanize that they often turn their back on their culture. This is very painful for the parents. We are always on the look-out for where the stressors are and try to build our programs around these needs when we can find the funding. It has been difficult engaging the teens. They come to this country with very little education and put into the grade that matches their ages. This is extremely difficult. They teens don’t always follow the right role models.

But Ms. Toffeneti recognized that soccer was good for the adolescents who played on the team, and these adolescents also acted as translators for their parents.

The struggles of the elderly Rohingya, adult males and females and adolescent males and females are described by Ms. Toffeneti in Appendix D. She explains that the young children, younger than adolescents, are the most resilient because they learn English fast and are highly valued at home. Describing the value of the RCC to the community it serves, Ms. Toffeneti says, Just being able to sit and talk with someone in your own language eases stress. Speaking with others who understand the stressors they’ve been through also is helpful. Large gatherings where they share their Rohingya food of which they are very proud is always fun and are well attended. Knowing that we can help them and that they are welcome anytime they walk through the door reduces stress. Insurmountable problems get solved with our help. Those who participate in our programs really enjoy them. Taking a class is a scary prospect for someone who has never been in school. They learn with our help that they can learn and that it’s fun!

Looking to the future, Ms. Toffeneti said that because it is impossible for the current generation to attain financial security, it is difficult to plan ahead and because they have grown up “just trying to survive,” they cannot think too far into the future. She went on to say that it was, “the younger people” who are “in a much better position to move forward” suggesting that education is the key. Ms. Toffeneti ended with a concern of her own or the future of Rohingya refugees in Chicago saying, “My big worry is when the Rohingya from Bangladesh start arriving. They will be coming as rice farmers and fishermen. Their trauma is much worse. I’m hoping the work we are now doing with the Rohingya will help them help the newer refugees if and when they start to arrive.”

It is clear that the RCC provides an invaluable service to the Rohingya refugees of Chicago, but more information and funding are needed about the families resettling in the USA, and research into resilience of this population will help to implement appropriately focused interventions to aid in this process.

5.7 Practical implications

Taken together, what are some practical implications of the findings of this research? Along with reducing risks that adolescent refugees face, practical implications for enhancing resilience can also focus on a strength-based approach. One effective environment for cultivating adolescent resilience is at school, where students can bond, and learn the major individual competencies of, “cognitive, emotional, moral, behavioral, and social competencies”, along with developing a positive identity and optimism, all of which, according to Lee, are essential in developing resilience (Lee, 2012). Schools can adopt curricula to teach resilience to adolescents, provide resources which may otherwise be unavailable to parents, and they can facilitate and promote activities like offering team sports to allow for the healthy development of adolescents.

In addition, schools can identify and reach many at-risk adolescents, provide social workers, and work with family members to help develop resilience in adolescents.

Resettled adolescent refugees are relatively safe, but they are still faced with pervasive negative stressors like discrimination, financial hardship, and social isolation. Their mental health will therefore depend on how many of these stressors they are faced with, in relation to exposure to positive social factors known to promote resilience. Future research directed at the influence of positive promotive factors of resilience on the unavoidable negative factors is required. For example, how would a community center, friends and family support, and organized team sports help alleviate some of these negative stressors? One such positive factor, is participating in an organized team sport.

The preliminary findings of my study align with other research that shows that team sports are beneficial to psychological health and by inference resilience. In creating safe environments, communities should also consider affordable sports facilities and parks to encourage adolescent refugees to play sports. Also important in nurturing resilience, is the role of support systems such as family, schools, and healthcare practitioners. Researchers in the field of resilience are in agreement that multiple systems, from biological, to sociocultural, are involved in fostering a robust resilient response (Southwick 2014, Masten 2018, Lee 2012, Masten and Barnes 2018). By far, the best practical implication to enhance resilience in refugee populations is a cultural center like the RCC which can promote social and environmental processes of resilience as well as cultural and individual aspects, making such structures invaluable.

5.8 Considerations for future research

Research in resilience of resettled Rohingya adolescents would benefit from determining whether or not they are more resilient than their non-refugee peers. Comparing the positive

social supports between these groups would help determine which interventions would be most effective in promoting adolescent resilience within a particular environment. My study suggests that community-based programs are important for refugee populations, but it would also be helpful to know conditions of the host community to develop and implement practical solutions for promoting resilience. Although factors that influence resilience have now been established, research is lacking for specific populations, which is vital for community-based interventions.

Future research on Rohingya refugees should also take into consideration culturally relevant views about resilience and mental health in order to provide appropriate support services. Learning more about the Rohingya community and culture would help break down barriers and foster trust so that interventions that build on community strengths may be developed. In addition, by interviewing multiple generations, including males and females, would provide valuable insight into the problems that refugee families faced in the past, how they overcame them, and their current difficulties and what they require for resettlement. Experiences of adolescent boys and girls will differ due to how the culture views gender differences; research in this area would help provide even more specific interventions for resilience.

This resilience study, provides a good pilot study that suggests a trend that can be further investigated; it highlights the value of existing interventions provided by the RCC which includes playing in a team sport. The study can be expanded for a larger sample of school populations, including adolescents and younger children from the Rohingya culture, other refugees, as well as non-refugee students, to see if these preliminary findings hold true for the Rohingya population as a whole and for these other populations.

5.9 Limitations of study

A major limitation of this study is that the sample size was limited for both groups investigated; a larger population sample would help to eliminate any abnormalities in the data collected. However, it was difficult to recruit participants for this study; only the male soccer team from RCC was available for study, this did not allow for testing a random sample of the population and already skewed the results in favor of a group which already possessed a number of positive attributes for resilience. Rohingya refugee and non-refugee students were originally to be recruited from Chicago Public Schools, such as Sullivan and Mather high schools, which both contain large populations of refugee and non-refugee students. Despite having obtained IRB approval from the University of Chicago, the Research Review Board (RRB) for Chicago Public Schools did not allow my study to be submitted for review, because a further graduate student screening process was required. It was not possible to complete this screening in the established timeline for the thesis and therefore I was not able to obtain research subjects from CPS schools. In order to be able to recruit participants and collect data within a suitable time-frame, it was necessary to seek out alternate options for recruiting study participants and fortunately the RCC agreed to help. Ms. Laura Toffeneti, assistant director of the RCC, agreed to have Rohingya adolescents participate in a study, but only after clarification that the study would not be asking them to speak about events that had occurred in their past, before arriving in Chicago. She recommended that I speak with the boys from the cultural center's soccer team, because they were already familiar with participating in interviews with various media outlets who were interested in reporting about their team.

