

BURMESE REFUGEE WOMEN IN RESETTLEMENT: NARRATIVES OF
STRENGTH, RESILIENCE, AND POSTTRAUMATIC GROWTH

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ABSTRACT

Though there is research to suggest a robust association between exposure to traumatic events and negative mental health outcomes (Fazel, Wheeler, & Danesh, 2005), refugees, amongst other individuals, demonstrate remarkable resilience and ability to cope with adverse stressors (Schweitzer, Greenslade, & Kagee, 2007)—some even report positive psychological changes as a result of their struggle with highly challenging life circumstances (Tedeschi & Calhoun, 2004b; Hussain & Bhushan, 2013). The goal of this qualitative study was to examine the strengths, adaptive capacity, and posttraumatic growth experiences of a community of female Burmese refugees resettled in a Midwestern city of the United States. Based on data gathered from eleven participants, Consensual Qualitative Research (CQR) analysis yielded a thematic overview of four domains: (a) pre-resettlement experiences; (b) post-resettlement experiences; (c) coping and resilience; and (d) experiences of posttraumatic growth. The results provided contextual evidence to the pre-resettlement and post-resettlement stressors experienced by Burmese refugee women in resettlement. Findings also highlighted the strengths, protective factors, and resources of Burmese refugee women, whose narratives of positive growth and change seemed to co-exist with memories and experiences of trauma, suffering, and hardship.

Implications for research and clinical practice as well as future directions are discussed.

APPROVAL PAGE

The faculty listed below, appointed by the School of Education, have examined a dissertation titled, “Burmese Refugee Women in Resettlement: Narratives of Strength, Resilience, and Posttraumatic Growth,” presented by Joanna Chee Maung, candidate for the Doctor of Philosophy degree, and certify in their opinion it is worthy of acceptance.

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Chapter One

Introduction

By the end of 2015, the United Nations High Commissioner for Refugees (UNHCR) estimated that some 65.3 million individuals in the world had been forcibly displaced due to issues of human rights violations, war and violence, and persecution, representing a 55% increase since 2011 (2015). Today's number of forcibly displaced people, greater than the entire population of the United Kingdom, has reached record highs due to unresolved political conflict in the Syrian Arab Republic as well as ongoing crises in Iraq, Afghanistan, South Sudan, and Yemen, among others (UNHCR, 2015). Of this population, 21.3 million were defined as refugees, with the rest designated as asylum-seekers and internally displaced peoples. The UNHCR only considers a small proportion of refugees each year for resettlement, transferring them from an asylum country to a third country that is able to grant them permanent residence and civil, economic, and political rights. Resettled refugees are able to obtain government assistance for living and protection, obtain other necessary social services, and perhaps seek naturalization. The United States resettles the most refugees amongst the industrialized nations and accepted an estimated 66,500 in the year 2015, representing 60% of total resettlement admissions (UNHCR, 2015). The United States projected that it would admit 85,000 more refugees from around the world in 2016, with the majority coming from the Near East and South Asia (United States Department of State, 2015). Though the resettlement process poses an opportunity for new beginnings, many refugees experience significant difficulty adjusting to new cultural norms while learning how to navigate community systems and institutions; they may face potential difficulties with language, employment, and educational attainment. Refugee service providers are hard pressed to understand the unique cultural

narratives and post-migration needs of our country's vulnerable refugee populations (Dow, 2010). Consequently, a large body of research has gathered regarding the mental health concerns of people from refugee backgrounds.

The prevailing research on refugee populations suggest that cumulative experiences of pre-migration trauma is widely associated to psychopathology, specifically post-traumatic stress disorder (PTSD), depression, anxiety, or the comorbid occurrence of such symptoms (American Psychological Association [APA], 2010; Momartin, Silove, Manicavasagar, & Steel, 2004; Johnson & Thompson, 2008; Steel et al., 2009)—this relationship has also been delineated as the dose-effect relationship between trauma and psychopathology (Marshall, Schell, Elliot, Berthold, & Chun, 2005). The overall effect of trauma on mental health outcomes is far more inconsistent; many refugees that endure stressors associated with pre-migration trauma do not exhibit long-term signs of psychopathology (APA, 2010). Indeed, scholars suggest that refugees demonstrate great levels of resilience and can positively adjust post-migration by utilizing effective coping strategies and collective strengths (Pahud, Kirk, Gage, & Hornblow, 2009). A number of refugees even report experiencing positive psychological change as a result of their past struggles and challenges (Hussain & Bhushan, 2013).

In order to expand the literature on refugee-related outcomes, this present study explored themes of coping, resilience, and posttraumatic growth for a sample of Burmese refugee women resettled in the Midwest. The goals of this study were to: (1) explicate the methods by which Burmese refugee women adjust and cope with adverse stressors; and (2) explore culturally relevant expressions of strength and posttraumatic experiences of growth. Results from this study contribute to the growing literature regarding Burmese refugees in resettlement and helps inform culturally informed intervention work with this population.

The following is a review of the literature regarding Burmese refugees in resettlement, refugee mental health, coping, resilience, and posttraumatic growth. The chapter is divided into five sections. The first section, Burmese Refugees, provides a brief social and political history of the country of Burma, as well as contextual information regarding current Burmese refugees in displacement. The second section, Research on Refugee Mental Health, provides an overview of common refugee mental health concerns, as well as a critique of the literature's emphasis on refugee psychopathology. The third section, Post-Migration Conditions Affecting Refugee Adjustment and Wellness, explores different socio-cultural and economic barriers encountered by Burmese refugees in resettlement. The fourth section, Coping and Resilience, gives a framework for how refugees cope and adapt successfully despite their exposure to adverse stressors. Finally, the fifth section covers research regarding posttraumatic growth and its applicability for refugee populations.

Burmese Refugees

This section is divided into three sub-sections: (a) A brief social and political history: the historical and sociocultural context of the people of Burma; (b) Burmese refugees in displacement: description of challenges endured by forcibly displaced Burmese refugees; and (c) Burmese refugees resettled in the United States: information regarding the needs and demographics of Burmese refugees in the States.

A brief social and political history. The full sociopolitical history of Burma, currently called Myanmar by the Burmese government, is complex and beyond the scope of this current research; however, it is important to consider how such historical forces have shaped the pre-migration experiences of Burmese refugees currently resettled in the United States. The Southeast Asian country of Burma boasts a diverse population of some 50 million individuals.

The country is divided into at least eight major ethnic groups that have lived in the region for centuries, dating back to the early eighth and ninth centuries; they each have their own languages and boast distinct cultural, historical, and political histories and can be further divided into more than 130 distinctive subgroups (Vang & Trieu, 2014). The largest ethnic group, Burman, makes up more than half of the population (68%) while the two second largest ethnic groups, the Shan and Karen, comprise 9% and 7% of the population, respectively (Center for Disease Control and Prevention [CDCP], 2010). The majority of the people of Burma are Buddhist and about 20% of the population identify as Christians, Muslims, Hindus, and animists (Borwick, Schweitzer, Brough, Vromans, & Shakespeare-Finch, 2013).

The British occupied Burma from the 1820s to the 1880s and incorporated the country into their Indian Empire in 1886, designating Rangoon as its capitol city (CDCP, 2010). In many ways, colonial rule exacerbated ethnic differences within the country; the British government drew distinct lines between ethnic Burmans, living in the central plains (Ministerial Burma), and ethnic minorities that lived in the high lands (Frontier Areas) (Barron et al., 2007; Buadaeng, 2007; Walton, 2008). Along with British colonialism came Christian missionaries who built infrastructures in the hill areas and encouraged members of ethnic minority tribes, including the Chin and Karen, to convert to Christianity. While British rule encouraged Burma's modern development, it also caused economic and political separation between majority Burmans, who were generally literate and dominated central areas controlled from Rangoon, and other minority groups in the hills (Walton, 2008). As a whole, territorial and geographical policies and practices drawn out by the British intensified interethnic group tensions and failed to promote national unity and harmony (Barron et al., 2007; Walton, 2008).

By World War II, a pro-independence movement led by a charismatic leader, General

Aung San, began to take hold in the region. General Aung San, an ethnic Burman, was a prominent political figure that had a vision to unify the country's various ethnic groups; he was revered for demanding equal rights and treatment for those from Ministerial Burma as well as ethnic minority individuals from the Frontier Areas (CDCP, 2010; Walton, 2008). Burma gained independence from the British in 1948, though rival political factions of communists and conservatives assassinated the General before the new constitution was able to take effect (Barron et al., 2007; Charney, 2009).

Following independence, Burma experienced prolonged social and political instability amidst a weak constitutional period. In 1962, the country was eventually overthrown by a military coup led by General Ne Win, who established the ruling junta named the State Law and Order Restoration Council (CDCP, 2010). The establishment of the State Law and Order Restoration Council marked a significant period of economic instability and authoritarian rule characterized by the repeated violation of human rights and humanitarian issues. Ethnic minority insurgencies such as the Chin National Army, the Karen National Union, which is still active today, and the Karen National Liberation Army, began a series of armed conflicts against the government to claim independent states (Barron et al., 2007; Buadaeng, 2007). Civil fighting and a ruthless set of policies known as the Four Cuts, which severed four crucial links between insurgents and their local supporters (food, funds, intelligence, and recruits), forced the displacement of countless numbers of people (Southeast Asia Resource Action Center [SEARAC], 2011). Burma's ethnic minorities endured chronic human rights violations at the hands of the Burmese military, including documented violations of extortion, torture, sexual and physical assault, forced food insecurity, and forced labor (Malseed, 2009). In 1984, the Burmese government launched a brutal offensive in Eastern Burma that forced 10,000 Karen

refugees into the Tak Province of Thailand. This marked the beginning wave of refugees from Burma into the neighboring country of Thailand (Burma Link, 2015s).

Eventually, widespread discontent led to a 1988 protest and uprising that called for democracy and demanded a change in government policies. Military forces responded to this event viciously and, over the next several weeks of demonstrations, killed more than 3,000 protesters (Barron et al., 2007). In 1989, the SLORC and armed ethnic groups agreed to a cease-fire. Aung San Suu Kyi, daughter of the late General Aung San, formed the political party National League for Democracy and attempted to run for the first national election in several decades. Despite winning a majority of the vote, Aung San Suu Kyi was placed under house arrest by the military opposition and prevented from taking on her rightfully owned position. The State Law and Order Restoration Council was abolished and renamed the State Peace and Development Council in 1997, though the organization continued to control and repress the democratic opposition as well as ethnic minority peoples (CDCP, 2010). From 2005-2006, the SPDC launched a set of military offensives in Eastern Burma to further push into KNU-controlled territory. These military attacks significantly impacted the ethnic Karen, Shan, and Mon people living in Eastern territories of Burma, many of whom had their livestock and orchards destroyed, and forced 82,000 individuals to flee to neighboring states (Rae, 2007).

In September of 2007, Buddhist monks led a series of pro-democracy protests in reaction to the country's sudden increase in oil prices, which had detrimentally impacted already impoverished members of the nation. In response, the government authorized a violent series of tactics that killed at least 31 people and detained thousands (Amnesty International, 2008). The international community widely condemned the attacks and urged the United Nations to increase efforts to end the country's history of human rights violations. In 2010, under former President

Thein Sein, the government of Burma passed a series of policies that led to the eventual cessation of 60 years of military rule. The country, previously isolated, passed a number of political and economic reforms that substantially opened it up to the rest of the world. These reforms included the official acceptance of cease-fire with eight major non-state ethnic groups, the release of a number of political prisoners, and parliamentary by-elections (United States Department of State, 2016). Aung San Suu Kyi, finally released from house arrest in November of 2010, participated in the national elections with her opposition party, the National League for Democracy, who won a major of the total seats in the national, regional, and state parliaments. National League for Democracy member Htin Kyaw was formally inaugurated for president in March 2016, forming the first democratically elected and civilian led-government for the country. Though the country has made great democratic progress in recent years, it continues to face major political, economic, and social hurdles. According to the United States Department of State (2016), the country continues to struggle to reconcile its ties with various ethnic groups in the region and must pointedly improve its consideration for human rights and dignity.

Burmese refugees in displacement. In the context of Burma's history, ongoing political unrest and ethnic/religious persecution, including forced labor, torture, rape, and the destruction of crops and places of worship, have resulted in the mass exodus and violent displacement of minority groups from numerous provinces of Burma (Brough et al., 2013; CDCP, 2010; Lyttle, 2015). In 2015, the UNHCR identified 1.53 million individuals of concern in Burma; nearly 940,000 were people without citizenship and over 410,000 were displaced within the country itself (UNHCR, 2016). Hundreds of thousands of refugees have fled to neighboring countries, including Bangladesh, India, and Malaysia, though the vast majority of the displaced currently reside in Thailand (Alexander, 2008; Ullah, 2011).

Estimates suggest that over two million Burmese refugees live outside of camps in the urban areas of Thailand, most likely as illegal migrant workers (Brees, 2010). In December of 2015, The Border Consortium, a conglomerate of international non-governmental organizations supporting refugee camps in western Thailand, reported that there were over 103,800 individuals in nine official refugee camps on the Thailand and Burma border; this figure did not include Burmese individuals currently living in IDP camps (2015). The majority of these refugees are ethnic Karen (77%) and Karenni/Kayah (11%) from Eastern Burma, who have suffered horrendous human rights abuse and armed conflicts at the hands of the Burmese government (TBC, 2015). Some of Burma's refugees, including the ethnic Shan and Mon, do not even have the opportunity to live in a camp and become eligible for resettlement. There are no official refugee camps along the Thailand and Shan border and most of the ethnic Mon people, who have also been subject to decades of ethnic persecution and land-abuse, live as IDPs in Burma or as undocumented refugees in Thailand, liable for arrest and deportation (Burma Link, 2015).

While such camps offer far more protection than life on the outside, refugees on the Thailand and Burma border live in a "deadlock situation," unable to gain any sense of control or lend to the development of their own society (Oh & van der Stouwe, 2008). Thailand has not ratified the United Nations Convention Refugee Convention of 1951 or its subsequent 1967 Protocol and, therefore, has no refugee law or formalized asylum procedures (Baek & Subramaniam, 2008). As such, the Thai government prohibits its Burmese refugees from leaving their camps, earning income, and pursuing good quality education (Human Rights Watch, 2012; Zeus, 2010).

Burmese refugees have been restricted to camps in the developing world for decades; they exist in a state of uncertainty, completely dependent on aid agencies and other outside

forces to fulfill their economic, social, and psychological needs. As suggested by the Human Rights Center, there are high levels of sexual and physical violence in refugee camps; women and children, who form the majority of the refugee community, are often time the victims of exploitation and abuse (2013). Falb (2013) documented the prevalence and characteristics of intimate partner violence (IPV) and conflict victimization among 861-partnered women living in refugee camps on the Thai and Burma border. Her findings suggested that 7.9% of women had experienced IPV in the past year and 9.6% had experienced any form of non-partner perpetrated victimization in the past year. Of those that had experienced conflict, participants reported that they had been: threatened with a weapon (66.3%), detained against their will (37.4%), physically hurt (25.4%), and shot at or stabbed (13.3%). Such findings provide a small picture of the pervasive nature of targeted violence against women in Burmese refugee camps. Additionally, malnutrition is a prevalent issue in refugee camps, especially for vulnerable populations such as infants, nursing mothers, and new arrivals (TBC, 2009).

The United States Department of State (n.d.) defined the conditions on the Thailand and Burma border as a “protracted refugee situation” due to the vast number of refugees that have lived there in exile for more than 25 years. The UNHCR identified three durable solutions for resolving protracted refugee situations: voluntary repatriation, local integration into the country of asylum, and third country resettlement. Given Burma’s history of conflict and ongoing fears regarding one’s safety, repatriation is not a feasible solution for many Burmese refugees. Additionally, Burma’s neighboring countries of Thailand, Bangladesh, and Malaysia refuse to allow the Burmese to locally integrate because of concerns about national security and the economy (Kenny & Lockwood-Kenny, 2011). For the vast number of Burmese refugees caught in limbo, international resettlement is the ultimate hope for the future (Vang & Trieu, 2014;

Lyttle, 2015; UNHCR, 2014).