A further restriction in the recruitment of adolescent Rohingya girls arose. Resilience of adolescent girls at RCC would have been of interest, but the girls were not available for this

study because culturally they were protected and prevented from interactions with strangers. Ms. Toffeneti strongly dissuaded me from speaking with any of the adolescent Rohingya girls who attend the center, for Quran classes, as she knew that their families would be reluctant to have them speak with someone who was not a relative. Gender differences in resilience would have been of interest to study in this patriarchal society, particularly as many of the adolescent girls, according to the male soccer coach, have expressed an interest in forming a RCC girls' soccer team. For many of the girls, the RCC is the only outlet for social interaction and their willingness to want to play on a soccer team, suggests that the adolescent Rohingya girls would be equally as resilient as their male counterparts, and perhaps even more so, because they have additional cultural restrictions to overcome than boys who are granted more freedom.

Girl Forward was contacted in an attempt to recruit adolescent Rohingya girls to participate in the study, but they did not respond to requests. As a result, I decided to focus my study on the small (13) refugee adolescent male population available to me, and I sought out an equivalent non-refugee adolescent population for comparisons. I recruited non-refugee participants from Morgan Park Academy's upper school boys' soccer team, and only 6 out of 13 agreed to participate.

A language barrier provided another limitation in this study as adults could not be interviewed about their adolescents. The Rohingyas' Indo-Aryan language is currently only a spoken dialect, and has no written form. Although many Rohingya also speak Burmese and Urdu, as Ms. Toffeneti informed me, a majority of the members of the older generation of Rohingya that come to RCC are illiterate. While the IRB approved having adolescents act as translators for their parents, with respect to understanding written consent forms, it would not be possible for the parents to complete written surveys. Nor could oral interviews be conducted with

parents, since it would be counter-productive for their children to act as translators for these questions, and because there is an overwhelming lack of translators in Chicago, who are fluent in all four languages necessary to accomplish translation; English, Burmese, Urdu, and the Rohingyas' dialect. Ms. Toffeneti confirmed that the RCC's sole official translator would be too preoccupied to assist with this study. Although her suggestion of having the RCC's soccer coach, Samad, act as a translator for the adolescent participants, was approved by the IRB, the adolescents are competent in English, and have conducted interviews in English before; it would be very difficult for Samad to translate accurately for the parents, since many do not possess English competency, and English is not Samad's first language. As such no parents were consulted, and the study was designed to have adolescent participants answer Ungar's 12-question CYRM survey as written, and to write a short background information questionnaire for participants to complete along with the survey, in order to help further contextualize their survey responses.

CHAPTER 6

CONCLUSIONS

Adolescents are faced with many challenges as they begin to take on more responsibilities and need to make decisions that will affect their future as adults. While trying to navigate the negative effects of peer pressure and possibly bullying in a school setting, refugee adolescents, like other adolescents, are faced with the wide-reaching influence of digital media and the internet outside of school (Caravita, 2018). Some youth thrive and grow from their interactions on social media, while others find the intensity of their challenges ever increased by the minute to minute interactions with their peers. The often easily influenced adolescent brain which does not complete development until the age of 25, still lacks the ability to make healthy decisions (Arian, 2013). In addition to this, refugees resettling in a new country are faced with other unique challenges like perhaps adjusting to a new climate, language, foods, expectations in school, culture, income, and housing among the many more aspects of life that impact a young person. Refugee youth may also feel the pressure to “grow up” in order to help their parents with their household income. As a result, many may hold part-time jobs in addition to attending school. Refugee youth will assimilate faster than their parents in their new environment due to their greater adaptability, interactions at school and in their community, and the adolescents’ general need to “fit in” (Leibovich, 2018). This means that refugee youth will often act as intermediaries for important matters pertaining to their families’ health and well-being. Furthermore, the target population of this study, the Rohingya, have undergone atrocities that the average American never encounters.

Taking into consideration the limitations discussed, this study found that despite all the challenges that the adolescent Rohingya refugees in Chicago faced, the boys’ soccer team of the

Rohingya Culture Center, demonstrated that they were equally as resilient as their non-refugee soccer-playing peers who attend high school at Morgan Park Academy. If this finding remains true and is statistically significant for the population, the finding would be novel and it would provide important information about how trauma-exposed adolescent Rohingya refugees resettling in Chicago, might develop robust resilience by playing on a sports team and belonging to the Rohingya Culture Center.

The anthropological question posed at the beginning of this research study was to determine whether or not adolescent Rohingya refugees in Chicago needed interventions to enhance their resilience and consequently improve their psychological well-being. The answer is that if adolescent Rohingya refugees play on a team sport such as soccer, and belong to a Rohingya cultural center then they are likely to be resilient. For these boys, resilience is enhanced when they can have; social interactions with their community, get help with school work, develop team-building skills, rely on coaches as mentors for their life experiences, have access to counselors, and translators to help with claiming health and other benefits to which they might be entitled. The RCC soccer team serves as an example of how to boost resilience in adolescent Rohingya refugees in Chicago. In addition, the preliminary results obtained with the RCC soccer team supports the hypothesis posed in this study; that although adolescent Rohingya refugees experienced extreme past traumas and continue to face ongoing challenges, they are as resilient as their non-refugee peers when exposed to positive factors. It is not possible to know from this study, if exposure to past traumas or current interventions, or both are responsible for the resilience that RCC soccer team members exhibited. Further studies are necessary to ascertain resilience in adolescent Rohingya refugees who do not play a team sport, and who may not belong to the RCC. My preliminary study demonstrated robust resilience with the CYRM-12,

but the qualitative data gathered suggested that some of the boys felt in need of better support systems in relation to racial discrimination and security in their schools and communities. However, overall, they showed a strong sense of self-reliance in their interview responses, which I predict to hold true in a larger study.

This study about resilience in adolescent Rohingya refugees in Chicago, takes the first steps to begin to fill the gap in knowledge about this specific group's resilience and consequently its mental health and well-being. There are very few studies of resilience in adolescent refugee populations (Panter-Brick, 2018), and none about the adolescent Rohingya refugee population of Chicago. The tragedy of the Rohingya people in Myanmar, continues today; they are still denied citizenship, endure violence and torture, face expulsion from the lands of their birth, are denied freedom of movement, and are forced into labor. They, like all human beings, deserve the basic human rights to be able to live in peace and without fear and free from discrimination and persecution in the land of their birth. Those who managed to escape and are granted refugee status in countries like the United States, still require social and emotional support, with the adolescent population being particularly vulnerable. Therefore, studies such as this, are valuable in determining ways to alleviate not only current hardships, but recognizing and healing the effects of past traumas by using a strength-based approach to enhance resilience. The youth is a good target population because according to Laura Toffeneti, not only are they the most at risk, but also because says Ms. Toffeneti, "The younger people are in a much better position to move forward."

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APPENDIX A

Participant (between the ages 12 and 17) Assent Form

IRB Study Number: 19-0004

Title of Study: Resilience of Adolescent Rohingya Refugees in Chicago

Researcher: Analiese Batchelor, 4th year undergraduate student at the University of Chicago

Email: abatchelor@uchicago.edu Phone: 773-750-1897

In this study, I will be looking at the strengths that refugees have. Knowing more about these strengths can perhaps help improve conditions for students in schools in Chicago. This study will ask you to fill out a simple form about your background, that asks things like your name, age, school, and grade, and a 12-question survey. About 40 minutes will be needed to complete the background information and the survey.

Some of you will also be randomly selected for a short eight question interview with me. The interview will be used to find out about your life and thoughts after you first arrived in Chicago, and will last about 30 minutes. Interviews will be audio-recorded. Audio-recordings will only be used for accuracy of records. Once transcriptions have been completed, the audio recordings will be destroyed within six months of making the recording. Interviews will be conducted in the presence of only the researcher, the subject, and if requested, a translator. The content of the interviews will not be discussed by the researcher or translator with third parties without the consent of the interviewee and/or their parent/guardian. The translator will be asked to sign a confidentiality agreement to protect your privacy.

Individually-identifiable student data will include; name, age, school, and current grade. In addition, personal information may be revealed in interviews. Care will be taken to make sure that all personally identifiable information will be kept confidential. This means that only my professor and I will know which answers are yours. Any information that identifies you personally will be kept separate, and all my research findings will be stored in password protected and encrypted environments, so that only my thesis advisors and I will have the password to access your information. In addition, all personally identifiable information about you will be destroyed within one year after the research is completed. Participation is entirely voluntary, and you may withdraw from the study at any time, without negative consequences.

I understand that this study might remind you about your past and current stresses. If you feel sad or worried at any point during the study, and you would like to talk with someone, you can tell me or contact Heartland Alliance's Refugee Youth and Family Services, at 4419, N.

Ravenswood Ave. Chicago IL 60640. Directions: Brown line to Montrose or Montrose #78 bus. Open Monday-Friday 8:30 to 5:00 pm. Email: rics@heartlandalliance.org. This information has also been given to your parent/guardian.

If your responses indicate intent to harm yourself or others, the researcher (Analiese Batchelor) will notify the appropriate agencies with this information. The researcher will not ask about child

abuse or neglect, but if you tell us about child abuse or neglect, the researcher will report that information to the appropriate authorities.

Date: ____/____/____

I agree to participate _____

No, I do not agree to participate _____

If you have questions about this research, you can contact me, Analiese Batchelor at:

Phone: (773) 750-1897 or Email: abatchelor@uchicago.edu

If you have concerns about your rights as a research participant, you can contact the University of Chicago's IRB at:

Social and Behavioral Sciences IRB

1155 East 60th Street, Room 418
Chicago, IL 60637

Phone: (773) 834-7835; Email: sbs-irb@uchicago.edu

SBS IRB website: <http://sbsirb.uchicago.edu/>

Participant (ages 18 or older) Informed Consent Form

IRB Study Number: 19-0004

Title of Study: Resilience of Adolescent Rohingya Refugees in Chicago

Researcher: Analiese Batchelor, 4th year undergraduate student at the University of Chicago

Email: abatchelor@uchicago.edu Phone: 773-750-1897

In this study, I will be looking at the strengths that refugees have. Knowing more about these strengths can perhaps help improve conditions for students in schools in Chicago. This study will ask you to fill out a simple form about your background, that asks things like your name, age, school, and grade, and a 12-question survey. About 40 minutes will be needed to complete the background information and the survey.

Some of you will also be randomly selected for a short eight question interview with me. The interview will be used to find out about your life and thoughts after you first arrived in Chicago, and will last about 30 minutes. Interviews will be audio-recorded. Audio-recordings will only be used for accuracy of records. Once transcriptions have been completed, the audio recordings will be destroyed within six months of making the recording. Interviews will be conducted in the presence of only the researcher, the subject, and if requested, a translator. The content of the interviews will not be discussed by the researcher or translator with third parties without the consent of the interviewee and/or their parent/guardian. The translator will be asked to sign a confidentiality agreement to protect your privacy.

Individually-identifiable student data will include; name, age, school, and current grade. In addition, personal information may be revealed in interviews. Care will be taken to make sure that all personally identifiable information will be kept confidential. This means that only my professor and I will know which answers are yours. Any information that identifies you personally will be kept separate, and all my research findings will be stored in password protected and encrypted environments, so that only my thesis advisors and I will have the password to access your information. In addition, all personally identifiable information about you will be destroyed within one year after the research is completed. Participation is entirely voluntary, and you may withdraw from the study at any time, without negative consequences.