In 2000, the UNHCR adopted a number of strategies to address the protracted refugee situation on the Thailand and Burma border and to expedite the resettlement of Burmese refugees. The group resettlement program of Burmese refugees from these border camps represents one of the world's largest and most successful resettlement efforts (Tan, 2014). In 2015 alone, approximately 6,297 refugees from the Thailand-Burma border camps were resettled to third countries; 3,300 refugees were repatriated to Myanmar and 1,800 sought opportunities elsewhere in Thailand (TBC, 2015). Since 2005, more than 148,000 Burmese refugees have been resettled in the United States (Zong & Batalova, 2015), and a further 19,000 have been relocated to: Australia, Canada, New Zealand, Finland, and Norway (Fike & Androff, 2016; Tan, 2014). More recently, Asia's pilot resettlement programs have welcomed Burmese refugees in Japan (Treviranus & Törngren, 2015) and South Korea (Shin, 2015).

Burmese refugees resettled in the United States. Over the last decade, the Burmese made up the largest refugee group to be resettled in the United States and represented 24% (148,957) of the total 622,169 refugees resettled since 2006 (Zong & Batalova, 2015). According to data provided by the Refugee Processing Center, from 2010 to 2015, the majority of Burmese refugees were settled in Texas (14.5%), New York (7.7%), Indiana (7.3%), Minnesota (5.3%), and North Carolina (5.2%). As of May 2016, there were 8,112 Burmese refugees resettled in the United States for the 2016 fiscal year (Refugee Processing Center, 2016). Unlike all other major Asian groups (with the exception of Asian Indians), the largest population of Burmese (35%) resides in the South. In 2003 to 2011, the Midwest had the smallest percentage of Burmese Americans (13%), as compared to all other regions (Vang & Trieu, 2014). According to Vang and Trieu (2014), the Burmese American population, broadly containing all

of Burma's various ethnic sub-groups, is a relatively young group, as 64% of the population are under the age of 40. Additionally, the vast majority of the Burmese population is foreign-born (78%), higher than that of any other Asian group. Given that the Burmese population is relatively new and consists of mostly first and 1.5 generation children and young adults, they may lack the community-wide cultural, social, and human capital to address some of their post-migration challenges head on (Vang and Trieu; 2014). Similar to the experiences of other immigrant and refugee groups, Burmese families must contend with issues of intergenerational conflict and tension because of differences in rates of acculturation between children, adults, and elders (Jeung et al., 2011; Koh, Liamputtong, & Walker, 2013). Statistics suggest that the educational pattern of the Burmese in America is bimodal, or having two contrasting modes of frequency (Vang and Trieu, 2014). Though the Burmese population is relatively educated, nearly 31% possess a bachelor's degree or beyond, they also have the highest school dropout rate among all major Asian ethnic groups (39%), suggesting that Burmese youth are academically lagging behind their peers.

An overview of socioeconomic measurements depicts a grim reality for the Burmese in America. In total, 30% of the Burmese population lives below the poverty line, as compared to 13% of all other Asian American and Pacific Islander groups (Vang & Trieu, 2014). Statistics indicate that recently resettled Burmese men and women working full-time and year-round make a median wage of \$23,000 and \$21,000, respectively, which is significantly less than that of their United States born counterparts (Kallick & Mathema, 2016). The majority of Burmese Americans in the labor force are employed in the blue-collar sector (24%), despite the high educational attainment of some of its members. It is evident that a number of barriers, such as limited-English proficiency and difficulties accessing community resources, impact the

economic status of individuals from this community (Fike & Androff, 2016). These barriers and stressors will be further explicated in the post-migration condition section of this literature review.

In summary, this demographic portrait suggests that Burmese refugees contend with a number of socioeconomic barriers in their adaptation to life in the United States. According to recently reported statistics (Vang & Trieu, 2014), the Burmese in America are faring worse than their peers along major indicators of socioeconomic status, including education and income. Similar to other refugee groups, the Burmese share a collective sociocultural history characterized by violent “crimes against humanity” (Amnesty International, 2016), ethnic and religious persecution, as well as ongoing civil war and conflict. These experiences, as well as stressors endured in refugee camps and in resettlement, can have significant impact on the adaptation overcomes and overall well being of individuals from this community. The following sections of this chapter give further detail regarding the impact of pre-migration stressors and post-migration conditions on refugee adjustment and wellness.

Research on Refugee Mental Health

Refugees who resettle in a third country seek safety from threat of war or persecution, often coming across economic, political, and cultural stressors that are seemingly insurmountable. Unlike immigrants who voluntarily leave their countries for better economic or educational opportunities, refugees are described as being “pushed out” of their home countries because of war and pre-existing traumatic conditions (Dow, 2010; Hsu, Davies, & Hansen, 2004). In conceptualizing the range of factors that might affect refugees’ level of stress and modes of coping, it is imperative to understand the extent of their pre-migration experiences and exposure to trauma (Yakushko, Watson, & Thompson, 2008b).

For the vast majority of refugees, trauma cannot be characterized as a discrete event, but a pervasive pattern of events that may aggregate in the pre-migration, migration, and resettlement contexts (Porter & Haslam, 2005). The Diagnostic Statistical Manual of Mental Disorders 5 (DSM-5) defined traumatic events as those situations that involve “exposure to actual or threatened death, serious injury or sexual violation” (American Psychiatric Association, 2013). By this general definition, it is evident that individuals residing in war-torn countries bear consistently traumatic circumstances, including facing death or extreme acts of terrorism and violence, that are psychologically, emotionally, and cognitively taxing (Harvey, 2008). Given the sociopolitical realities of unique states and countries, and the range of events that may incur human suffering, pre-migration stressors at the individual level appear to widely vary (Mollica et al., 1993; Steel et al., 2009).

Within the general literature on refugee mental health, increased exposure to traumatic events has been widely associated to the prevalence of psychological disturbances, reported mostly as symptoms of PTSD, major depression, and anxiety (Neuner et al., 2004; Porter & Haslam, 2005; Schweitzer, Brough, Vromans, & Asic-Kobe, 2011; Silove, 1999; Steel et al., 2009). In one systematic review of 7000 resettled refugees, Fazel, Wheeler, and Danesh (2005) found that refugees were ten times more likely than their same-aged counterparts in Western countries to report symptoms of PTSD. There is an abundance of literature to suggest that there is a dose-response relationship between pre-migration cumulative trauma and the development of PTSD symptoms, such that greater exposure to trauma is generally associated with higher levels of PTSD symptoms (Schweitzer et al., 2011). A large scale systematic review and meta-analysis of 81,866 refugees and other displaced individuals suggests that torture is the strongest factor associated with posttraumatic stress disorder, followed by cumulative exposure to posttraumatic

events, time since conflict, and level of political terror (Steel et al., 2009). Over the years, this relationship has been demonstrated on various ethnic minority refugee groups and across multiple pre-migration and post-migration contexts (Mollica et al., 1998a; Mollica, McInnes, Poole, & Tor, 1998b; Neuner et al., 2004; Papageorgiou et al., 2000; Silove, Steel, McGorry, Miles, & Drobny, 2002).

Despite the number of Burmese refugees being resettled in the United States, the literature examining their mental health concerns is limited (Gilhooly & Lynn, 2015; Schweitzer, et al., 2011). Early studies concerning Burmese refugee mental health were conducted in Thailand or in refugee camps on the Thailand and Burmese border; more recent studies have been conducted in Western resettlement countries, including Australia and the United States. Given the literature's variability in terms of setting and context, it is difficult to surmise the true prevalence rate of mental health issues and trauma exposure in this population. Alden and colleagues (1996) conducted an early study regarding the trauma experiences and mental health of 104 Burmese political dissidents residing in Thailand. The majority of the participants were male (79%) and over 26 years of age (36%). As measured by Burmese translated versions of the Harvard Trauma Questionnaire (HTQ), participants reported experiencing a mean of 30 trauma events, including interrogation (89%), imprisonment (78%), threats of deportation (70%), and torture (38%). According to the Hopkins Symptom checklist 25 (HSCL-25), there were significantly high levels of depression (38%) and symptoms of PTSD in this sample (23%; Alden et al., 1996).

Cardozo, Talley, Burton, and Crawford (2004) conducted a mental health assessment of 495 Karenni refugees residing in refugee camps on the Thailand and Burma border. Participants consisted of 58% women, most of whom were married (82%), had no education (61%), and

identified as Kayah (76%). As measured by the HTQ, respondents reported that they had been exposed to a number of traumatic events in the past 10 years, the most common of which included: hiding in the jungle (79%), forced relocation (68%), lost property (66%), lack of food or water (53%), and forced labor (51%). Prevalence rates of symptoms of depression (42%), anxiety (41%), and PTSD (5%) in this sample were higher than the depression and anxiety rates among United States adults (Cardozo et al., 2004; Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). Additionally, participants reported experiencing culture-specific somatic symptoms including “numbness” (51%), “thinking too much” (42%) and feeling “hot under the skin” (26%). Notably, women, as well as individuals with previous mental health issues, were at higher risk for anxiety and depression, suggesting a need for specialized services targeting these specific groups. Additionally, limited food rations and camp policies that restricted movement, employment, and land cultivation outside of the camp negatively affected the social functioning and mental health of Karenni refugees in this study.

There are few studies that document rates of torture, war trauma, and mental health needs for Burmese refugees resettled in a third country. Resettled Burmese refugees may experience less uncertainty about their future, in comparison to those still living in refugee camps, yet they still contend with a myriad of post-migration stressors that impact their emotional and mental health. Schweitzer and colleagues (2011) assessed the mental health status of 70 Burmese refugees, mostly Karen (60%) and Chin (21%), who had recently been resettled in Australia. Participants included 57% women who were, on average, 34 years old, and had been living in Australia for a mean of 3 months. Reported rates of anxiety (20%) and depression (36%) were slightly lower than previous research of Karenni refugees in a Thai-Burma border camp (Cardozo et al., 2004), though PTSD rates in this study (9%) were similar to Fazel et al.’s (2005)

systematic study of refugees resettled in Western countries. Conclusions from this study suggested that for Burmese refugees in resettlement, exposure to pre-migration traumatic events predict trauma symptoms, but do not significantly predict symptoms of anxiety, depression, and somatization. Rather, post-migration living difficulties, such as issues with communication, had greater salience in predicting mental health symptomology

Recent research with Burmese refugees resettled in the United States suggests that older age and gender are significantly associated with increased exposure to war trauma, PTSD, depression, and other mental health conditions. Shannon, Vinson, Wieling, Cook, and Letts (2014) conducted an initial public health screening of 179 Karen adults resettled in the United States. Participants included 92 men and 87 women who were, on average, 35 years old. Individuals had lived in refugee camps for a mean of 13 years and had been living in the States for an average of 37 days. Similar to findings from Cardozo and colleagues (2004), results from this study suggested that Karen women were more likely than men to report symptoms of posttraumatic distress, depression, and somatic scores. Additionally, older adults (those over the age of 32), reported greater exposure to torture and war trauma, placing them at increased risk for developing PTSD and other mental health conditions. Rates of torture and trauma in this study were consistent with those reported by a smaller sample of Karen refugees resettled in Australia (Schweitzer et al., 2011). Notably, Karen refugees endorsed more somatic complaints (i.e., headaches, stomachaches, dizziness, and etc.) than mental health symptoms, accordant with literature that suggests that Asian populations tend to experience more physical manifestations of emotional or mental distress (Escobar et al., 2010).

Somatic complaints were also noted in a mixed methods needs assessment of Burmese refugees resettled in Oakland, California (Jeung et al., 2011). While this study is the first of its

kind conducted in the United States, it may not fully capture the complex and multidimensional range of stress symptoms for this population. In order to assess for pre-migration exposure to trauma and mental health symptomology, the authors employed a screening tool that was developed for primary care settings and had never been validated for Burmese refugees. Such a screening tool may potentially overlook culturally- specific expressions of distress, which tend to differ from group to group (Buse, Bernachchio, & Berker, 2013). Additionally, as the authors noted, participants had been living in the United States for only a month on average and may have been underreporting their mental health symptoms. Further research is necessary to assess for cultural differences in mental health symptomology and wellbeing of Burmese refugees living in the United States.

Overall, findings from the aforementioned studies provide important empirical information regarding Burmese refugees' experiences of trauma and post-migration stress, as well as their psychiatric symptoms of distress (Allden et al., 1996; Cardozo et al., 2004; Schweitzer et al., 2011; Shannon et al., 2014). It is evident that exposure to pre-migration trauma is a crucial predictor of trauma and distress symptoms, including expressions of depression, anxiety, and PTSD (Allden et al., 1996; Cardozo et al., 2004). For this population, high levels of somatization, including headaches, stomachaches, dizziness, and numbing, suggests more culturally nuanced expressions of distress. Although research regarding the psychiatric sequelae of trauma has been critical to understanding the refugee experience, this approach has also gained noteworthy criticism for its narrow focus on refugee maladjustment and psychological deficits (Borwick et al., 2013). Notably, measurements of psychiatric symptomology tend to be based on a Westernized diagnostic framework that may not be suitable for addressing complex refugee experiences (Keyes, 2000; Nicholl & Thompson, 2004). Cross-

cultural research indicates that symptoms of distress do not generalize from group to group; as such, reactions to and interpretations of trauma can widely differ across diverse cultural orientations and beliefs (Buse, Bernachchio, & Berker, 2013). As Nicholl and Thompson (2004) stated, “cultures vary in their understanding of what constitutes ‘normal’ emotional expression” (2004, p. 353). For example, in some cultures, somatization is commonly utilized to process negative emotions and is recognized as a pro-adaptive response to trauma (Tummala-Narra, 2010). Overall, an emphasis on symptomology and psychiatric diagnoses can minimize the role of sociocultural factors and narrowly depict resettling refugees in terms of their perceived pathologies (Heiner, 2013; Khawaja, White, Schweitzer, & Greenslade, 2008; Miller et al. 2001; Silove, 2001).

Unfortunately, conclusions from the aforementioned empirical studies (Alden et al., 1996; Cardozo et al., 2004; Schweitzer et al., 2011; Shannon et al., 2014) are limited because of methodological shortcomings that are common across most research on refugee mental health (Heiner, 2014). More specifically, these studies rely on the use of questionnaires and scales that have not been validated with the population of interest. Miller et al. (p. 343, 2002) suggested that the instruments used to assess the presence of symptomology in cross-cultural populations are based on “a priori assumptions about the range of relevant variables to be assessed” and are inadequate to capture the multidimensional nature of human experiences in relation to trauma. In other words, psychiatric measures are restricted in their reliability and validity for refugee groups, given their development for Western populations (Fazel et al., 2005) and may not reflect the entire set of stress symptoms in a non-western culture. Additionally, most studies in this area utilize cross-sectional designs that only provide a snapshot of the refugee experience. As such, it is difficult to surmise whether symptoms are short-term and will decrease over-time, or reflect a

chronic condition that requires psychiatric intervention (Marshall et al., 2005). In contrast to quantitative methods that assess for symptoms of mental illness and distress, qualitative methods can help us understand how Burmese refugees make meaning of their pre-migration and post-migration experiences, without limiting our findings to a priori assumptions.

Bartholomew, Gundel, and Kantamneni (2015) conducted a phenomenological study regarding the pre-resettlement stressors experienced by Karen refugees resettled in a Midwestern city. Participants included six men and two women ranging from 25 to 64 who had been purposefully selected because of their exposure to a variety of pre-resettlement stressors, including stressors associated with living in refugee camps or fleeing Burma. Participants described their pre-migration experiences of violence and warfare, encounters with systematic oppression, and limited access to resources and education; these pre-resettlement stressors resulted in unique cultural expressions of loss, resignation, and insecurity. For some of this study's participants, continual exposure to systematic oppression and loss at the hands of the Burmese government resulted in negatively altered self-perceptions about their sense of worth and adequacy. On the other hand, a number of participants also reported that such acts of discrimination and violence motivated them to help others and defend their people, suggesting some evidence of post-trauma positive change. As providers consider the cultural contexts and needs of Burmese refugees in America, it seems markedly important to consider the full spectrum of cultural responses to pre-migration stressors, recognizing that negative and resilient positive adaptations to loss can exist simultaneously. This qualitative study provides a rich analysis of how Burmese refugees come to understand their pre-migration experiences; however, it does not address the unique context and impact of post-migration factors, as experienced by Burmese refugees in America.

Notably, a number of studies with other refugee groups suggest that post-migration stressors—including socioeconomic disadvantage, marginalization, and challenges in acculturation—significantly impact the adaptation and psychological well being of the group in resettlement (Carswell, Blackburn, & Barker, 2009; Heiner, 2014); Porter & Haslam, 2005; Pumariega, Rothe, & Pumariega, 2005). As indicated previously, post-migration factors contributed to higher levels of distress, specifically symptoms of anxiety, depression, and somatization, than prior exposure to traumatic events for a sample of Burmese refugees resettled in Australia (Schweitzer et al., 2011). Thus, it is imperative to consider how post-migration conditions influence Burmese refugees' modes of coping and overall levels of stress and wellbeing.