I understand that this study might remind you about your past and current stresses. If you feel sad or worried at any point during the study, and you would like to talk with someone, you can tell me contact Heartland Alliance's Refugee Youth and Family Services, at 4419, N. Ravenswood Ave. Chicago IL 60640. Directions: Brown line to Montrose or Montrose #78 bus. Open Monday-Friday 8:30 to 5:00 pm. Email: rics@heartlandalliance.org. I will not provide mental health services but I can help you get in touch with Heartland Alliance's Refugee Youth and Family Services. If your responses indicate intent to harm yourself or others, I will notify the appropriate agencies with this information.

Date: ____/____/____

I consent to participate _____

No, I do not consent to participate _____

If you have questions about this research, you can contact me, Analiese Batchelor at:

Phone: (773) 750-1897 or Email: abatchelor@uchicago.edu

If you have concerns about your rights as a research participant, you can contact the University of Chicago's IRB at:

Social and Behavioral Sciences IRB

1155 East 60th Street, Room 418

Chicago, IL 60637

Phone: (773) 834-7835; Email: sbs-irb@uchicago.edu

SBS IRB website: <http://sbsirb.uchicago.edu/>

Parent/Guardian Consent Form

IRB Study Number: 19-0004

Title of Study: Resilience of Adolescent Rohingya Refugees in Chicago

Researcher: Analiese Batchelor, 4th year undergraduate student at the University of Chicago

Email: abatchelor@uchicago.edu Phone: 773-750-1897

In this study, I will be looking at the strengths that refugees have. Knowing more about these strengths can perhaps help improve conditions for students in schools in Chicago. This study will ask your child to fill out a simple form about their background, that asks things like their name, age, school, and grade, and a 12-question survey. About 40 minutes will be needed to complete the background information and the survey.

Your child might also be randomly selected for a short eight question interview with me. The interview will be used to find out about their life and thoughts after they first arrived in Chicago, and will last about 30 minutes. Interviews will be audio-recorded. Audio-recordings will only be used for accuracy of records. Once transcriptions have been completed, the audio recordings will be destroyed within six months of making the recording. Interviews will be conducted in the presence of only the researcher, the subject, and if requested, a translator. The content of the interviews will not be discussed by the researcher or translator with third parties without the consent of the interviewee and/or their parent/guardian. The translator will be asked to sign a confidentiality agreement to protect your child's privacy.

Individually-identifiable student data will include; name, age, school, and current grade. In addition, personal information may be revealed in interviews. Care will be taken to make sure that all personally identifiable information will be kept confidential. This means that only my professor and I will know which answers are your child's. Any information that identifies your child personally will be kept separate, and all my research findings will be stored in password protected and encrypted environments, so that only my thesis advisors and I will have the password to access their information. In addition, all personally identifiable information about your child will be destroyed within one year after the research is completed. Participation is entirely voluntary, and your child may withdraw from the study at any time, without negative consequences.

This research study that might remind your child about their past and current stresses. If you or your child feel sad or worried during the course of this study, and you or they feel like talking to someone, you can tell me or contact Heartland Alliance's Refugee Youth and Family Services, at 4419, N. Ravenswood Ave. Chicago IL 60640. Directions: Brown line to Montrose or Montrose #78 bus. Open Monday-Friday 8:30 to 5:00 pm. Email: rics@heartlandalliance.org. I will not provide mental health services but I can help you get in touch with Heartland Alliance's Refugee Youth and Family Services. If your child's responses indicate intent to harm him/herself or others, the researcher (Analiese Batchelor) will notify the appropriate agencies with this information. The researcher will not ask about child abuse or neglect, but if your child tells us

about child abuse or neglect, the researcher will report that information to the appropriate authorities.

Student's name: _____ **Date:** ____/____/____

Parent/guardian signature:

Yes, I agree to have my child participate _____

No, I do not give consent for my child to participate _____

Parents please be aware that under the Protection of Pupil Rights Act, 20 U.S.C. Section 1232(c)(1)(A), you have the right to review a copy of the questions asked of or materials that will be used with your students. If you would like to do so, you should contact Analiese Batchelor at (773) 750-1897, or email at abatchelor@uchicago.edu, to obtain a copy of the questions or materials.

If you have questions about this research, you can contact me, Analiese Batchelor at:

Phone: (773) 750-1897 or Email: abatchelor@uchicago.edu

If you have concerns about your child's rights as a research participant, you can contact the University of Chicago's IRB at:

Social and Behavioral Sciences IRB

1155 East 60th Street, Room 418
Chicago, IL 60637

Phone: (773) 834-7835; Email: sbs-irb@uchicago.edu

SBS IRB website: <http://sbsirb.uchicago.edu/>

APPENDIX B

Background Information

Please answer the following questions.

1. What is your name?

2. Where is your family from?

3. How long have you lived in Chicago?

4. What is your gender?

Male

Female

Other

5. What is your age?

6. What is your current grade in high school?

7. What are your plans for after high school?

College

Work

Other

8. Do you currently have a job outside of school?

Yes

No

9. How many hours per week do you work?

10. What is your religion?

- None
- Christian
- Muslim
- Hindu
- Jew
- Other

11. Is your father alive?

- Yes
- No

12. Does he live in the same household as you?

- Yes
- No

13. Is your mother alive?

- Yes
- No

14. Does she live in the same household as you?

- Yes
- No

15. How many people live in your household, not counting yourself?

16. How many siblings do you have?

17. How many of your siblings live at home with you?

18. Do you play a sport at school?

Yes

No

19. Do you belong to any clubs at school?

Yes

No

CYRM-12 Survey

To what extent do the sentences below describe you? Circle one answer for each statement.

	Not at All	A Little	Somewhat	Quite a Bit	A Lot
1. I have people I look up to	1	2	3	4	5
2. Getting an education is important to me	1	2	3	4	5
3. My parent(s)/caregiver(s) know a lot about me	1	2	3	4	5
4. I try to finish what I start	1	2	3	4	5
5. I am able to solve problems without harming myself or others (for example by using drugs and/or being violent)	1	2	3	4	5
6. I know where to go in my community to get help	1	2	3	4	5
7. I feel I belong at my school	1	2	3	4	5
8. My family stands by me during difficult times	1	2	3	4	5
9. My friends stand by me during difficult times	1	2	3	4	5
10. I am treated fairly in my community	1	2	3	4	5
11. I have opportunities to develop skills that will be useful later in life (like job skills and skills to care for others)	1	2	3	4	5
12. I enjoy my community's traditions	1	2	3	4	5

Interview Questions

- 1. How do you feel about the neighborhood you live in?**
- 2. Do you, your family, and friends think that people in your school and community have been helpful in your life in Chicago, or have you faced any problems?**
- 3. Has anything bad ever happened to you or your family while living in Chicago?**
- 4. What do you do when you are faced difficulties in your life?**
- 5. What do you think are the biggest advantages about living in Chicago?**
- 6. What do you think are the biggest disadvantages about living in Chicago?**
- 7. Tell me about a time when you have managed to overcome challenges in your life.**
- 8. Do you have any Rohingya friends or family members who have done well after coming to Chicago?**

Table of CYRM-12 sub-scales

INDIVIDUAL
Personal Skills
4. I try to finish what I start
5. I am able to solve problems without harming myself or others (for example by using drugs and/or being violent)
Peer Support
9. My friends stand by me during difficult times
Social skills
6. I know where to go in my community to get help
11. I have opportunities to develop skills that will be useful later in life (like job skills and skills to care for others)

RELATIONSHIP
Psychological Caregiving
3. My parent(s)/caregiver(s) know a lot about me
8. My family stands by me during difficult times

CONTEXT
Education
2. Getting an education is important to me
7. I feel I belong at my school
Cultural
1. I have people I look up to
10. I am treated fairly in my community
12. I enjoy my community's traditions

APPENDIX C

Raw Data

Table a. of Demographic Information RCC

RCC Participant Number

Question Number	1	2	3	4	5	6	7	8	9	10	11	12	13
2. Family from	Myanmar	Myanmar	Malaysia	Myanmar	Afghanistan	Myanmar	Malaysia	Myanmar	Myanmar	Myanmar	Myanmar	Malaysia	Myanmar
3. Years lived in Chicago	7	2	2.5	2.25	2	4	4	1	6	4	7	3	2
5. Age	18	19	18	17	18	18	16	18	16	20	18	15	19
6. Year in school	12	11	11	11	11	11	10	11	10	12	12	9	10
7. Plans after high school	College	College	College	College	College	College	College	College	College Work Other	College	Work	College	Work
8. Job outside school	Yes	No	No	Yes	Yes	Yes	No	Yes	No	Yes	No	No	Yes
9. Hours per week worked	5	0	0	29-30	10-12	10-12	0	38	0	30-35	0	0	48
10. Religion	Muslim	Muslim	Other	Muslim	Muslim	Hindu	Muslim	Muslim	*Other	Muslim	Christian	Muslim	Muslim
11. Father alive	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
12. Father living at home	Yes	Yes	Yes	No	No	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
13. Mother alive	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
14. Mother living at home	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
15. People living in household	6	7	8	5	1	9	7	2	6	6	6	6	6
16. Number	4	5	7	6	0	7	5	5	4	4	5	4	3

of siblings													
17. Siblings living at home	4	5	5	4	0	7	5	0	4	3	2	4	3
18. Play a sport at school	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
19. Belong to clubs at school	Yes	No	Yes	Yes	Yes	Yes	No	Yes	No	Yes	No	Yes	Yes

*Participant 9 preferred “not to say” his religion and identified his gender as “other.”

Table b. of Demographic Information MPA

Question Number	Participant EC	Participant CH	Participant YS	Participant DH	Participant EM	Participant AO
2. Family from	Chicago	Chicago	Greece	Chicago/St. Lucia	Georgia	Mexico
3. Years lived in Chicago	16	16	16	17	13	14
5. Age	16	16	16	17	18	14
6. Year in school	10 th grade	10 th grade	10 th grade	11 th grade	12 th grade	9 th grade
7. Plans after high school	College	College	College	College	College	College
8. Job outside school	No	No	No	Yes	No	No
9. Hours per week worked	0	0	0	Seasonal 6.5h per game	0	0
10. Religion	Christian	Christian	Greek Orthodox	Christian	Christian	None
11. Father alive	Yes	Yes	Yes	Yes	Yes	No
12. Father living at home	Yes	Yes	Yes	Yes	Yes	No
13. Mother alive	Yes	Yes	Yes	Yes	Yes	Yes

14. Mother living at home	Yes	Yes	Yes	Yes	Yes	Yes
15. People living in household	2	2	3	3	3	4
16. Number of siblings	1	0	1	1	1	2
17. Siblings living at home	0	0	1	1	1	2
18. Play a sport at school	Yes	Yes	Yes	Yes	Yes	Yes
19. Belong to clubs at school	Yes	Yes	Yes	Yes	Yes	Yes

APPENDIX D

Data Analysis

Table of RCC Boys' Soccer Team Responses

Survey Question number	1	2	3	4	5	6	7	8	9	10	11	12	Total score for each participant
Participant 1	3	5	5	5	5	5	4	5	5	5	5	5	57
Participant 2	3	3	3	2	3	3	3	4	3	4	4	4	39
Participant 3	3	4	5	5	3	4	3	4	3	3	3	4	44
Participant 4	2	5	5	5	5	3	2	4	5	2	1	2	41
Participant 5	5	5	5	5	5	5	5	5	5	5	5	5	60
Participant 6	4	5	5	4	3	4	5	5	5	5	4	4	53
Participant 7	2	3	4	4	5	4	4	5	4	4	4	3	46
Participant 8	4	5	5	4	4	4	4	5	5	5	5	5	55
Participant 9	5	5	5	5	5	4	4	5	2	4	5	4	53
Participant 10	5	5	5	5	5	5	4	5	4	4	4	5	56
Participant 11	4	3	3	4	5	4	5	5	4	5	4	4	50
Participant 12	5	4	5	4	5	4	5	4	5	4	5	4	54
Participant 13	4	4	4	5	4	4	5	4	5	4	5	4	52
Total score for each question	49	56	59	57	57	53	53	60	55	54	54	53	660