Post-migration Conditions Affecting Refugee Adjustment and Wellness

In moving from their country of origin or a temporary refugee camp to a new resettlement country, refugees must overcome a number of socioeconomic, educational, and cultural barriers to attain basic resources (shelter, food, and safety) and greater economic and social stability (educational attainment, job placement, and a sense of belonging) (Vang and Trieu, 2014). When refugees resettle in the United States, local agencies and federal support offer transition assistance in various forms, including financial assistance, medical care, and employment support. Since the early 1990s, the United States refugee resettlement program has reduced its eligibility periods for financial support, emphasizing its priority on early self-sufficiency (Nezer, 2013). Thirty years ago, resettled refugees received at least a year and a half of transition assistance. These days, all refugees—regardless of their vulnerabilities, disability status, or medical needs—receive a maximum of eight months of federal assistance (Office of Refugee Resettlement, 2015). Such limited funding compounds the difficulties that refugees

may experience in their long-term transition to a new country and way of life.

The following reviews the broader post-migration stressors encountered by Burmese refugees in resettlement and includes: (a) language barriers: research regarding the educational and linguistic challenges of the refugee community; (b) financial and employment stress: an overview of the economic needs of in resettlement; (c) familial loss and the role of social support: research regarding the impact of lost extended family networks; and (d) gendered stressors: post-migration stressors specific to Burmese refugee women.

Language barriers. In many respects, English language ability is fundamental to the economic and social features of resettlement in a Western country (Dow, 2010). Refugees with limited English-language proficiency tend to experience greater difficulty during the adjustment process due to reduced employment opportunities, barriers accessing critical services, such as public safety and healthcare, and significant feelings of social and linguistic isolation. For some, this sense of loneliness, exacerbated by a lack of social support, may lead to feelings of discouragement, sadness, and anger (Vang & Trieu; 2014). Similar to findings from surveys of other refugee groups, Burmese refugee adults assert that the greatest challenge they face in adjustment is in regard to English language proficiency (Vang & Trieu, 2014; Jeung et al., 2011; Watkins, Raze, & Richters, 2012). Given the linguistic, cultural, and educational diversity of the Burmese community, language acquisition is a particularly challenging and salient barrier.

Researchers suggest that Burmese refugees who arrive with some formal educational background tend to have an easier time adjusting to life in United States. On the other hand, Burmese refugees that are older, come from rural backgrounds, and are not literate in their own language face the greatest barriers learning a new language and attaining necessary services (Vang & Trieu, 2014). Jeung and colleagues conducted a needs assessment of Karen and

Karenni refugees resettled in Oakland, California and analyzed data from 194 surveys, 12 in-depth interviews, and two focus groups (2011). Findings suggested that about one in four had no formal schooling and 63% reported having never graduated from high school. Notably, participants in this sample experienced a number of contextually unique resettlement stressors. For example, many of the Burmese refugees resettled in Oakland had arrived during an economic period of great recession, which significantly limited their opportunity for employment. Furthermore, the Oakland school district had recently discontinued adult English as a Second Language courses in the area, exacerbating the resettlement needs of this population. Bearing this in mind, it is apparent that different community contextual factors (such as economic policy, employment opportunities, and attitudes of the receiving city) shape the process of resettlement and acculturation for many refugees in resettlement (Hume & Hardwick, 2005; Scott Smith, 2008). Certainly, research that examines the experience of Burmese refugees in culturally and economically diverse areas of the United States may provide a more nuanced understanding regarding the mental health issues and specific resettlement needs of this population.

Hauck, Lo, Maxwell, and Reynolds (2014) conducted a qualitative study of factors influencing the acculturation of refugees living in central Virginia. Their sample contained 46 participants from Burma (33%), Bhutan (33%) and Iraq (34%). The majority of the Burmese participants were female (67%) and married (60%); on average, they had lived in the United States for one to two years. Authors did not report the ethnic breakdown of Burmese participants in this study. Compared to Iraqi refugees, who had on average eleven years of formal education, Burmese refugees had on average seven years of formal education and reported limited prior exposure to the English language. Many of the Burmese refugees in this study came from labor or farming backgrounds and had limited literacy in their native language; consequently, they

experienced increased difficulty learning how to write and read in English. Additionally, the majority of participants were unable to attend English as a Second Language classes because of conflicting work schedules and childcare obligations, which caused some to experience significant anxiety and concern about the future. As is suggested in the overall literature, Burmese respondents reported that limited English proficiency was a barrier to obtaining employment, communicating with social work and health professionals, and socializing with Americans.

In order to obtain support services, Burmese refugees are frequently dependent on bilingual staff or trained interpreters. Due to the shortage of formal interpreters for Burmese refugees of Karen identity, and the complex language structure of this particular group, Karen refugees face tremendous difficulties acquiring necessary medical, public, and social services (Watkins et al., 2012). Power and Pratt (2012) conducted a focus group analysis to describe the health experiences of Karen refugees from Burma resettled in a major metropolitan city in the United States Midwest. From their analysis, a number of Karen refugees were accessing health care through a second or third language, such as Thai or Burmese, which limited their ability to fully describe physical health symptoms or health care needs. Notably, due to the sociocultural history of the Karen in Thailand and in Thai-Burma border camps, Karen refugees may feel forced to acquire services in the language of their oppressor, which may add undue psychological stress to an already difficult adjustment process (SEARCAC, 2011). For some Burmese refugees, poor interpretation and miscommunication may lead to the implementation of inappropriate health care interventions (Power & Pratt, 2012).

Financial and employment stress. Refugees who are drawn to resettlement are motivated to do so due to increased employment and economic opportunities, as well as

educational opportunities for their children (Harkins, 2012). Many expect to find meaningful work and to continue progressing in their career path after resettlement (Yakushko, Backhaus, Watson, Ngaruiya, & Gonzalez, 2008a). However, difficulties with communication and English language ability can limit the number of post-resettlement employment opportunities for refugees. Additionally, refugees that have prior education may be prevented from working in their chosen professions because of issues with certification and training. They may be forced to take on low-paying and low-status jobs that represent a significant downturn in terms of their career path and employment aspirations (Vang & Trieu, 2014; Yakushko et al., 2008a). In general, refugees from Burma, Iraq, and Somalia, are less likely to be employed compared to United States born citizens (Capps et al., 2015). Overall, these relatively low employment rates can drastically impact the economic and social self-sufficiency of refugee households.

Vang and Trieu (2011) found that Burmese refugees who were able to find employment did so with significant help from case managers and referrals from an extensive network of family and friends. Though grateful for the opportunity to work, refugees expressed that they only had access to low-paying jobs in industries such as manufacturing, home health care, restaurant work, and hotel housekeeping. Indeed, the literature suggests that refugees are disproportionately placed in physically demanding jobs that pose potential health and safety challenges (Yakushko et al., 2008a). Additionally, these positions may be located far away and require a significant commute time, which places a significant burden on individuals that are struggling with childcare and other familial obligations. Findings suggest that Burmese refugees may receive few benefits or vacation days at their places of employment and only earn an income that is slightly more than those that are unemployed; in other words, they are not receiving a living wage that can support basic necessities such as food, rent, and health care

(Mitschke, Mitschke, Slater, & Teboh, 2011; Jeung et al., 2011).

Gilhooly and Lynn's (2007) collaborative qualitative research with Karen refugees in the Southeast and Midwest regions found that a number of the study's participants were dependent on meat slaughtering and dressing plants for employment. In more urban areas, Karen women were able to find part-time work as seamstresses or took on informal positions caring for elderly relatives and assisting in Karen churches. Through interviews with a Karen worker, Gilhooly and Lynn determined that a single chicken plant was responsible for employing an extensive network of Karen refugees. Though co-working in a single space may promote solidarity and camaraderie, such work may involve little interaction with native English speakers. Additionally, an unfortunate economic downturn or factory closing would be disastrous for the community at large. Authors concluded that there is an evident need for increased job training and English language training so that refugees can find meaningful and tenable employment. While this collaborative project provided important information regarding Karen refugee needs during resettlement, it lacked critical demographic information regarding its participants and its methodology.

For some refugees, the financial and medical assistance provided by the government may be inadequate or short-lived. Though the scale of the United States resettlement program is large by international standards, its funding remains inadequate to address the diverse needs of the country's growing refugee population. Specifically, certain cohorts of refugees are particularly disadvantaged during resettlement because of their limited literacy skills and educational backgrounds (Capps et al., 2015). As refugees reside in the United States over time, their incomes rise substantially, though these figures are still significantly low overall compared to the median household income of native-born citizens. From 2009-2011, refugee household incomes

remained substantially lower relative to native-born incomes, even after more than ten years of residence in the United States. In 2009, 44% of refugees were considered to be low-income, as compared to 33% of the United States born population (Capps et al., 2015).

Mitschke and colleagues (2011) conducted extensive structured interviews with 21 Karen refugees living in a large metropolitan city in the southwestern United States. None of the refugees interviewed were receiving formal assistance from a refugee resettlement agency at the time of interview, and the average length of time they had lived in the United States was 22 months. In this study, participants shared that they did not seem to have enough money to feed their families, despite having federal assistance to purchase food, and many were concerned about being able to purchase food for the future. These concerns corroborated the findings of Kenny and Lockwood-Kenny (2010), who utilized ethnographic research and structured interviews to assess the resettlement process for Karen refugees. Their findings suggested that Karen refugees tend to move away from the communities in which they were first resettled—a type of secondary migration. As refugees gradually settle into lives in the United States, they may learn about job opportunities and the potential for a lower cost of living elsewhere. Despite working full-time, a number of this study's participants relocated to a different area of the state because of their jobs and the limited opportunity for upward mobility.

Familial loss and the role of social support. For Asian and Southeast Asian cultures, the family serves as the primary social unit and is the foundation for an individual's ethnic and cultural identity (Hsu et al., 2004). Tajima and Harachi (2010) describe the Southeast Asian family as a strong extended kinship unit, in which extended relatives play a significant role in emotionally and economically supporting new parents and young children. Karen and Chin refugees described home as true multi-generational space in which family members are able to

come together and collectively share responsibilities, rather than work on individual goals (Rosbrook & Schweitzer, 2010). Due to the context of migration, newly resettled refugees may not be able to access their customary support system, including extended family members and community leaders, and may thus experience a significant sense of isolation and loss (Uba, 1994). Indeed, the research suggests that many refugees incur a significant amount of psychological and emotional suffering because of losses in the family system (Khawaja et al., 2008; Rosbrook & Schweitzer, 2010).

McLaughlin and Guilfoyle (2013) utilized focus groups and individualized interviews to explore how Burmese refugee mothers navigated parenting in the context of resettling to Australia. Burmese mothers in this study expressed experiencing a pervasive sense of isolation and loneliness due to the loss of their extended family network. Notably, these women were concerned about the diminished support they had in their new role as parents, and worried about how this lack of a supportive network might impact their children. It is evident that ethnic communities provide essential economic and logistical support, especially as new refugees learn how to work with institutions and new cultural practices. Refugees that do have greater social support from their family and community throughout the initial resettlement process may endure less stress overall (Hauck et al., 2014). In general, social support, specifically the presence of the family and support from one's ethnic community, may buffer against negative psychological outcomes amongst refugees in resettlement (Schweitzer et al., 2006). During resettlement, the existence of a like-ethnic community and established friends and family networks can help newly resettled refugees access needed health care and social services (Simich, Beiser, Stewart & Mwakarimba, 2005). This, in turn promotes a sense of community and social integration, fosters a sense of empowerment, and can reduce overall physical and mental health concerns.

Gendered stressors. Many refugees from traditionally patriarchal societies experience a significant amount of stress due to changes that may occur in the family system during resettlement (Segal & Mayadas, 2005). The majority of the Burmese identify as Theravada Buddhists, and the institution of Buddhism has a strong presence in the social fabric and cultural/political practices of the society. Within Theravada Buddhism, women are prohibited from ordination as monks and are not allowed to enter some parts of monasteries; such restrictions tend to send powerful messages regarding women's subordinate religious and social status in Burmese society (Barron et al., 2007; Norsworthy & Khuankaew, 2010). Burmese families reflect this power structure, as there is clear authority conferred upon the male head of household, whereas a woman's status within her family revolves around her role as a wife and mother (Harriden, 2012). Power is gender-based; men and sons are considered to be the instrumental "breadwinners" and are shown deference, while women are seen in a more nurturing and domestic role.

Due to financial difficulties associated with resettling in the United States, Burmese women may be forced to seek employment to support the household. While refugee men may experience downward mobility upon resettlement, refugee women tend to experience upward economic mobility because of increased employment and educational opportunities in the United States (Chung, Bemak, & Kagawa-Singer, 1998). However, these changes in gender roles can create conflict in the family and place pressure on traditional or patriarchal notions of gender roles and family relationships (Chung & Bemak, 2002). Additionally, greater independence may place refugee women at significant risk for experiencing domestic violence and emotional abuse from their male partners (James, 2010).

Intergenerational conflict is a common stressor for many immigrant and refugee families

that contend with differing rates of acculturation between parents and children. Children tend to learn the language of the host-country much more quickly than their parents and often time become the language and cultural brokers of the family (Ying & Han, 2008). Given these intergenerational acculturation differences, Burmese mothers may need to rely on their children for linguistic assistance regarding a variety of resettlement services. As a result, children may gain a greater sense of autonomy over their parents, creating conflict in the traditional role expectations of the family unit (Koh et al., 2013). For Burmese mothers, who are often primarily responsible for child rearing, such change and conflict in the family system may lead to a sense of helplessness, stress, as well as potential losses in parental authority (Watkins et al., 2012). In addition to the stressors associated with changes in the family unit, Burmese women tend to experience significant difficulty during resettlement because of barriers to education and language acquisition. Burmese women, on average, have less access to formal schooling than men and may not be able to read or write in their native tongue (Watkins et al., 2012); while a family may invest money in the education of their sons, girls are expected to stay home, care for the family, and perform household tasks (Norsworthy & Khuankaew, 2004). Watkins and colleagues (2012) utilized a series of interviews and ethnographic observations to examine barriers to educational participation and achievement in a sample of Karen refugee women resettled in Australia. The sample comprised of 67 participants (82% women and 18% men), of whom 88% were refugees from Burma. The rest of the sample consisted of Australian service providers who worked closely with refugees from Burma. Karen refugee women suggested that they were unable to attend to their educational needs because they were overwhelmed by their home responsibilities, which included managing household finances and caretaking of children, elderly parents, and in-laws. Additionally, some Karen women avoided attending English

learning classes due to their fear and distrust of authority figures, which may stem from a cultural history of oppression and persecution. Significantly, educational providers may easily overlook the emotional and social needs of Karen refugee women, given the cultural discouragement of overt expressions of emotional distress.

Overall, the literature depicting the experiences of Burmese refugees in resettlement suggest that members of this population contend with a number of unique cultural, gendered, and social barriers that impact their relative adjustment and overall wellbeing. The research further suggests that due to their pre-migration exposure to trauma and torture, Burmese refugees tend to exhibit clinically significant rates of PTSD, depression, anxiety, and somatic issues. However, such research only partially describes the experience of many refugees, most of whom demonstrate a degree of resilience and do not exhibit long-standing long-term psychological difficulties (APA, 2010; Aghaibi & Wilson, 2005; Khawaja et al., 2008; Schweitzer et al., 2007; Veronese, Castiglioni, Tombolani & Said, 2011). In particular, research suggests that refugees can positively adapt post-migration by utilizing effective coping strategies and collective strengths (Copping et al., 2010; Heiner, 2014; Linley & Joseph, 2004; Schweitzer et al., 2007). Currently, there is a growing trend to examine factors that aid in resilience and, for some, act as a force for post-trauma experiences of growth. The following sections of the chapter provide an overview of the literature on coping, resilience, and posttraumatic growth. The review considers how these constructs apply to refugee populations and, more specifically, Burmese refugees in resettlement.

Coping and Resilience

At this time, the theoretical and research literature offers little consensus about the definition of resilience (Luthar, Cicchetti, & Becker, 2000); however, it has generally been

characterized as a multidimensional construct that lends itself to overall health and wellbeing. At its most basic level, resilience can be understood as “the ability to adapt and cope successfully despite threatening or challenging situations” (Agaibi & Wilson, 2005, p.198). According to Bonanno (2004), resilience is further distinguished as the ability to maintain relatively stable, healthy levels of psychological and functioning despite exposure to traumatic events. Notably, resilience does not simply refer to a static set of personality traits but to a dynamic process that occurs at multiple levels across time, circumstance, and context; it is an unfolding process that occurs during different developmental, social, and cultural transitions and various periods of stress and trauma (Tummala-Narra, 2007). Indeed, Masten (1994) advised against use of the term “resiliency” because it suggests that some people do not have “what it takes” to overcome adverse circumstances. This perspective can be harmful and do little to guide the design of proper interventions aimed at fostering resilience in trauma survivors and their communities. In conceptualizing resilience as a multidimensional construct, rather than an all-or-none phenomenon, clinical practice and research suggests that expressions of resilience can co-occur with significant distress (Harvey, 2008). Thus, a goal of clinical interventions is to help survivors of trauma access and mobilize their strengths and resilient capacities. At the community level, interventions can be developed to foster a sense of social support, empowerment, and activism.

Within the resilience literature, there is much evidence to indicate that individuals apply a number of strategies to reduce experiences of distress, including coping, cognitive reappraisal, and self-enhancement (Bonanno, 2004). Of all these factors, coping is the most extensively researched (Hooberman, Rosenfeld, Rasmussen, & Keller, 2010). Coping refers to the approaches, skills, and abilities that people utilize to manage life’s challenges and prevent and/or

minimize levels of stress (Pahud et al., 2009). Lazarus and Folkman (1984), two of the most influential theorists in stress research, define coping as the constantly changing cognitive and behavioral efforts used to manage external or internal demands that may tax or exceed the resources of a person. In terms of coping responses, Lazarus and Folkman (1984) differentiate between emotion-focused coping and problem-focused coping. Problem-focused forms of coping directly manage and/or alter the issues that are causing duress. On the other hand, emotion-focused strategies include cognitive and behavioral strategies aimed at regulating internal emotional distress (Slavin, Rainer, McCreary, & Gowda, 1991). Individuals may attempt to regulate distressful emotions by seeking support from others, avoiding, or reappraising an event (Pahud et al., 2009). More contemporary models tend to include meaning-focused coping, where a person may draw on values, beliefs, and goals to achieve personal meaning from a stressful circumstance (Park & Folkman, 1997). Social coping, in which interpersonal relations are utilized for instrumental and emotional support, is also frequently included as a distinct category of coping (Folkman, Tedlie & Moskowitz, 2004).

A large body of research emphasizes the role that cultural attitudes and beliefs play in coping and developing resilience. In traditionally collectivistic societies, expressions of shared resilience involving the family and community can engender feelings of hope and trust (Tummala-Nara, 2007). For example, a number of studies suggest that social support, whether from the family or community, can act as a protective factor for many refugees (Schweitzer et al., 2007; Simich et al., 2003; Stewart et al., 2008). Refugees may draw on their relationships with close family and friends to combat a sense of emotional stress or isolation; they may also reach out to their social support network to attain instrumental or economic support (Borwick et al., 2013). Additionally, the literature highlights the important role of spiritual and religious faith in

the positive adaptation and adjustment of adult refugees (Ní Raghallaigh & Gilligan, 2010; Schweitzer et al., 2007; Sossou, Craig, Ogren, & Schnak, 2008). Shoeb, Weinstein, and Halpern (2007) suggested that for Iraqi refugees, faith represents a sense of identify and home; it can also foster a sense of belonging, give meaning to suffering, and generate problem-focused coping.

Schweitzer et al. (2007) interviewed a group of 13 Sudanese refugees resettled in Australia to determine how they coped with a range of pre and post migration difficulties. The data suggested that participants used four different coping responses to contend with a range of adverse circumstances, including family and community support, religion, personal qualities, and comparison with others. By accessing their social support networks during post-migration, participants obtained material support (i.e., community members helped them to navigate new cultural norms and institutions), gained emotional support, and distracted themselves from ongoing issues and stressors. Refugees also highlighted the role of personal attitudes and beliefs in facilitating positive coping; for example, participants were able to find meaning and strength from their adverse circumstances. Khawaja and colleagues (2008) reported similar coping strategies for another group of 24 Sudanese refugees resettled in Australia. Participants emphasized the importance of cognitive reframing; they focused on their inner strengths, articulated their hopes for the future (e.g., opportunities for an education and upward mobility), and normalized the difficulties they were experiencing in order to overcome stressful situations.

Borwick and colleagues conducted semi-structured interviews with 18 Burmese refugees that had been resettled in Brisbane, Australia to explore themes of strength in times of adversity (2013). On average, participants were 39 years of age; 10 participants identified as Karen and eight identified as Chin. The majority of individuals (61%) had lived in refugee camps on the Thailand and Burma border before resettling in Australia, and seven had spent time in India.

Respondents identified interpersonal relationships, existential values, a sense of future/agency, and spirituality as motivators to overcome and survive adverse challenges. In regard to existential values, participants expressed that they derived strength and motivation from their quest for freedom, independence, and safety—values that had been denied to them by the government of their home country. Lastly, participants that referenced themes of spirituality, faith, or religion discussed praying, putting their faith in God’s will, and being actively involved in a spiritual church network as sources of coping and strength. Notably, the authors in this study did not describe participants’ length of residence in Australia or their experience of various post-migration stressors. Given the different challenges associated with resettlement, it is suggested that time spent in resettlement may elicit different types of coping or expressions of strength. Further research is necessary to explore whether sources of strength and resilience change over time, as Burmese refugees acculturate to the host society, and if such factors differ based on gender, ethnic identity, or religious/spiritual identity. Additionally future studies are needed explore themes of coping and resilience for Burmese refugees resettled in the United States, who may experience different contextual factors and post-migration stressors in comparison to their Australian counterparts.

Posttraumatic Growth

Posttraumatic growth, like resilience, is a salutogenic construct that emphasizes health, wellbeing, and positive adaptation as opposed to illness and pathology (Borwick et al., 2005). While resilience refers to the ability to cope and adapt despite exposure to adversity and trauma, posttraumatic growth refers to the “positive psychological change experienced as a result of the struggle with highly challenging life circumstances” (Tedeschi & Calhoun, 2004b, p.1). In other words, posttraumatic growth involves a transformation and an experience of positive change that

occurs beyond the status quo (Hussain & Bhushan, 2013). Scholars posited that it is not the trauma itself that produces posttraumatic growth, but the struggle and search for meaning in the aftermath that produces positive psychological change.

Significantly, it is reported that most persons who endure trauma can and do experience periods of emotional distress that occur concurrently with experiences of growth (Ai, Tice, Whitsett, Ishisaka & Chim, 2007; Tedeschi & Calhoun, 2004b). As Gemignani (2011) suggests, themes of strength, resilience, and growth may be intertwined with memories of trauma and loss in a dynamic process that changes across time and context. In other words, posttraumatic growth may manifest and co-exist alongside experiences of distress. Tedeschi and Calhoun (2004a) conceptualize posttraumatic growth as an outcome, rather than as a coping mechanism, and suggest that it occurs after conditions of severe crises rather than moments of short-lived stress. It is evident that the events that lead to posttraumatic growth must be forceful enough to lead individuals to experience changes in assumptions about themselves, others, the world, and the future. In terms of a personal narrative, life may seem divided based on the traumatic event; an individual may perceive him or herself as quite different from the person before (Tedeschi & Calhoun, 2004a).

At its core, posttraumatic growth is the result of cognitive processing. After experiencing an event of such great impact, individuals may think repeatedly about their experiences and reflect on the incongruence between their schemas, beliefs, and goals and what has transpired. This process, known as cognitive engagement, can lead the way toward rebuilding a more resilient set of schema and beliefs (Tedeschi & Calhoun, 2004a). An individual may come to realize that certain life goals were possible to attain prior to the trauma, but are no longer tenable in their new reality. Certain beliefs and expectations about the world may have been true before,

but they may not be now. Cognitive engagement lends itself to cognitive accommodation of the trauma and its aftermath so that an individual may formulate a new worldview and new goals. So long as people are able to experience progress towards achieving new life goals, it is expected that they will experience an increase in life satisfaction and wellbeing (Tedeschi & Calhoun, 2004a; Tedeschi & Calhoun, 2004b). Additional research suggested that disclosure, active social support, and an environment that is accepting and encourages growth play strong roles in cognitive processing and in the development of posttraumatic growth (Lindstrom, Cann, Calhoun, & Tedeschi, 2013; Slavin-Spenney, Cohen, Oberleitner, & Lumley, 2011). Tedeschi and Calhoun (2004b) suggest that a social support network can assist in the development of posttraumatic growth, as communicating with supportive others may offer perspectives about possible changes that have occurred.

Research indicates that posttraumatic growth is multidimensional and can be observed across a variety of domains, including: spiritual/religious development, recognition of new possibilities or paths for one's life, changes in interpersonal relationships, appreciation of life, and personal strength (Morris, Shakespeare-Finch, Rieck, & Newberry, 2005; Taku, Cann, Calhoun, & Tedeschi, 2008; Tedeschi & Calhoun, 1996). First, spiritual/religious development may reflect a stronger sense of religious faith, a better understanding of spiritual matters, or finding more spiritual meaningfulness in life. Individuals who do not identify as religious can also experience growth in this area, given that they may be prone to wrestling with existential questions and perceive that process as growth (Tedeschi & Calhoun, 2004b). Second, recognition of new paths/opportunities reflects the pursuit of new life opportunities (i.e., educational or career goals) or the development of new interests and activities. Third, changes in interpersonal relationships cover increased intimacy, compassion, empathy and the development

of more meaningful relationships. Fourth, posttraumatic growth can describe having a better appreciation of life in general, including the small aspects of it, and a shift in priorities regarding what was formerly taken for granted (i.e., a child's smile or spending time with family; Tedeschi & Calhoun, 2004b). Fifth, personal strength reflects newfound feelings of self-reliance and a general acceptance of life's challenges.

Posttraumatic growth has been studied on a variety of individuals in the context of many types of events, including individuals with cancer (Bellizi & Blank 2006; Stanton, Bower, & Low, 2006), bereaved parents (Engelkemeyer & Marwit, 2008), former prisoners of war (Solomon & Dekel, 2007), disaster survivors (Xu & Liao, 2011), and individuals who experienced childhood abuse (Woodward & Joseph, 2003). Weiss and Berger (2010) suggest that a multicultural framework is necessary to broaden and deepen the field's understanding and measurement of posttraumatic growth. Culture, after all, plays a significant role in one's struggle with traumatic events, including the perception of what is stressful and how to cope, as well as how one is changed as a result of the struggle. While some essence of posttraumatic growth holds true across all cultures, it may also be expressed uniquely across different cultural groups embedded in various sociocultural contexts (Berger & Weiss, 2010; Ho, Chan, & Ho, 2004; Ho & Bai, 2010). For example, Taku (2007) examined expressions of posttraumatic growth in a sample of Japanese university students (124 males and 188 females) who had recently experienced traumatic or stressful life events. Corroborating previous research (Tedeschi & Calhoun, 2014), analyses revealed a positive correlation between participants' scores on the Posttraumatic Growth Inventory and their endorsement of posttraumatic stress symptoms, supporting the concept that posttraumatic growth and psychological distress can co-exist. Qualitative interviews with Japanese university students also suggested culturally nuanced

expressions of posttraumatic growth. While a Western framework of posttraumatic growth emphasizes the dual discovery of one's own limitations and strengths, Japanese participants highlighted the discovery and acceptance of their weaknesses and vulnerabilities. Recognizing the Japanese cultural emphasis on humility, authors suggested that Japanese participants that experience posttraumatic growth might be hesitant to bring attention to favorable changes about themselves.

In the literature examining cross-cultural expressions of posttraumatic growth, studies indicate that post-traumatic expressions of positive adaptation and growth are largely associated with coping strategies (Ai et al., 2007; Berger & Weiss, 2010; Kroo & Nagy, 2011; Prati & Pietrantoni, 2009; Whelan & Cunningham, 2010). Active and problem-focused coping strategies, characterized by working efforts to deal with the problem or subsequent emotions, are strongly associated with posttraumatic growth (Berger & Weiss, 2010; Kiliç, 2010; Taku, 2010), whereas coping by avoidance is negatively associated with posttraumatic growth (Ho et al., 2004; Weiss & Berger, 2010b). In a meta-analysis of 103 studies measuring posttraumatic growth and its association to various predictor variables, Prati and Pietrantoni (2009) determined that coping responses, specifically forms of positive reappraisal, may more related to posttraumatic growth than social support. Evidence suggests that coping responses may mediate the relationship between the perceived benefits of social support.

Additionally, a body of evidence suggests that for individuals of diverse faith backgrounds, religiosity and spirituality appear related to the development of posttraumatic growth (Kroo & Nagy, 2011; Laufer & Solomon, 2005; Shaw, Joseph, & Linley, 2005). Religious and spiritual beliefs can provide a stabilizing and unifying framework that offers meaning and hope, especially in the aftermath of threat and trauma, which may facilitate

posttraumatic growth (Smith, Dalen, Bernard, & Baumgartner, 2008). There is evidence that religious and spiritual beliefs facilitate more active forms of coping, such as accessing social support from God and others, praying, and attending religious services, which may help people recover from traumatic and stressful life events. A limited number of studies have explored the possibility of positive transformation and growth among refugee survivors of war and torture, and even fewer have explored the experiences of refugees resettled in a third country (Ai, Tice, Whitsett, Ishisaka, & Chim, 2007; Hussain & Bhushan, 2013; Powell, Rosner, Butollo, Tedeschi, & Calhoun, 2003; Kroo & Nagy, 2011).

Kroo and Nagy (2011) conducted a quantitative study on positive adaptation and growth in 53 Somali refugees resettled in Hungary. The majority of participants were male (83%), aged 18-29 (83%), single (60%), and identified as religious (74%). Participants endorsed high levels of posttraumatic growth, implying that they had experienced positive transformations despite their exposure to relatively severe levels of trauma and stress. Additionally, participants' scores on the Posttraumatic Growth Inventory were positively related to perceived support, religiosity, and positive religious coping. In accordance with the research literature, Somali refugees' religious beliefs and faith in God played a salient role in their coping, thriving, and personal growth.

A majority of studies regarding posttraumatic growth have been quantitative, in nature, and thereby rely on a priori assumptions regarding the constructs at hand. Such literature may potentially overlook subjective definitions and expressions of posttraumatic growth and the unique lived-in experiences of the population under study. Qualitative research can give important depth and detail regarding how refugees experience themes of posttraumatic growth. Hussain and Bhushan (2013) utilized semi-structured interviews to explore how Tibetan refugees

residing in India experienced themes related to posttraumatic growth. Participants included 12 Tibetan refugees (eight men and four females) of diverse backgrounds (e.g., businessman, activists, and students). Five had been born and raised in exile while seven were born in Tibet and brought to India as young children. Members reported measurable positive changes in their life following experiences of trauma, including: an increase in maturity, recognizing that they felt more responsible for their life now compared to feeling victimized in the past, feelings of hope and optimism for the future, and experiencing more meaningful relationships in their family and community. Some reported dimensions of posttraumatic growth, such as increased compassion for others and a sense of acceptance of events beyond their control were clearly related to cultural and Buddhist practices and beliefs.

Shakespeare-Finch, Schweitzer, King, and Brough (2014) utilized interpretative phenomenological analysis (IPA) to explore themes of distress, coping, and growth in a sample of 25 Burmese refugees (12 men and 13 women) resettled in Australia. Participants represented diverse ethnic groups (Karen, Kachin, Rohingya, Chin, and etc.) as well as various religious traditions (68% Christian, 16% Buddhist, and 12% Muslim). For these individuals, religious practices and spiritual faith represented sources of strength and support over time. Additionally, participants suggested that they were able to cope with adversity by focusing on their hope for the future and the needs of their family and community (social support). In regard to culturally distinct manifestations of posttraumatic growth, a number of participants suggested that they experienced increased compassion for others and a desire to use their experiences to advocate for freedom in Burma and help others in their community. While this study contributes to overall knowledge regarding Burmese refugee methods of coping, it did not assess to what extent participants utilized “passive” or avoidant modes of coping, such as distraction and suppression,

that have been noted in the overall refugee literature (Goodman, 2004; Ho et al., 2004; Khawaja et al., 2008; Weiss & Berger, 2010b). Recognizing that such coping styles may negatively impact refugee wellness and adaptation, further research that investigates avoidant as well as active forms of coping is required (Khawaja et al., 2008). Additionally, this sample of participants had resided in Australia for less than one year and varied widely in terms of gender identity and religious/ethnic background. As such, it is difficult to assess whether members of the Burmese refugee population express nuanced cultural/gender differences in regards to coping and posttraumatic growth. Future research utilizing a different analytic approach with Burmese refugees in an alternative resettlement country, such as the United States, may elicit different types of responses, given that coping and expressions of posttraumatic growth may change over time, depending on different stressors encountered during the process of acculturation (Shakespeare-Finch et al., 2014).