Table of Anova: Two-Factor Without Replication

<i>SUMMARY</i>	<i>Count</i>	<i>Sum</i>	<i>Average</i>	<i>Variance</i>
Row 1	12	57	4.75	0.39
Row 2	12	39	3.25	0.39
Row 3	12	44	3.67	0.61
Row 4	12	41	3.42	2.45
Row 5	12	60	5	0
Row 6	12	53	4.42	0.45
Row 7	12	46	3.83	0.70
Row 8	12	55	4.58	0.27
Row 9	12	53	4.42	0.81
Row 10	12	56	4.67	0.24
Row 11	12	50	4.17	0.52
Row 12	12	54	4.5	0.27
Row 13	12	52	4.33	0.24
Column 1	13	49	3.77	1.19
Column 2	13	56	4.31	0.73
Column 3	13	59	4.54	0.60
Column 4	13	57	4.38	0.76
Column 5	13	57	4.38	0.76
Column 6	13	53	4.08	0.41
Column 7	13	53	4.08	0.91
Column 8	13	60	4.62	0.26
Column 9	13	55	4.23	1.03
Column 10	13	54	4.15	0.81
Column 11	13	54	4.15	1.31
Column 12	13	53	4.08	0.74

Table of MPA Boys' Soccer Team Responses

Survey Question number	1	2	3	4	5	6	7	8	9	10	11	12	Total score for each participant
Participant 1	4	5	4	4	5	3	4	4	3	3	4	4	47
Participant 2	5	5	5	5	5	3	5	4	5	4	5	4	55
Participant 3	3	4	5	4	4	4	5	5	5	5	4	4	52
Participant 4	5	4	3	4	2	4	4	5	4	4	5	3	47
Participant 5	5	5	5	5	4	5	3	5	5	3	5	4	54
Participant 6	2	4	3	3	5	3	2	4	3	3	4	5	41

Data was calculated using Excel with the following commands:

“Data”, “Data Analysis”, “t-test: Two-sample assuming unequal variances”, “Variable Range 1” (range of total CYRM-12 scores for the 13 RCC participants), “Variable Range 2” (range of total CYRM-12 scores for the 6 MPA participants), “Alpha” set to 0.05, selected a cell for output range on Excel sheet and then pressed “OK.” (Divisi, 207)

Table of Results for t-Test from Excel: Two-Sample Assuming Unequal Variances

	<i>RCC</i>	<i>MPA</i>
Mean	50.77	49.33
Variance	41.19	28.27
Observations	13	6
Hypothesized Mean Difference	0	
df	12	
t Stat	0.51	
P(T<=t) two-tail	0.62	
t Critical two-tail	2.18	

SURVEY SUB-SCALE SCORES

Table of CYRM-12 Sub-Scale Scores for RCC and MPA Boys' Soccer Teams

Categories and Survey Question numbers	CYRM-12 Survey Sub-Scales for RCC and MPA Boys' Soccer Teams	
	RCC (n=13)	MPA (n=6)
INDIVIDUAL		
Personal Skills		
4	5,2,5,5,5,4,4,4,5,5,4,4,5	3,5,4,4,5,4
5	5,3,3,5,5,3,5,4,5,5,5,5,4	5,4,2,4,5,5
Peer Support		
9	5,3,3,5,5,5,4,5,2,4,4,5,5	3,5,4,5,5,3
Social Skills		
6	5,3,4,3,5,4,4,4,4,5,4,4,4	3,5,4,4,3,3
11	5,4,3,1,5,4,4,5,5,4,4,5,5	4,5,5,4,5,4
RELATIONSHIP		
Psychological Caregiving		
3	5,3,5,5,5,5,4,5,5,5,3,5,4	3,5,3,5,5,4
8	5,4,4,4,5,5,5,5,5,5,4,4	4,5,5,5,4,4
CONTEXT		
Education		
2	5,3,4,5,5,5,3,5,5,5,3,4,4	4,5,4,4,5,5
7	4,3,3,2,5,5,4,4,4,4,5,5,5	2,3,4,5,5,4
Cultural		
1	3,3,3,2,5,4,2,4,5,5,4,5,4	2,5,5,3,5,4
10	5,4,3,2,5,5,4,5,4,4,5,4,4	3,3,4,5,4,3
12	5,4,4,2,5,4,3,5,4,5,4,4,4	5,4,3,4,4,4

Mean CYRM-12 Sub-Scale Scores

Means for each sub-scale category was obtained by taking the mean of the number of the response pertaining to each question in that category. For example, the mean sub-scale score for “Personal Skills” for the MPA team (4.17) was obtained by adding all responses to questions 4 and 5, and dividing the total by 12 (the total number of responses.)

Table of Mean ± SD CYRM-12 Sub-Scale Scores for RCC and MPA Boys' Soccer Teams

Sub-Scale Category	Mean CYRM-12 Sub-Scale Score ± SD RCC	Mean CYRM-12 Sub-Scale Score ± SD MPA
INDIVIDUAL		
Personal Skills	4.38 ± 0.85	4.17 ± 0.94
Peer Support	4.23 ± 1.01	4.17 ± 0.98
Social Skills	4.12 ± 0.91	4.08 ± 0.79
RELATIONSHIP		
Psychological Caregiving	4.58 ± 0.64	4.33 ± 0.78
CONTEXT		
Education	4.19 ± 0.90	4.17 ± 0.94
Cultural	4.00 ± 0.95	3.89 ± 0.90

Table of Interview Data Obtained from Analysis of Transcripts

Interview Question	Theme/pattern of resilience	Positive	Negative
How do you feel about the neighborhood you live in?	<ul style="list-style-type: none"> • social/ community interactions • satisfaction about geographical location • being accepted or rejected by community they live in 	-neighbors are from Asia and home country, also refugees, speak almost the same languages, eat the same food, lots of Muslims -feels very safe (same apartment 7 years)	-felt unsafe, scared in some neighborhoods due to racism and gang violence -too noisy; police cars there in the morning
Do you or your family, and friends think that people in your school and community have been helpful in your life in Chicago, or have you faced any problems?	<ul style="list-style-type: none"> • access to resources • being accepted or rejected by community they live and study in • school and community interactions 	- school has counselors and security, current neighborhood community is very helpful - Lots of friends, always help in difficult times, go to friends first for help in school -community most helpful when first moved to Chicago (finding work, place to stay, food)	- Felt scared and less secure in previous neighborhood; targeted because of refugee status and race -need help with homework