Purpose of Study

Current research on refugee related outcomes focuses on the pathological sequelae of trauma, utilizing a limited Westernized diagnostic framework and quantitative methodologies (Fazel et al., 2005; Silove et al., 2002; Schweitzer et al., 2011). The goal of this study was to expand the literature on refugee related outcomes by utilizing a qualitative methodology to explore key factors and themes that influence the positive adaptation and growth of a community of Burmese refugee women resettled in the Midwest. As mentioned previously, Burmese refugee women may face particular difficulty navigating the challenges associated with resettlement, given their limited educational background and the significant disruptions that occur in the family unit (Koh et al., 2013; Watkins et al., 2012). Additionally, preliminary empirical studies suggest that Burmese refugee women are more susceptible to symptoms of

distress, in comparison to their male counterparts (Cardozo et al., 2004; Shannon et al., 2014).

This qualitative study examined the adaptive capacity, resilience, and posttraumatic growth of this refugee group, while acknowledging that such constructs can be interwoven with narratives of distress, adversity, and loss. Burmese refugees, with their unique sociopolitical context and shared history, currently constitute the largest group of refugees resettled in the United States (Zong & Batalova, 2015), though there is limited research regarding the coping strategies and protective factors that may aid in their adjustment. The broader aim of this research was to generate individual and community-wide level recommendations, particularly for service providers and counselors, that can foster and enhance the well being, resilience, and growth of refugee women.

Chapter Two

Introduction

In the year 2015 alone, the United States accepted 66,500 refugees for resettlement (UNHCR, 2015). As the world's top resettlement country, the United States faces considerable difficulty providing culturally-appropriate social and mental health services for today's refugees, who vary considerably in regards to their pre-migration experiences, cultural values, and belief systems (Murray, Davidson, & Schweitzer, 2013). Many refugees that resettle in a third country have fled situations of war, persecution, or torture, in which they experienced significant accounts of trauma that are psychologically, emotionally, and cognitively taxing (Harvey, 2008). Much of the research regarding refugee mental health and adjustment has focused on the psychiatric sequelae of exposure to pre-migration trauma (Steel et al., 2009); however, there is a growing body of evidence that indicates that many refugees do not exhibit long-term signs of psychopathology (Schweitzer et al., 2006). In fact, a number of studies suggest that refugees demonstrate great resilience and utilize an array of coping mechanisms to positively adapt to life post-resettlement (Pahud et al., 2009; Schweitzer et al., 2007). In the aftermath of a variety of life crises, refugee survivors of torture and trauma even report experiencing positive personal growth as a result of their struggle with adversity and stressful life circumstances, an outcome known as posttraumatic growth (Ai et al., 2007; Hussain & Bhushan, 2013; Powell et al., 2003).

This present study sought to expand the literature on refugee mental health outcomes by investigating the coping strategies and protective factors that may aid in post-resettlement adjustment for a sample of Burmese refugee women resettled in Missouri. Since 2006, refugees from Burma have made up the largest group of refugees resettled in the United States, representing nearly 24% of the total refugee population (Zong & Batalova, 2015). An overview

of socioeconomic measurements depicts a grim reality for the Burmese in America. In total, 30% of the Burmese population lives below the poverty line, as compared to 13% of all other Asian American and Pacific Islander groups (Vang & Trieu, 2014). Though third-country resettlement provides a wealth of new opportunities for Burmese refugees in America, many individuals contend with a number of post-resettlement stressors, such as difficulties with language, employment, and educational attainment, that have great impact on their adjustment and wellbeing (Hauck et al., 2014; Fike & Androff, 2016). Notably, Burmese women have less access to formal schooling than men and may not be able to read or write in their native tongue, thus experiencing greater difficulties in terms of host-country language acquisition. Upon resettlement, Burmese women may find it especially challenging to attend to their educational needs while managing their caretaking and home responsibilities (Watkins et al., 2012).

Burmese Refugees in Context

The full sociopolitical history of Burma is beyond the scope of this article, but it is essential to recognize how historical forces have shaped the pre-migration experiences and subsequent post-migration resettlement of Burmese refugees in the United States (Fike & Androff, 2016). In the context of Burma's history, civil unrest and acts of persecution have resulted in the violent displacement of countless numbers of ethnic and religious minority individuals. During the 1960s, ethnic minority insurgent groups, fighting against years of discrimination and repression, instituted a series of armed conflicts to claim local sovereignty and independence from the government. Intent on maintaining political and economic authority, the Burmese military used brute physical force and economic/food deprivation to control rural ethnic villages (Fike & Androff, 2016). Widespread torture and abuse have been documented in this region for years, and include acts such as the confiscation of land and property, forced food

insecurity, extortion, and sexual and physical assault (Malseed, 2009; Rae, 2007). Over the last several decades, hundreds of thousands of Burmese refugees have fled to neighboring countries and sought refuge in nearby camps on the Burma and Thailand border (Alexander, 2008; Ullah, 2011).

Literature Review

Refugee Mental Health

Within the general literature on refugee mental health, increased exposure to traumatic events such as torture has been widely associated to the prevalence of psychological disturbances, reported mostly as symptoms of PTSD, major depression, and anxiety (Neuner et al., 2004; Schweitzer et al., 2011; Silove, 1999; Steel et al., 2009). In a systematic review of empirical studies including more than 7000 refugees resettled in Western countries, refugee groups were ten times more likely to report symptoms of PTSD (Fazel et al., 2005). Burmese refugees in refugee camps on the Thailand and Burma reported greater rates of depression, anxiety, and PTSD than members the general population (Cardozo et al., 2004; Substance Abuse and Mental Health Services Administration [SAMHSA], 2014).

A recent study with Burmese refugees resettled in the United States indicated that older age and female gender are significantly associated with PTSD, depression, and other mental health symptoms (Shannon et al. 2014). Notably, Burmese refugees tend to endorse more somatic complaints (i.e., headaches, stomachaches, dizziness, and etc.) than mental health symptoms. While this study is the first of its kind conducted in the United States, it may not fully capture the complex and multidimensional range of stress symptoms for this population, given that it utilized a screening tool that was developed for primary care settings and had never been validated for Burmese refugees. Additionally, participants in the study had been living in the

United States for only a month on average and may have been underreporting their mental health symptoms. Further research is necessary to assess for cultural differences in mental health symptomology and wellbeing of Burmese refugees living in the United States.

Research suggests that a number of post-migration stressors, such as loss of cultural and social support and acculturation challenges, exacerbate symptoms of war-related trauma. These post-migration challenges tend to account for the high prevalence of negative mental health symptoms found in refugee communities (Miller et al. 2002; Porter & Haslam, 2005). Greater risk for such outcomes has also been associated with female gender, older age, and prior levels of education and socio-economic status (Khawaja et al., 2008). Schweitzer and colleagues (2011) assessed the mental health status of 70 Burmese refugees resettled in Australia and found evidence to suggest that post-migration factors contribute to higher levels of distress, specifically symptoms of anxiety, depression, and somatization, than prior exposure to traumatic events.

In summary, findings from the aforementioned studies provide important empirical information regarding Burmese refugees' experiences of trauma and post-migration stress, as well as their psychiatric symptoms of distress. Although research regarding the psychiatric sequelae of trauma has been critical to understanding the Burmese refugee experience, this approach has also gained noteworthy criticism for its narrow focus on refugee maladjustment and psychological deficits (Borwick et al., 2013). Furthermore, the prevailing research on refugee mental health utilizes quantitative and symptom-focused methodologies to assess for exposure to traumatic events and post-trauma symptoms of distress and psychopathology (Silove, 2001). Such methods may not fully capture the socio-political context related to refugees' exposure to trauma, nor reflect culturally nuanced expressions of distress, wellbeing, and recovery (APA, 2010). Most studies utilize cross-sectional designs that only provide a

snapshot of the refugee experience. As such, it is difficult to surmise whether symptoms are short-term and will decrease over-time, or reflect a chronic condition that requires psychiatric intervention (Marshall et al., 2005).

Overall, the predominant literature on refugee mental health tends to underemphasize the role of individual and cultural differences, especially as they relate to the possibility of recovery and positive psychology change. The field's emphasis on psychopathology in response to trauma does not acknowledge the growing body of evidence that suggests that refugees exhibit great strength, resilience, and experience psychological growth, despite their exposure to pre-migration and post-migration trauma and stress (Copping et al., 2010; Linley & Joseph, 2004; Schweitzer et al., 2007).

Coping and Resilience

At its most basic level, resilience can be defined as the ability to maintain relatively stable, healthy levels of psychological and functioning in spite of previous exposure to traumatic events (Bonanno, 2004). Within the resilience literature, there is much evidence to indicate that individuals apply a number of strategies to reduce experiences of distress, including coping, cognitive reappraisal, and self-enhancement (Bonanno, 2004). Of all these factors, coping is the most extensively researched (Hooberman et al., 2010). Coping refers to the approaches, skills, and abilities that people utilize to manage life's challenges and prevent and/or minimize levels of stress (Pahud et al., 2009). The research literature emphasizes the importance of considering cultural attitudes and beliefs in determining methods of coping and forms of resilience. For a variety of refugee groups, social support and spiritual/religious faith can act as protective factors that aid in positive adaptation and adjustment (Ní Raghallaigh & Gilligan, 2010; Sossou et al., 2008; Tummala-Nara, 2007). Khawaja and colleagues (2008) found that resettled Sudanese

refugees utilize coping strategies akin to cognitive reframing; participants in this study focused on their inner strengths, articulated their hopes for the future (e.g., opportunities for an education and upward mobility), and normalized the difficulties they were experiencing in order to overcome stressful situations.

Posttraumatic Growth

While resilience refers to the ability to cope and adapt despite exposure to adversity and trauma, posttraumatic growth refers to the “positive psychological change experienced as a result of the struggle with highly challenging life circumstances” (Tedeschi & Calhoun, 2004b, p.1). In other words, posttraumatic growth is a transformation that occurs beyond the status quo (Hussain & Bhushan, 2013). While some essence of posttraumatic growth holds true across all cultures, it may also be expressed uniquely across different cultural groups embedded in various sociocultural contexts (Berger & Weiss, 2010). In the cross-cultural literature, active and problem-focused coping strategies, characterized by working efforts to deal with the problem or subsequent emotions, are strongly associated with posttraumatic growth (Kiliç, 2010; Taku, 2010), whereas coping by avoidance is negatively associated with posttraumatic growth (Ho et al., 2004; Weiss & Berger, 2010b). Kroo and Nagy (2011) conducted a quantitative study on positive adaptation and growth in Somali refugees resettled in Hungary. Participants endorsed high levels of posttraumatic growth, implying that they had experienced positive transformations despite their exposure to relatively severe levels of trauma and stress. In addition, posttraumatic growth was positively associated with perceived support, religiosity, and positive religious coping. Similar to other studies with refugee groups (Shaw et al., 2005), Somali refugees’ religious beliefs and faith in God played a salient role in their coping, thriving, and personal growth.

Shakespeare-Finch and colleagues (2014) utilized interpretative phenomenological analysis to explore themes of resilience and growth in a sample of 25 Burmese refugees in Australia. Many of the participants found strength and hope from their spiritual faith and religious practices. A number of participants suggested that they experienced increased compassion for others and a desire to use their experiences to advocate for freedom in Burma and help others in their community. This sample of participants had only been in Australia for less than one year and widely differed in terms of gender identity and religious/ethnic background. As such, it is difficult to assess whether members of the Burmese refugee population express nuanced cultural/gender differences in regards to coping and posttraumatic growth. Future research utilizing a different analytic approach with Burmese refugees in an alternative resettlement country, such as the United States, may elicit different types of responses, given that coping and expressions of posttraumatic growth may change over time and context, depending on different stressors encountered during the process of acculturation.

Purpose of the Present Study

Although research on the psychological sequelae of exposure to trauma has been crucial to understanding the unique needs of refugees in resettlement, a number of scholars suggest that this narrow approach, largely based on a Westernized diagnostic framework, may not be sufficient for addressing complex refugee experiences (Borwick et al., 2013). The purpose of this study is to address gaps in the literature regarding refugee mental health outcomes by investigating themes that influence positive adaptation and growth in a community of Burmese refugee women resettled in a Midwestern city.

Burmese refugee women may face particular difficulty navigating the challenges associated with resettlement, given their limited educational background and the significant

disruptions that occur in the family unit upon resettlement (Koh et al., 2013; Watkins et al., 2012). Additionally, empirical studies suggest that Burmese refugee women are more susceptible to symptoms of distress, in comparison to their male counterparts (Cardozo et al., 2004; Shannon et al., 2014). Insight into Burmese refugee women's culturally defined methods of coping and experiences of resilience and posttraumatic growth may equip service providers and clinicians with the knowledge necessary to help refugee survivors of trauma access and mobilize their strengths and resilient capacities. At the community level, interventions can be developed to foster a sense of social support, empowerment, and activism (Harvey, 2008).

Method

Participants

Participants were 11 Burmese refugee women currently living in Kansas City and its surrounding suburban areas. According to data obtained from the Refugee Processing Center (2018), the first large wave of Burmese refugees arrived in Missouri in 2007. From 2008 to May 2018, Missouri resettled approximately 13,184 refugees from 38 different countries around the world. In the past ten years, Burmese refugees constituted the second largest population of resettled refugees in the state. 2,443 Burmese refugees came to Missouri in that time, 1,032 of which resettled to Kansas City (Refugee Processing Center, 2018). Participant ages ranged from 22 to 57 years ($M = 35$; $SD = 12$). Eight women identified as Karen and three women identified as Burman. The majority ($n = 9$) identified as Christian, while 2 identified as Muslim. At the time of the interview, three women were single, seven were married, and one was divorced. Their number of children ranged from zero to 7 ($M = 2$, $SD = 2$). Participants' length of stay in the United States ranged from 3 to 11 years ($M = 7.72$, $SD = 2.61$), while their level of formal education ranged from no formal education to a graduate degree. In regards to their current

occupational status, two participants reported themselves as unemployed and searching for work, while the remaining described a variety of job roles, including farmer, office assistant, packaging line worker, paraprofessional helper, and student. All women had resided in refugee camps on the Thai-Burma border or in neighboring countries of Burma (e.g., Malaysia) prior to resettling in the United States. Six of the women did not require a translator to be present for the interview, while five required either a Karen or Burmese translator. A table of participant demographics can be found in Table 1.

Table 1
Participant Descriptions

Pseudonym	Description
Bee Bee	Bee Bee is a 26-year old Christian Karen woman. She is married and is the mother of two children. She was born in Burma and lived in a refugee camp for 10 years before moving to the United States at age 16. She holds a graduate degree and is currently unemployed.
Surly	Surly is a 24-year old Christian Karen woman. She was born in a refugee camp and moved to the United States at age 15. She has a high school degree and currently works full-time as a bilingual school paraprofessional. She attends community college part-time.
Paw	Paw is a 35-year old Christian Karen woman. She is divorced and is the mother of three children. She was born in Burma and lived in a refugee camp for 15 years. She reported a secondary school education and minimal English language ability. She has been living in the United States for 9 years and works full-time as a factory worker in the packaging industry.
Kaw	Kaw is a 23-year old Christian Karen woman. She was born in Burma and lived in a refugee camp for one year before migrating to Malaysia, where she resided for four years. Kaw has been living in the United States for three years. She works full-time as an office assistant in an employment agency and attends community college part-time.
Rose	Rose is a 22-year old Christian Burman woman. She was born in a refugee camp and was resettled in the United States at age 14. She is a full-time student at a university.
Pin Paw	Pin Paw is a 51-year old Christian Karen woman. She is married and is the mother of four children. She was born in Burma and lived in a refugee camp for 10 years. She reported a primary school education and minimal English language ability. She has been living in the United States for 7 years and is a self-employed farmer.
Rutha	Rutha is a 46-year old Christian Karen woman. She is married and is the mother of four children. She was born in Burma and lived in a refugee camp for 5 years. She

	reported a primary school education and minimal English language ability. She has been living in the United States for 11 years and is a self-employed farmer.
Pulu	Pulu is a 57-year old Christian Karen woman. She is married and is the mother of 7 children. She was born in Burma and lived in a refugee camp for 10 years. She reported a primary school education and minimal English language ability. She has been living in the United States for 9 years and is a self-employed farmer.
Lucky	Lucky is a 37-year old Christian Karen woman. She was born in Burma and lived in a refugee camp for one year before migrating to Malaysia, where she resided for four years. She is married and has been living in the United States for three years. She works full-time as a bilingual school paraprofessional. She holds a bachelor's degree and is attending seminary school part-time.
Soe Myat	Soe Myat is a 36-year old Muslim Burman woman. She is married and is the mother of five children. She was born in a refugee camp, where she lived for 17 years. She reported no prior formal education and minimal English language ability. She has been living in the United States for 7 years and is currently unemployed.
Ninnwe Soe	Ninnwe Soe is a 30-year old Muslim Burman woman. She is married and is the mother of two children. She was born in a refugee camp, where she lived for 20 years. She has been living in the United States for 9 years. She reported some college and currently works full-time as a case specialist for a refugee resettlement agency.

Research Team and Training

The primary research team included one faculty member, one masters-level, and three doctoral students in counseling psychology from a Midwest academic institution. One student member was male, while the rest identified as female. Five of the researchers were first and second-generation immigrants with Chinese-Burmese, Iranian, Indian-Pakistani, and Swedish backgrounds. One researcher identified as an international student and fourth generation Malaysian-Indian from Malaysia. Three researchers identified as agnostic or non-practicing, one identified as Muslim, and one identified as Christian. All of the researchers had previous research experience on immigrant/refugee mental health and cultural adjustment and had worked with immigrant and refugee groups in various capacities, ranging from counseling and teaching to case management and domestic violence shelter services. The student researchers transcribed

all of the data for the study and met regularly to discuss and come to consensus about the coding and placement of the data. The faculty member who had prior involvement with this study's interview protocol and literature review served as the internal auditor. A second faculty member in counseling psychology, recruited through a professional psychology LISTSERV, served as the external auditor. She identified as a first-generation, Muslim, Iranian-American woman from an academic institution in the Northeastern region of the United States. She had no previous involvement with this study's initial development or interview process.

The faculty members had extensive experience in qualitative research and CQR methodology, whereas the student researchers' experiences ranged from some familiarity to intermediate experience with CQR analysis. Prior to starting the study, the first author trained the student researchers on CQR with Hill et al.'s literature on CQR methodology (1997 & 2005), which delineated CQR, its steps, and its theoretical framework. The student researchers also studied and discussed exemplar CQR studies (Constantine, Anderson, Berkel, Caldwell, & Utsey, 2005; Inman, Howard, Beaumont, & Walker, 2007) in order to gain familiarity with the various steps of analysis. They individually practiced applying predetermined codes to two interview manuscripts and came to consensus regarding the wording and placement of codes. Following this process, they discussed and negotiated the coding and appropriateness of certain procedures (i.e., double coding, including contextual information in coding) until they were able to establish familiarity and ease with CQR's general procedures.

Examination of biases and assumptions

Prior to conducting interviews, the first author engaged the student researchers in a discussion to explore any expectations or biases that they had regarding the study, this particular population, or the constructs at hand. Such a self-reflexive strategy was adopted in order to

minimize researcher subjectivity in the data analysis process (Hill et al., 2005). In general, members acknowledged having expectations that participants in the study would comment on the following topics: pre-resettlement themes of separation and violence; experiences of gendered harassment and abuse; feelings of family obligation; experiences of intergenerational conflict; and spiritual/religious forms of coping. Additionally, members speculated that participants might feel uncomfortable talking about intense personal trauma or intimate issues of domestic violence and familial hardship. Furthermore, it was suggested that participants might give differing responses based on their English-level ability and need for a professional interpreter. After sharing, the researchers discussed how to attend to their presumptions throughout the research process and utilize the consensus process to discuss any biases.

Interview Protocol

Each participant completed a demographic form (See Appendix A) that provided information regarding their relationship status, number of children, racial/ethnic identity, religious identity, educational history, employment status, and length of stay in the United States. The first author developed the interview questions after a thorough review of the literature on Burmese refugees, immigrant/refugee mental health, coping, and posttraumatic growth. The internal auditor and community gatekeepers also provided feedback about the content and length of the questions. Specifically, participants were asked concrete questions about the different types of stressors they encountered during pre-resettlement and post-resettlement (e.g., “What was your life like before you resettled in the United States?” and “What have been some of the challenges that you have faced since moving to the United States?”). Given that the focus of the study was on participants’ coping strategies, strengths, and supports, questions were designed to elicit such responses (e.g., “What did you do to cope with those challenges?” and “What did

[identified person] do that was helpful?” and “What other resources did you utilize to cope with those challenges?”). Lastly, participants were asked about their post-traumatic experiences of growth and positive change. The questions for this portion of the protocol were adapted from a qualitative study that explored refugee minors’ accounts of posttraumatic growth (Sutton et al., 2006). Interviews were semi-structured and open-ended in nature, allowing for a flexible approach to questioning that would be reasonably guided but still allow for greater depth of understanding. Follow-up questions and prompts were utilized as necessary to attain greater depth and clarity of themes. A complete list of interview questions can be found in Appendix C.

Procedures for Data Collection

Participants were recruited through deliberate criterion snowball sampling procedures, a form of sampling commonly used to “reach out to populations that are difficult to identify and contact, either because they are traditionally underserved, vulnerable or must fit within a set of narrowly defined characteristics” (Sadler, Lee, Lim, & Fullerton, 2010, p. 369). The inclusion criteria consisted of the following: (a) identify as a woman from Burma 18 years or older; (b) resettled in the United States as a refugee; (c) lived in the United States for three years or longer. Two Karen and Burmese refugee women, who had experience as advocates and interpreters in the Burmese refugee community, served as community gatekeepers and recruited and screened participants for the study. The first author connected with the community gatekeepers through her involvement with the Empowerment Program, a non-profit agency based in the Kansas City region that provides advocacy and counseling services to immigrant and refugee women and their families. The first author also worked with a lead social worker at Jewish Vocational Services, a Kansas City refugee resettlement agency, to connect with other Burmese refugee women in the community. The resettlement agency is an affiliate of the United States Committee

for Refugees and Immigrants and is one of three agencies in the Kansas City area that relocates international refugees. The agency provides a variety of services to refugees in the region that includes case management, therapy, and employment training. Since the fiscal year of 2004, Jewish Vocational Services has settled 1,071 Burmese refugees in primarily Northeastern Kansas City, marking the second largest group of refugees (19%) resettled by the agency (S. Weitkamp, personal communication, April 26, 2018).

All of the interviews were conducted by the first author in participants' homes or in a private setting of the participants' choosing (i.e., an office in a refugee resettlement agency). As needed, a Burmese or Karen interpreter with experience translating in medical and educational settings was available to assist with the interviews. Interpretations were performed in person. Participants were provided information regarding the study's protocol and were asked to sign an informed consent form and choose a pseudonym for the study (See Appendix B). The interviews lasted from 45 to 90 minutes and were audio recorded and transcribed to ensure later accuracy of analysis. The interview transcripts were deleted of any identifying information and were saved on a password-protected drive to protect clients' confidentiality.

Procedures for Data Analysis

The data was analyzed using Consensual Qualitative Research (CQR), a method of qualitative inquiry with roots in grounded theory, phenomenology, and comprehensive analysis (Hill et al., 1997). Notable features of CQR methodology are its inclusion of primary team members and at least one external auditor who is able to provide feedback on the team's coding and analysis (Hill et al., 2005; Hill et al., 1997). The hallmark of CQR is its consensus process, which operates on the premise that complex phenomena are more reliably discerned from diverse perspectives. Data analysis steps are interspersed with auditor checks and consensus meetings,

diverging from other qualitative approaches that regard the researcher in terms of the individual rather than as a member of a team or unit. CQR, as a qualitative method, is particularly suited for investigating the resilience and posttraumatic growth experiences of refugees because of its functional ability to capture internal experiences, attitudes, and thought processes (Hill et al., 1997). Additionally, CQR values and protects diverse views and beliefs through its consensus process (Hill et al., 2005). Lastly, CQR adopts a quasi-statistical method of denoting category frequencies by applying a numerical classification of analytical results under rare, variant, typical, or general groupings (Hill et al., 1997). Such a technique, perhaps, reflects this qualitative method's predilection toward understanding the degree to which studied phenomena typify general real world experiences.

Coding of domains. Adopting a CQR framework, the initial procedures of data analysis involved the coding of domains (i.e., topic areas). The research team began with a “start list” derived from the study's semi-structured interview questions (Miles & Huberman, 1994). Research team members independently read through the same three transcripts and assigned different meaning units (i.e., complete thoughts ranging from a phrase to a paragraph relating to the same topic) from each transcript into one or more domains. During follow-up meetings, the team came to consensus about how to combine, expand, and modify the domains so that they were more precise and reflective of the data. Once consensus was reached on three transcripts, paired researchers completed the domain coding for the remaining eight transcripts to reduce the repetition involved in the task (Hill, et al., 2005).

Abstracting core ideas within domains. The second phase of analysis involved summarizing the content of each particular case into core ideas (Hill et al., 1997). The objective of this step was to “abstract” the domain and capture its fundamental message in fewer words

and with greater clarity (Hill et al., 1997). Repetitions were eliminated and non-relevant parts of the interview were condensed to the basic core of what was being stated. In this stage, the research team collectively discussed, modified, and recorded the core ideas for two transcripts. Once consensus was reached, paired researchers completed the core ideas for the remaining transcripts.

Cross-analysis. In the third phase of analysis, the research team members communicated via email and a collaborative word processing web tool to compare the core ideas within domains across multiple cases. The core ideas were then organized into coherent themes or categories to most efficiently capture the meaning of the domain. Based on group discussion, some categories and sub-categories were revised, combined, or placed under different domains.

Internal and external auditing. Two auditors, who reviewed the data without engaging in the consensus process, provided feedback at different points of analysis. After completion of the second phase of analysis, the internal auditor examined the data and suggested that certain domains and categories be revised to group the data in a more consistent fashion. Coping responses were previously grouped into two separate domains based on participants' pre and post-resettlement experiences. These domains were ultimately combined given significant overlap and similarity in the data. Furthermore, the subcategory 'emotional and mental health struggles' was formerly classified as a domain termed 'chronic stress over time.' The internal auditor and team members agreed that the emotional and mental health challenges described by participants seemed exacerbated by a number of post-resettlement stressors. As such, this data was reorganized into a subcategory of post-resettlement experiences.

After completion of the third stage of analysis, the external auditor reviewed the cross-analysis of core ideas and final categories to check that the analysis was logical and conceptually

sound. The external auditor suggested that one category be renamed and two subcategories be combined. More specifically, the category sexual harassment/violence and fear was renamed from sexual harassment and fear to better capture participants' first and second hand experiences with gender based violence. A previous category named 'female mobility' was combined with 'increased freedom and opportunity' because of its overall likeness to the data.

Results

The results revealed four major domains: (a) pre-resettlement experiences; (b) post-resettlement experiences; (c) coping responses; and (d) experiences of posttraumatic growth. In order to classify the number of emergent domains, categories, and sub-categories, a method known as frequency of occurrence was applied to the data. *General* results applied to 10-11 cases, *Typical* results applied to 6-9 cases, and *Variant* results were applied to 2-5 cases. Categories and sub-categories representing only 1 case were considered rare and dropped from reporting. (Hill et al., 2004). A summary of the domains, categories, and subcategories with their corresponding frequencies can be found in Table 2.

Table 2
Domains, Categories, and Subcategories

Domain	Category/Subcategory	Frequency
Pre-resettlement experiences	Insecurity of resources	General
	Fear of persecution and violence from authority	Typical
	Inadequate educational or job opportunities	Typical
	Sexual harassment/violence and fear	Typical
	Lack of freedom	Typical
Post-resettlement experiences	Increased freedom and opportunity	General
	Cross-cultural adjustment	General
	Language barriers	General
	Experiences of loneliness and isolation	Typical
	Gender role negotiation	Variant
	Employment difficulties	Variant
	Encountering prejudice/discrimination	Variant
Familial Concerns	General	

	Parent-child relations	Typical
	Parenting challenges	Typical
	Linguistic and cultural brokering	Variant
	Intergenerational acculturation gap	Variant
	Emotional and mental health struggles	Variant
Coping Responses	Burden of responsibility	Typical
	Social support	General
	Instrumental support	General
	Emotional support	General
	Hopefulness and aspirations for the future	Typical
	Personal self-care	Typical
	Religious and spiritual coping	Typical
Experiences of posttraumatic growth	Cognitive reframing	Variant
	Greater appreciation of life and changes in life's priorities	Typical
	Sense of strength and personal limitations	Typical
	Spiritual and religious development	Variant
	Interpersonal development	Variant
	Compassion and empathy	Variant
	Advocating and empowering others	Variant

Note. *General* results applied to 10-11 cases, *Typical* results applied to 6-9 cases, and *Variant* results were applied to 2-5 cases. Categories representing only 1 case were considered rare and dropped from this table.

Pre-Resettlement Experiences

Five categories emerged in regards to participants' pre-resettlement experiences: (a) insecurity of resources (general); (b) fear of persecution and violence from authority (typical); (b) inadequate educational or job opportunities (typical); (d) sexual harassment/violence and fear (typical); and (e) lack of freedom (typical).

Insecurity of resources ($n = 11$). An overarching theme for the majority of participants encompassed a lack of basic resources, including food, clothing, and shelter. Prior to the widespread arson and destruction of their villages, participants conveyed that food in Burma was plentiful, and that they enjoyed agency as farmers living off the land. Within the refugee camps, however, participants were entirely dependent on camp aid for simple foods such as oil, rice, and

beans. Most often time, these supplies were inadequate to sufficiently feed participants and their family members. Ninnwe Soe's family owned a small teashop in the refugee camp and sold basic goods in order to afford enough food for her large family:

That was the monthly basis from the UN...they provide [some food] for people in the camp. That's the baseline but it was not enough. For me, it wasn't enough. For my family it wasn't enough. We had to work, wherever we stayed. We had to move our hands so we could eat. To survive, we had to work hard. Even if they gave us rice, [it] was not enough. In addition to their lack of basic resources, participants felt that life in the refugee camps

limited their ability to be independent and self-sufficient. Although several women had experience in farming, they were not allowed the space or resources to keep their own gardens and adequately provide for their families: "And...they give us rice and vegetables...you don't have space...[so] you can't plant...we have to eat what the sisters bring us." Furthermore, the camps were densely populated and there was limited access to other living necessities, such as utensils and building materials. Moreover, most refugees did not have access to transportation and were sometimes compelled to walk for an hour or longer to access health services and their respective places of worship.

As sisters and mothers, participants described their complicated sense of guilt and sadness when others in their family did not have enough food or were in need of something that they could not provide. Pin Paw, a Christian Karen woman, age 51, was a former farmer in her home country. After escaping from Burma, she lived in a refugee camp for over ten years with her husband and four young children. She expressed her challenges as a mother in the camps: "The problem is...as a mother because like my kid they want to eat something. They want to eat food...but I don't have money to buy for them. When I see other kid, their parents can buy food for them, and I feel so...bad."

Fear of persecution and violence from authority ($n = 9$). The challenges that

participants reported prior to resettlement were significant and in line with what would be expected, given the extant literature on Burmese refugees' pre-resettlement experiences (Brough et al., 2013; UNHCR, 2016). Typically, women who had previously lived in Burma described experiences of ongoing food insecurity and forced labor at the hands of the Burmese military. The destruction of livelihood, such as farm animals and crops, places of worship, and whole villages through arson was also a common theme. Such chronic persecution led many participants to evacuate their homes and villages; for some, this resulted in the involuntary separation from family members and friends. Many described instances of hiding in the jungle or escaping to refugee camps on the Thai and Burma border, where there was some measure of protection from the Burmese military. Paw, a self-identified Karen and Christian woman, age 35, described her family's constant state of fear and flight in Burma:

They came and destroyed our property, like the chickens, pigs, and other farm animals. They [came] at night and robbed from us. That was why we had to run frequently and we had to live beside the river in a cave with our grandparents and parents... whenever we lived in a village they came and did it again and again. We could not go to school.

Additionally, participants described experiencing and witnessing acts of physical violence and other significant human rights violations in Burma, including the brutal torture and killing of family members. Lucky, a Karen Christian woman, age 37, conveyed that violence perpetuated the lives of people in her village, "If we went far from the village, it was not safe... some people stepped on landmines and died or lost their legs. They shot us and forced us to do things. They killed some of the villagers."