			-neighbors don't seem as helpful now -problems with teachers, reluctant to follow their rules (too many)
Has anything bad ever happened to you or your family while living in Chicago?	<ul style="list-style-type: none"> • physical/ psychological well-being • feeling safe 	-no	- spent 1- 1.5 weeks in hospital after being shot by gang members - financial difficulties -“not yet” -broken wrist from soccer
What do you do when faced with difficulties in your life?	<ul style="list-style-type: none"> • confidence/ lack of trust • optimism/ pessimism 	-go to school counselor, authorities -see parents, family (when faced with “bigger” problems) -try to solve problems on their own first; “I finish the challenge. I finish it.” -pray -recognize community for help (school, RCC) and will go to either, depending on convenience (which one is closer), but not first option- only sometimes, “otherwise I face [problems] on my own” -sometimes will ask friends for help (i.e. with personal problems)	-don't feel that they can get the help they need; counselors and community can't help much with personal or family (i.e. financial) problems -just leaves problem alone (does not address it) and focuses on “the next thing” -problems at home (but friends there for him; leaves house and goes out with them after school)
What do you think are the biggest advantages about living in Chicago?	<ul style="list-style-type: none"> • satisfaction/ dissatisfaction 	-“Land of opportunity”: can play whatever sports they want (soccer wherever they want), receive education, no war or fighting all the time like in home country, security (in school) -nice city, everything is readily accessible outside (restaurants, market)	CPS schools need more money

		-friends live close by	
What do you think are the biggest disadvantages about living in Chicago?	<ul style="list-style-type: none"> • safety • lack of trust • pessimism • optimism • confidence 		<p>-Racism and violence, gangs (all over Chicago; been shot, seen neighbor shot 3 times), bully them and make them mad or crazy, but they can't retaliate (would become a big problem)</p> <p>-face lots of problems outside of neighborhood because they are not familiar with local culture, traditions, or rules</p> <p>-Time; not much time to "digress" with both work and school</p> <p>-weather condition</p> <p>-"fighting" to get a job; hard because some require training</p>
Tell me about a time when you have managed to overcome challenges in your life.	<ul style="list-style-type: none"> • ability to overcome challenges 	<p>-Try their best to solve problems on their own</p> <p>-Feel "agency" in coming to US</p> <p>-If can't help themselves, go talk to elders like school counselor</p>	<p>-Worried about classes, grades, but don't all go to teachers, school mentors for help</p>
Do you have any Rohingya friends or family members who have done well after coming to Chicago?	<ul style="list-style-type: none"> • hope for the future 	<p>-Yes many (soccer team mates), came to US to get opportunities, better life, go to school, and be safe</p> <p>-Think that Rohingya are "really happy here", "no worries"</p> <p>-friends helped him (to get snow boots, speak English, what to ask to get custom papers)</p>	<p>-Harder for Rohingya to get work here, because "it's a big city"</p> <p>-one friend, maybe</p> <p>-family not happy with his behavior or attitude in school</p>

		-parents and family happy with his achievements	
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Interview with Assistant Director of RCC (MARCH, 2019)

Below are the questions (Q) asked, and Ms. Toffeneti’s responses (A) to them.

Q.1 Good evening and thank you for your time. Can you tell me a little about the background of the RCC? What are its main goals, how did it come about, and how long it has been in existence?

A.1 The RCC was started in April 2016 by Nasir Zakaria. He escaped Burma when he was 14. He learned to speak English as a dishwasher at the Rivers Casino. He has a 5th grade education.

The Rohingya are a Muslim ethnic minority of Burma.

It was clear to Nasir that this community needed its own place to gather and to connect. This community is unique among the other refugee communities in the city. They started arriving in 2012. There were no Rohingya already here, no middle or upper class. No one to help them settle in and translate for them outside the resettlement organization. After 3-6 months these agencies expect you to be independent which is not realistic for these people.

They have been denied citizenship in Burma since 1982. This means no rights, no education, no protections. Any Rohingya in Chicago had to have escaped Burma to be here. Most of our population ended up in Malaysia, some for 20+ years. The villages they had to flee were not rebuilt in their lives in Malaysia. The RCC is their first chance of being part of a village again.

The languages they speak are rare: Rohingya which is unwritten, Burmese and Malay. There are no caseworkers who speak these languages. Most ESL classes are heavily dependent on the written word which does not work for these folks. Most are illiterate in any language.

There are no professional Rohingya in Chicago. The number with a HS or college degree could be counted on one hand. The jobs they have are minimum wage and living in Chicago is expensive. Their ability to communicate with Doctors is extremely hampered by the language issue. Most are suffering from first hand or second hand trauma. I believe these people are over medicated because they have no way to express the pain of these traumas and their effects. They all hear from family in Burma, Bangladesh and elsewhere and that worry weighs heavy on them.

The purpose of the center is three fold: 1. to provide support, education, translation as needed to help with their success 2. To become the center of their Chicago village where they can connect with other Rohingya, share their culture and form strong friendships and 3. To raise their voices against the genocide being waged on their people back home.

Q.2 What are some of the programs that the RCC offers its community?

A.2 The first program started was a free Quran class for our young kids. It runs M-F and is followed by a homework help program. We have about 65 kids taking part in this program ages

5-12. The homework help is provided by volunteers from nearby universities and neighboring people.

Our ESL class has evolved into a citizenship class as many of our folks are in year 4 and 5 in the US. This class is especially designed for the illiterate.

Our mommy and me class, First Steps, was started this past June. It's a preschool program for 25 moms and their children. We realized that moms weren't learning English since they can't bring their children to ESL classes. They also had no experience with school so expecting them to prepare their kids for school was unrealistic. They don't have their moms to help them learn to parent. Our volunteers model good parenting skills, as well as encourage the moms to play and talk with their children. The moms didn't have much opportunity to play when they were small so even something as simple as playdough is enjoyed by the adults as well as the kids.