Participants hoped that escape from Burma would yield them a greater sense of relief and safety. However, even after arriving in neighboring Thailand, many continued to experience a sense of fear, vulnerability, and threat. Several women expressed feeling harassed and mistreated by Thai villagers, who regarded them as unwelcomed foreigners in their land. In these

experiences, participants described feeling hopeless, immobile, and powerless to fight back or change their life circumstances. Rutha, age 46, relayed: “The Burmese soldiers don’t care and the Thai people look down at us because we have nothing. I feel like I am Karen, I have nothing, I have no country.” Although participants identified with different ethnic minority groups and religious beliefs, their pre-settlement narratives of displacement were quite similar. Exiled from their homeland because of war and widespread persecution, participants conveyed an overarching theme of personal loss and statelessness.

Lucky, who had been born and raised in Burma’s capitol, Rangoon, described how the government and Burmese citizens persecuted her because of her Christian faith. Members in her church were not allowed to celebrate Christmas or sing carols during the holidays, nor were they allowed to seek employment with the government. Kaw, age 23, was also born and raised in Rangoon. Despite her family’s educational background and economic standing, she experienced great difficulty as a Christian Karen minority at her school. She conveyed that she did not have the same educational opportunities and resources as her peers and often felt singled out by teachers because of her ethnic identity and religious faith. She described not being able to pray without fear of being chastised or persecuted. As a student, she migrated to Malaysia from a refugee camp in Thailand; however, her time in Malaysia was wrought with similar, if not worse, experiences of fear and worry. Frequently, Malaysian police would target refugees like Kaw for bribes:

If the police caught us or if something happened, we had to give up a lot of money. Malaysia life was harder than the camp in Thailand. We had to hide from the police and robbers...even when we took a train we had to look to see if there were any police...there. We were scared because we didn’t have any legal identification.

Inadequate educational or job opportunities (*n* = 8). Although the majority of women had escaped from war and violence in Burma, their new lives in refuge camps offered little sense

of structure, advancement, or opportunity. Job and career prospects were minimal and many participants were reliant on camp aid for their daily living needs. To further support their families, participants engaged in time and labor-intensive endeavors that included cleaning for neighbors or selling small trinkets and food in the refugee camps. Surly, a 24 year-old Christian Karen woman, was the oldest daughter of a large family. Surly's father died when she was a young girl, which brought about great economic difficulty for her family. Furthermore, her mother had severe alcohol use issues and seemed to suffer from an undiagnosed mental health condition. In order to help make ends meet, Surly took up various odd jobs babysitting, cooking, and cleaning. Despite her industrious efforts, Surly reported that this extra income did not seem to markedly improve her family's living situation: "But over there, we are so poor...I didn't want other people [to] look down us. If I live there it's not going to [help] make [me] grow. I [would] just live there and [stay] poor." Without sustainable work or opportunities for personal enrichment, many participants and their families were caught in a day-to-day struggle for survival. Ninnwe Soe, a 30-year old Burman Muslim woman, described it in this fashion: "My other two siblings...were not educated...they [were] married and had kids so their lives were just [about] work...you work one day and you get some money and you spend it." Economic hardships were especially evident for women who were single or widowed and with dependents. Bee Bee, a 26-year old Christian Karen woman explicated the work struggles endured by her cousin, a young single mother: "Some families that I see had no income. For example, my cousin was a single mother. [Her husband] passed away and she...had to take care of five kids. They were so little...they couldn't work...my parents [had to] help them with the food too."

For families that experienced intense economic insecurity, parents were sometimes forced to find work in remote settings and to leave their children in the care of distant relatives or

friends. Such experiences of temporary or prolonged separation were emotionally challenging for most participants, who endured intense stress and anxiety regarding when and if their family would reunite. Rose, a Christian Karen woman, age 23, was born in a refugee camp on the Thai-Burma border and did not have any connection to her ancestral homeland. When her parents were forced to flee their refugee camp to search for work elsewhere, Rose, at seven years old, was separated from her siblings and sent to live with a distant aunt. Although her aunt helped with her educational fees, she seemed to also take advantage of Rose's time and free labor. Without a way to communicate with her parents, Rose described feeling disempowered and despondent regarding her family's work and living situation:

I had to do everything at their home like cleaning, washing dishes, or taking care of my nephew and my cousin's baby. She expected more of me than I could do for her. So sometimes it just made me want to run away but I couldn't because I didn't know anybody and I was just a kid. I had a lot of things on my mind but I couldn't do anything [...] my parents didn't know anything about this. They were just far away from me.

For most participants, life in the refugee camp provided poor or limited opportunities for formal education. Overall, there were predominate feelings of dissatisfaction and discontent regarding the camps' educational system. Many women conveyed that they were not taught the Thai language in their schools, despite being born and raised in Thailand, and usually had very minimal exposure to English, which left them at a severe disadvantage for future work prospects. Furthermore, certain refugee camps did not offer opportunities for higher education, which became a significant source of disappointment for several women who had aspirations to attend college. Participants that were mothers gave voice to their concerns about their children's future if they had to stay in the refugee camps. Pulu, a 57-year old Christian Karen woman, had escaped brutal persecution in Burma to seek protection in a refugee camp, where she lived with her family for over ten years. In considering her time in the camp, she conveyed: "But I still have no

hope for the future. Because if I end up living there (the refugee camp)...[I will] also worry about my children. When they grow up, what [are] they going to be?"

In the educational system of certain refugee camps, students had to pay for books, notebooks, uniforms, and other educational resources; as such, not all participants were afforded the same academic opportunities. While some women had the monetary means to attend school, a few had to leave school altogether to work and help provide for their families. Several participants reported enduring great personal and emotional suffering because they had wanted to continue attending school, but were powerless to change their family's economic circumstances. After her father passed away, Surly was pressured by her family to drop out of school: "I fight for my rights. I want to go to school. [My family] said, if you work, you'll get money and you can raise us. But if you go to school...we're not going to have money and we're not going to have enough." Surly's tenacious desire to attend school became a source of contention with her mother, who held certain cultural expectations regarding her role as the eldest child and an economic provider for the family.

Sexual harassment/violence and fear ($n = 9$). Notably, a number of participants conveyed that women were particularly vulnerable to gendered harassment and violence while living in Burma and the refugee camps. Participants did not share their personal experiences of sexual assault or trauma, but recalled how members of the Burmese military purposefully targeted young women in their villages and routinely used rape and physical assault to intimidate and torture. As one participant shared, "When the Burmese soldiers see a woman...they rape her in front of people. They just don't care." In these narratives, Burmese soldiers perpetuated acts of sexual assault and violence without any sort of retaliation or repercussion from the authorities, leading to participants' ongoing sense of fear, powerlessness, and hopelessness. Although the

refugee camps offered improved physical protection for participants, it was not uncommon for the women to continue to experience gender-based acts of sexual harassment and provocation. Kaw described an incident in which she was sexually propositioned and then followed by an older man while walking home from school and was forced to take refuge in a neighbor's home.

The Thai areas outside of the refugee camps seemed to be particularly unsafe for women late at night. Many would avoid walking into the city in order to avoid confrontations with the local Thai people or police, who were known to terrorize and sometimes kidnap young Burmese refugee women. Bee Bee described a particularly harrowing incident in which she and several of her teenage friends tried walking home from town and were sexually harassed and physically threatened by several Thai men:

I was going to have fun with my friends, just us girls. We just wanted to walk around... When we came back home, there were Thai guys standing there... waiting for a girl at night. I was crying and shaking, [saying] "Oh my God. I should have gone with my parents." The Thai guy told us that he wanted one girl to stay there with them. I tried to grab her hand to go back to the camp. And then the guy tried to hold her but she pushed him away...

Expressing her feelings of fear and bewilderment, Bee Bee recalled how several men from her refugee camp found the girls and had to physically fight off the assailants, who wielded knives and other weapons.

In response to these ongoing gendered stressors, women took to dressing in covered attire, walking in large groups, and being constantly mindful of their surroundings in order to avoid harassment and unwelcome attention. Considering the great lengths that women took to ensure their safety, many reported feeling inhibited in their ability to be independent:

The challenge was the clothing length. You want to wear like very covered clothing. Back there is not safe... because everywhere you walk, everywhere you go, people see you. You have to be very careful. You don't want to walk around out at night when it's dark. You always had to be careful to be home on time. You don't want to go out alone.

Lack of freedom ($n = 9$). As refugees, participants did not have the proper documentation or legal right to work or to reunite with family members outside of the camps. In order to support their families, some individuals periodically left the camps to find employment, though they did so at great risk of being caught and persecuted by the Thai police. Five of the eleven women interviewed were born and raised in refugee camps and had never experienced life in a city or in their ancestral homeland. Given their inability to engage in meaningful work or leave the camps, participants described feeling like prisoners and “birds caught in a nest.” Pulu, a 57-year old Karen woman and mother of seven, recalled how confinement to her refugee camp led to a sense of despair and distress about her family’s future: “ I [felt] like I had no future hope at all...just living in the refugee camp and not being able to go anywhere. Like my life will end here.” For participants such as Pulu, resettlement to a third country such as the United States provided the last semblance of hope for the future.

Post-Resettlement Experiences

Four categories emerged in this domain, including: (a) increased freedom and opportunity (general); (b) cross-cultural adjustment (general); (c) familial concerns (general); and (b) burden of responsibility (typical).

Increased freedom and opportunity ($n = 11$). Reflecting on their new lives in the United States, participants most consistently used the word *opportunity* to convey their elevated freedom to work, attend school, and purchase food and other household necessities. With the help of caseworkers and other forms of social support, the women were generally able to find employment and make adequate income to support their family, which was a great source of pride and accomplishment. Those that were searching for employment or unable to work remarked on their children’s opportunities for free schooling, which was expected to help them

become successful and thus support the family. Some women were able to save money to send to family overseas, purchase cars, and invest in housing. Additionally, several women in this sample had access to land and were self-employed farmers who were able to sell their crops at local farmers' markets. Participants also enthusiastically highlighted individual and familial milestones, such as the high school graduation of a child or, in the case of two women, the obtainment of United States citizenship.

Participants were earnest that moving to the United States brought them increased opportunities, especially as women. They suggested that men and women were treated more equally in the United States and it seemed that women had the same types of educational and career opportunities as their male counterparts. Several women expressed appreciation that women in the United States could continue to attend high school after becoming pregnant. This was generally not the case in Burma or the refugee camps, in which women terminated their schooling upon marriage or motherhood. Ninnwe Soe, the mother of two children, stated:

You can go back to school, doesn't matter how old you are or whether you are a man or a woman. Because we have rights. Sometimes for women, they get married, they get pregnant, they have kids and they feel ashamed. When you are already married and have kids, it's shameful to go back to school for women. Here, it's no problem. You get married and have 10 children, you can still go back to school.

Participants further acknowledged that their new lives in the United States brought a sense of peace, stability, and freedom. Although several participants struggled to obtain stable work and financial resources, the insight that life in America was "safe" gave them great comfort and hope for the future. Kaw contrasted her life of fear and unpredictability as a refugee in Malaysia to her current reality in the United States: "When we lived in Malaysia with the police and the gangs, we cannot go to the grocery store safely. We were always scared and worried of something. But here, we don't need to be scared of anything around us. We can just go freely

wherever we want.”

Cross-cultural adjustment (n =11). This category was delineated into five subcategories: (a) language barriers (general); (b) experiences of loneliness and isolation (typical); (c) gender role negotiation (variant); (d) employment difficulties (variant); and (e) encountering prejudice and discrimination (variant).

Language barriers (n = 11). Overall, language barriers emerged as the greatest source of stress in post-resettlement. A few women reported that they never had access to formal schooling and were illiterate in their native tongue, which seemed to make it that much more difficult for them to learn and practice English. Furthermore, participants did not always have access to trained interpreters in their preferred language, which inevitably affected their ability to communicate with professionals or access basic services. Soe Myat, age 36, was not able to attend school in her youth because of ongoing raids and attacks on her Karen village. She described how language barriers prevented her husband from seeking healthcare services at a local hospital: “I am illiterate and my husband is also illiterate too in our language and in English...if we want to go somewhere, we do not know how to do that. Once, he got sick and we wanted to go to the hospital...we have a car but we cannot drive because we cannot read.” As newly resettled refugees without family or friends in the area, Soe Myat and her husband were entirely dependent on their resettlement caseworker for linguistic assistance and cultural support.

Several women had been resettled at a young age and were able to attend secondary school in the United States. While grateful for their educational opportunities, these women described experiencing initial periods of frustration, fear, and uncertainty in an American school system. Bee Bee, who had been resettled in the United States at age 16, reflected on her early difficulty socializing with her American peers: “They look down on you, she don’t speak any

English, how does she come to school...how is she going to learn...I did speak, [but] I just didn't want to talk to anyone, I just wanted to be quiet and focus on the reading...the writing, the learning parts." As one of the first Karen refugees in her school, Bee Bee felt ostracized by her classmates because of her difficulties with the English language. Similarly, Rose, who was 14 when she moved to the United States, conveyed experiencing significant stress trying to adjust to her new middle school environment. Although her teachers were supportive, they were not familiar with her cultural/ethnic heritage, and so assigned her a Thai rather than a Burmese or Karen translator. As such, Rose felt increasingly isolated and frustrated with her progress in English.

Experiences of loneliness and isolation (n = 6). Upon arriving in the United States, participants typically reported an initial period of adjustment and challenge not dissimilar to the initial post-resettlement experiences of many other refugees and migrants (Segal & Mayadas, 2005). Considering their significantly changed social and cultural landscape, participants described initial feelings of wonder and excitement regarding their new lives in the United States. Participants recalled, with some lightheartedness, their immediate difficulties adjusting to American food, weather, housing, and transportation services. With the help of family, resettlement caseworkers, and new friends, women described familiarizing themselves with different aspects of American life that included shopping, attending school, finding employment, and accessing social services.

Several women in this sample described the initial shock and prolonged sadness associated with leaving behind loved ones in Burma and in the refugee camps. As participants began to gradually acclimate to their American surroundings, initial feelings of awe and excitement faded away to a sense of homesickness and a longing for the familiarity of life in the

refugee camps. A few women described their family's experience of isolation as one of the first Burmese refugee families to resettle in their Midwest community: "When I first came to the United States it was only two families...So, it was hard to communicate to other people...if I needed help, I felt weak." Without a cultural network of established peers, women conveyed feeling initially lost, secluded, and lonely for home. Over time, significantly more Burmese refugee families moved into these communities and participants conveyed that their growing network of family and friends became a significant source of comfort and support.

Gender role negotiation (n = 5). In many traditional Burmese families, as is the cultural convention in most patriarchal cultures, women take primary responsibility for the home and children (Norsworthy, 2003). In the refugee camps and Burma, participants had clearly delineated gendered responsibilities in their family systems that usually included cleaning, cooking, and caring for the younger children. However, resettlement brought cultural and economic challenges such that these familial roles became less traditionally defined. In Bee Bee's family, both men and women assumed a variety of household responsibilities to benefit the family unit. Given her increased activity in the work setting, Bee Bee described the reassurance she experienced knowing that things would be taken care of at home. She described it in this fashion:

As a boy...they are out of the house. Like my brother, he cut the wood...as a woman, I stay home, clean, and cook. But here, it is different...as a woman I do everything, like helping my kid going to school. I can work both outside or inside...it's not just [me] staying home cleaning, taking care of the kids...sometimes I cut the grass...my dad cooks too

Due to the financial difficulties associated with resettling in the United States, participants frequently had to seek employment to help support the household. While the women were grateful for their financial achievements, a variant number of participants also voiced

concerns that working so many hours of the day left them with little quality family time. An overarching theme in this sub-category involved women's apprehension over the relative wellbeing and safety of their children, "I had to go to work at 6:30 A.M...I had a hard time...I worried [about] them, how [are] they going to do, how [are] they going to eat, are they healthy? I worry about them all the time." Participants conveyed the hardship and anxiety associated with having to balance their various roles and responsibilities. Bee Bee, a mother of two, desired to stay home with her infant, but conveyed that she would need to return to work soon in order to help support her family. Furthermore, she had been helping her elderly parents with their family farm. Bee Bee was wary of leaving her children in daycare and voiced unease about her parents' ability to manage the farm without her support and assistance. Her dilemma illustrates that of multiple participants in this study, many of whom had to simultaneously negotiate their roles as mothers, wives, daughters, and workers in their new cultural context.