We have 4 soccer teams. One teen boy team and three for the younger boys. It's extremely important to keep these kids connected with the RCC as a way to help them make good choices.

We have a Rohingya speaking caseworker to help with a variety of needs: filling out forms, dealing with DHS, sorting their mail and any other needs they have.

We seek out and distribute various needs like winter coats as well as provide Zakat (financial) help when its needed.

We also have started a "Virtual" Food bank so those who wish to donate food can choose instead to raise funds for Aldi's gift cards which saves us labor, storage and allows them to buy the foods they actually eat.

We are beginning a one on one ESL program for moms in their homes to help fill in that ESL gap.

Q.3 What are your main sources of funding?

A.3 The Zakat Foundations of America provides ½ our operating expenses. The other half comes from donors and occasional grants.

Q.4 Can you elaborate on some of the main gender differences that you have encountered among adolescents at the RCC?

I don't know how to answer this question. I don't really interact with them. The teens I see are the ones that are doing well (the soccer team, the kids enrolled in college). We are in the process of reaching out to the High Schools to see how we can better serve these kids.

A.4 This is a patriarchal society. Some of the girls marry young. Some of the boys as soon as they hit 18 drop out of school so they can work and help support their families.

Q.5 What seems to be the main cause for worry among the families of RCC and among the adolescents? How does the center help to alleviate those stresses?

A.5 They all worry about the families back home. The adolescents often seem to be in such a hurry to Americanize that they often turn their back on their culture. This is very painful for the parents. We are always on the look-out for where the stressors are and try to build our programs around these needs when we can find the funding. It has been difficult engaging the teens. They come to this country with very little education and put into the grade that matches their ages. This is extremely difficult. They teens don't always follow the right role models. Traditionally the girls marry young so we have some young teens who married at 15 or 16 and dropped out of school. We need to get them into GED programs but there are none close by.

Q.6 What specific things in the American of life have adolescents adapted to since arriving in Chicago? Why do you think that these are the first things that they have acquired?

A.6 The internet, cell phones. The way the boys dress as it is a non-verbal statement of who they are. Great haircuts. The girls dress with Hijab and in general more traditional Malaysian dress.

Q.7 What role do adolescents play in the family dynamics? How does the center support those adolescents?

A.7 We are working on this. So far the soccer has been great for those on the team. They also work as translators for their parents.

Q.8 In your interactions with the Rohingya, how would you gauge the resilience of the following groups compared to the average Chicagoan?

- a) the elderly
- b) adult males
- c) adult females
- d) adolescent males
- e) adolescent females

A.8

- a) the elderly: They struggle. They are not healthy and age early. Most have to work even though the work is physically difficult. They have diabetes, high blood pressure. Because of earlier trauma many find it hard to remember things so learning English is difficult and frustrating to them. If they are on Social Security they have 7 years to become citizens if they never work in the US. If they don't become citizens within that time frame their social security gets cut off. Since Citizenship involves reading and writing English this is a huge concern.
- b) adult males: The men work hard and I think experience the most frustration. The work is physically taxing. Some jobs are only full time during certain seasons. Money is always tight and the desire to send money home is powerful. Their teen children often don't give them the respect they should have because the adults are "backward".

- c) adult females : Some women struggle for the right to work. Traditionally, this is a man's role and the women are to take care of the children. Some husbands don't want their wives to work as it is looked upon as a slap against his ability to take care of his family. Yet living on under \$2000 a month when rent averages about \$1100 a month is practically impossible. They women's health suffer from the same ailments as the men.
- d) adolescent males : staying in school when you are over 18 is difficult. Some families need them to work. Some of these kids have had little schooling before arriving here. The whole experience is too hard for them. Working instead of being confused in school is often preferable to them.
- e) adolescent females: They face the same struggles but usually marry young rather than go to work.
- f) The most resilient are the young kids. They learn English fast and they are highly valued in the home.

Q.9 Which of the groups listed above (a-e) would you say are the most resourceful? Which seek help the most?

A.9 I don't think our teens seek help but they probably are the most at risk. As I said we have not found a way to really engage them. In general the more English you have the more resourceful you are. The more extended family you have the better the adjustment.

Q.10 Community centers like the RCC provide interpersonal interactions, resources and opportunities that benefit the social and psychological well-being of the communities that they serve, would you agree? What, if any, are some examples of social and/or psychological benefits in members of the RCC that you have observed during your time there?

A.10 Yes, I agree though there is still so much to do. Just being able to sit and talk with someone in your own language eases stress. Speaking with others who understand the stressors they've been through also is helpful. Large gatherings where they share their Rohingya food of which they are very proud is always fun and are well attended. Knowing that we can help them and that they are welcome anytime they walk through the door reduces stress. Insurmountable problems get solved with our help. Those who participate in our programs really enjoy them. Taking a class is a scary prospect for someone who has never been in school. They learn with our help that they can learn and that it's fun!

Q.11 What are some further resources that the RCC and the Rohingya community require to help in Rohingya resettlement in Chicago?

A.11 It is practically impossible to get funding for translators and they are desperately needed especially for medical and mental health. There is no way anyone can access mental health help

because there is no one they can talk to who would understand what they are saying. American life is also very different from the lives they lived before. It is hard to understand in all its complications. We are there to help them figure it all out.

Q.12 Finally, how do you see the lives of current and future generations of the Rohingya community of Chicago developing?

A.12 I think it is going to remain hard for those who head the households. Saving money and finding financial security isn't going to happen for too many of this generation. And I think planning ahead is a very difficult thing for refugees to do. They have grown up just trying to survive the next day.

The younger people are in a much better position to move forward. Education is the key. When they lost that right, they lost a lot. My big worry is when the Rohingya from Bangladesh start arriving. They will be coming as rice farmers and fishermen. Their trauma is much worse. I'm hoping the work we are now doing with the Rohingya will help them help the newer refugees if and when they start to arrive.