While most participants conveyed that family members were generally supportive of their academic or work endeavors, there were a few that felt pressured to conform to certain gendered rules and expectations. Surly described wanting to pursue higher education to attain greater financial independence, rather than get married, as was her mother's wish:

She wanted me to get married when I was in high school...after I graduated. I was like no, I want to go to college...you know have to stand [up] for yourself, what you want, as a woman...what you want in your life. If you don't try, you're not going to get it.

Without her mother's approval, Surly had to work and attend school full-time in order to pursue her career dreams. Subsequently, this caused disharmony and difficulty in her family system, and led to significant feelings of guilt and stress.

Employment difficulties (n = 4). A variant number of participants conveyed that English language ability and educational background impacted their opportunities for adequate

employment. Those that were able to procure employment, usually with the help of caseworkers or a network of family and friends, conveyed that their jobs were physically laborious, stressful, and sometimes unsafe. Paw, a single mother of three, reported that she received a secondary school education prior to her resettlement in the United States and had limited English language skills. Her manufacturing job required a long commute, which invariably affected her physical health and ability to attend to her young children: “[We] have to work at the factory...it is really hard...I can feel really tired. Because I can’t... speak [English] so I can’t get a good job...[we] have to travel an hour to go there, everyday and don’t get enough sleep...and work at night.” Considering their limited educational background and English abilities, Paw and other participants conveyed that they did not have the ability to seek employment elsewhere.

Encountering prejudice and discrimination (n = 4). Notably, post-resettlement stressors also included women’s variant experiences of prejudice and discrimination, which seemed to perpetuate participants’ experiences with service professionals and individuals in authority. One participant shared a narrative regarding the experiences of a close friend who was in a car accident and felt unfairly implicated by a police officer due to his ethnic identity. As one of the few Asian students in her school, Rose described how teachers did not really seem to support her academic endeavors and were more openly encouraging of her White peers. Experiences of prejudice and discrimination were especially evident in the workplace, where women conveyed that they experienced differential treatment from management and co-workers because of their limited English language ability and unfamiliarity with American work culture. Surly, who formerly worked in the manufacturing business, recalled when her boss recognized her work efforts and gave her more hours at the factory, provoking great disdain from her American co-workers. She stated:

I used to work in a factory. Sometimes people don't like you because you work hard...they think that you take away their job. Not to be racist, but sometimes...they just look down on you. They speak good English...I know how to speak English, but when I don't speak that doesn't mean that I don't know how.

Furthermore, participants reported that individuals at work seemed to perceive them as incompetent workers due to their gender identity. Kaw, who worked as an office assistant at an employment agency, recalled feeling discouraged and upset when her boss failed to grant her the same work opportunity as her male colleagues: "Sometimes the job they give us [are different] cause we are woman. They want to give more job to the guy and I feel like they think the guy can do more than woman...I want to drive a van but he thinks I can't drive so he let my coworker drive."

Familial concerns ($n = 10$). Within this category, two themes emerged: parent-child relations (typical) and emotional and mental health struggles (variant).

Parent-child relations ($n = 7$). Within the sub-category of parent-child relations, three separate themes emerged: parenting challenges (typical), linguistic and cultural brokering (variant), and intergenerational acculturation gap (variant).

Parenting challenges ($n = 7$). Participants, many of whom were mothers, typically conveyed the difficulty of raising children in a foreign landscape with disparate parental expectations and practices. Due to the demands of their work schedule, participants reported that it was difficult for them to find quality time with their children. Pin Paw, the mother of four children, described, "I feel like this country is a busy country...I have to work in the morning and my husband has to work in the afternoon. It is hard to find time for the family to have dinner together...here, everybody has to work and we don't have any time to spend together."

Participants felt torn between their work and childcare responsibilities and acknowledged that it was sometimes necessary for them to prioritize their financial responsibilities over their family's

emotional needs. Further parenting challenges included how to properly discipline children and the place of corporal punishment in the context of American society. Lucky, who served as a bilingual school paraprofessional in a school setting, described how many Burmese families do not seem familiar with American cultural expectations regarding best parenting practices:

Here, whenever they (school officials) call the parents, they say it's a serious thing. But, for the Burmese...community, when people call, they think oh you can just take care of it at school. Everything is on the teachers... They don't know they have the responsibility because in our country if the kid is...school-aged, parents put the kids with the teacher ...they have no idea they have to take care of the kids and discipline them.

As such, there is evidence to suggest that some Burmese refugee mothers have differing expectations regarding their level of parental involvement and teachers' roles in child rearing. Additionally, it seems that women experience greater parental difficulties if they have multiple children of varying developing stages and lack access to transportation and supportive linguistic services.

Linguistic and cultural brokering ($n = 4$). As is commonly the case within multi-generational refugee or immigrant families, refugee children seemed to learn English and acculturate much more quickly than their parents (Kwak, 2003). A variant number of participants who had resettled at a young age and were able to attend school in the States reported serving as linguistic and cultural brokers for their parents, many of whom had difficulty learning and accessing the English language. The women recalled providing translation services during medical and health related appointments, interpreting various bills and letters, and signing documents on behalf of their parents. Furthermore, they often helped facilitate their parents' cultural adaptation by providing clarification and guidance regarding American topics ranging from childcare to health beliefs and eating habits. Although most women were proud of their ability to tangibly help their parents, some conveyed experiencing a sense of stressful adult

responsibility at a young age. One woman, in particular, recalled experiencing feelings of discomfort while serving as a translator for her parents during a parent-child teacher conference. She expressed gratitude that she knew enough English that her own children would not have to endure such obligations and demands in their youth. For a few other participants, such responsibility could be taxing, but it also improved over time. As Ninnwe Soe explained it:

I help a lot...but sometimes I get tired [...] It changes the family when only one person can speak English. I have a lot of stress...no time to rest. One by one, whether they go to a doctor's appointment or something, I have to be there...but later, after maybe a year or 6 months, it's a little bit better. They...know how to get there, like shopping or something.

Intergenerational acculturation gap ($n = 4$). This theme refers to the perceived acculturative differences that seem to emerge between different generations of the family. For a variant number of women in this study, such intergenerational cultural differences were a source of difficulty and familial strain. The majority of participants, many of whom were mothers, were hopeful that their children would appropriately adjust to life in the United States and continue to adhere to their family's cultural traditions:

I always remind them (my children)...not to forget their culture...we respect other people and we don't talk [in a] loud voice if somebody [is] older than you...for older people we never call their name, we call [them]...auntie or something like that. And if you walk in front of somebody you have to bow your head.

Women were adamant that “keeping the culture” was fundamental so that future generations would also know and practice their people's traditions. Participants conveyed fears that their children were becoming increasingly Westernized at school, associating with the “wrong people”, and losing touch with their cultural roots. Notably, several women mentioned significant concerns about teenagers in their community marrying young, dropping out of school, and abusing alcohol. Such matters of conduct, as participants mentioned, went against familial expectations and would not have been tolerated in Burma or the refugee camps. Participants

conveyed a strong desire for greater community support and understanding regarding how to address these significant concerns.

Emotional and mental health struggles (n = 4). This sub-category captured participants' variant familial issues with substance abuse, domestic violence, and other emotional health challenges. Throughout participants' narratives, alcohol abuse was associated with significant familial hardship and post-resettlement stress. A few participants conveyed that they had a parent who "drank too much" and was not emotionally present or able to work to support the family. These women reflected on their lives as caretakers, as they often took on a parental role to work and to ensure the adjustment and survival of their younger siblings. Surly reported on the constant stress that she endured because of her mother's mental health issues and struggles with alcoholism, which had been ongoing since their time in the refugee camps. She conveyed that her mother's drinking and erratic behavior seemed to exacerbate after they resettled in the States:

She drinks and...goes to other people house...they fight. They come blame me...whenever she causes problems it's going to be on me because she drinks too much. She blacks out and she faints. And then they come over and we have to go to the hospital. It's my responsibility because I have to drive her to the hospital. I'm the one that has to go pick her up. I'm the one who has to talk to the doctor.

As the eldest child, Surly had gone to great lengths to bring her family to the United States and felt a great deal of responsibility to financially and emotionally support her mother and younger siblings. Without an extensive support network of family and friends in her community, Surly felt isolated in her familial struggles and felt discouraged and exasperated by her mother's continuous substance abuse issues.

Rose reflected on her father's struggle with alcoholism and its impact on her family system: "My dad was an alcoholic...he drank a lot since I was little...after he drank, he fought with...my family, my mom... I was scared...I just tried to hide myself...my dad just could not

stop drinking.” Rose reported that her father had attempted to quit but had relapsed several times. Her intensely stressful and chaotic family situation brought her to consider running away or committing suicide, but she was ultimately able to find some support from her school and church community. Rose’s father died from alcoholism, and she reported ongoing difficulty reconciling her image of him as a supportive and loving parent with his struggles with alcohol abuse.

Women also illustrated their community’s struggles with issues of domestic violence, ranging from verbal threats and intimidation to physical and emotional abuse. From participants’ narratives, alcohol abuse was also commonly implicated in most domestic violence situations.

Paw, the mother of three children, shared that her husband’s drinking and overbearing behavior compelled her to seek work to support her children and gain further independence from her husband. In response, her husband resorted to intimidation and isolation tactics in order to maintain his control over the household:

The hardest thing for me is my husband. Since I got married, my husband forbid everything I wanted to do. He forced me not to go out, not to go to church and he wanted to control everything in my life...my husband drank all the time and he works whenever he wants to [...] That’s why I decided to work. Whenever I have to go to my job, he hides my safety boots or uniform...I try to work, and I try my best to provide for my family.

Out of fear regarding her children’s safety as well as her own ability to achieve financial independence, Paw endured years of violence and abuse before seeking help from a friend who was able to connect her with a local domestic violence shelter. With the support of community resources and advocates, Paw filed for divorce from her husband and was able to maintain full custody of her children. While this case was considered atypical in comparison to other narratives in this study, it may be reflective of the relational and cultural issues associated with the reversal of traditional gender roles and men’s loss of status as the head of households (Rees & Pease, 2007).

Participants conveyed that women who experience domestic violence in their communities may have difficulty seeking help or reaching out to close family or friends. Culturally, such issues may be considered to be private and strictly personal problems that must be dealt with within the context of the family unit (Segal & Mayadas, 2005). Women may draw upon their experiences in the refugee camps, in which cases of violence against women in refugee camps are often time not reported, and may be unfamiliar with their legal rights or the advocacy options available in the United States (Runner, Novick, & Yoshihama, 2009). Furthermore, cultural and linguistic barriers may prevent women from taking measures to report their husbands or seeking external sources of support. Ninnwe Soe, who worked full-time as a case specialist for a resettlement agency, described how issues of domestic violence impacted a close member of her family:

For example, my auntie, she was struggling a lot with her husband when they got here because her husband was drinking a lot and making violence at home...I talked to my auntie, and told her you can't do it like at [the] camp...As I said earlier, women always seem to keep their culture...because of the language barrier, too. They feel like they can't do anything...in the United States, we have places to support you. We have laws.

By helping her aunt become aware of her rights, as well as encouraging her to see the effects of domestic violence on the wellbeing of her children, Ninnwe Soe was able to persuade her aunt to confront her husband and repair relations within the household.

Burden of responsibility ($n = 7$). In describing their lives in the United States, participants were eager to illustrate their new freedoms and opportunities, but they also revealed the stress and burden associated with balancing their new responsibilities and familial obligations. As is depicted in the literature (Rosbrook & Schweitzer, 2010), most women were part of an extended kinship network in which multiple generations depended on one another for economic and emotional support. Not only did the women work to financially provide for themselves and

their immediate family, but they also carried the burden of supporting parents, siblings, and, occasionally, close friends in the community. This seemed to especially be the case for participants who had a fractured family unit or identified as the eldest child and felt obligated to care for their parents and elders. Given the time that they devoted to working, maintaining the household, and caring for their children, most women were not able to return to school or fulfill their academic goals. As such, an overarching theme in this sub-category revolved around women's educational sacrifices. Participants commented on the disappointment and frustration inherent in trying to pursue their academic goals while attending to the needs of the family unit:

I don't get the education that I want because I feel the need to take care of [them]...I don't know what I want in life, like what kind of job, so...it's kind of hard for me to figure out everything now. I try to help my family to get a better life...

Participants were well aware of the educational opportunities available in the United States and many had resettled with the hope of graduating or pursuing higher education. In light of what they had left behind in the refugee camps, most wanted to make full use of these educational benefits and advantages. However, they felt inhibited from doing so because of the time and resources that they had to dedicate to supporting their families. Bee Bee identified as the eldest daughter in a large multigenerational family. With the assistance of local vocational resources, her elderly parents were able to purchase land to work as farmers. Bee Bee described her significant difficulty trying to finish her studies while contributing her time and energy to the family farm:

Most of my siblings are not going to school...we have an income problem and they try to help my dad...I'm the oldest, so I feel like this is my responsibility to...to learn as much as I can and then to help my parents after I'm done with school [...] And as a girl... I need to get a very high education that I can't get in the camp. I try...I keep going to school but I didn't graduate.

In complicated family situations in which parents or siblings were suffering from physical or

mental health issues, the burden of participants' various responsibilities seemed especially pronounced. This was the case for Ninnwe Soe, who had aspired to attain a college degree after resettling in the United States, but found herself unable to do so because she had to step in to assist her ailing father:

When I got here, the main thing I learned is that you have to have money before you can do anything. Money is first in the United States [...] When I came over with my parents, my dad was sick. So, he couldn't do anything, couldn't go to work. And my mom was taking care of him, so I'm the only one. I decided to go to work...I go to school on and off. Up until now, I can't finish anything yet.

Coping Responses

Coping responses includes strategies and methods of survival that were utilized in response to either pre-resettlement or post-resettlement stressors. The majority of coping methods overlapped, such that participants utilized similar strategies during their pre and post-resettlement experiences. Under this domain, five categories were identified: (a) social support (general); (b) hopefulness and aspirations for the future (typical); (c) personal self-care (typical); (d) religious and spiritual coping (typical); and (e) cognitive coping (variant).

Social support (n = 11). All of the participants endorsed utilizing social support to cope with life's stressors. This category was divided into two sub-categories that included instrumental support (typical) and emotional support (typical).

Instrumental support (n = 10). This general theme, endorsed by a typical number of participants, included evidence of concrete or practical support either from informal or formal sources that allowed participants to meet their basic needs for survival. Within the refugee camps, many women described primarily receiving basic goods and aid from formal institutions, including the UNHCR and non-governmental organizations such as The Border Consortium. A few women earned a monthly stipend from the UNHCR to teach other women in their camp

transferable skills, such as cooking, computer literacy, and English. Participants that took on such roles described a sense of pride and pleasure in being able to help others in their community and provide monetary relief for their family. Commonly, women also expressed receiving instrumental assistance from informal social support networks made up of family members, friends, and neighbors. Such tangible assistance encompassed acts of money lending, childcare, and the provision of food and basic resources. Women coped with their various family, health, and occupational challenges by sharing information with family and community members. Lucky, who suffered from chronic health issues since young adulthood, described how Burmese refugees in Malaysia provided her with crucial information that allowed her to access health services without proper government documentation.

As newcomers in the United States, the women acknowledged the fundamental role that various refugee resettlement agencies, educational programs, caseworkers, and other community agencies played in their adjustment. During the first several months of resettlement, participants frequently depended on such formal agencies for transportation, employment assistance, and interpretation services. Caseworkers who were knowledgeable about various government social services helped all of the women to apply for subsidized housing, Medicare, food stamps, and other forms of aid. Soe Myat, the mother of five children, did not have a formal educational background and reported minimal English language ability. She described the timely support that she received from her caseworker when her husband became ill:

Once, he (my husband) got sick and we wanted to go to the hospital but we could not go... we have a car but we could not drive there because we cannot read and write. So, we asked [a resettlement agency] for help and got a caseworker. She helped me in everything that we needed. She sent us to the hospital. She helped us to get some prescriptions, talk to the doctor, and things like that.

For participants, adjusting to an American milieu involved slowly establishing

connections with the resettled Burmese refugee network. Some women arrived in the United States at a time when there were very few other Burmese refugees in their community and had to depend on various religious groups and formal social service agencies for their daily needs. Other women who had resettled in the States during a time of Burmese community growth described relying on friends, neighbors, and community leaders to help them to navigate various American systems and services. Bee Bee conveyed how an influx of Burmese refugees in her community helped contribute to her increased sense of safety and reassurance:

We met a new [Karen] family, that's the time when things got better...I feel like they were our family too, since they speak the same language...It was hard...[when there was] only two or three families here. But later in the years, [more] people come. I feel like this is my home now.

Although formal agencies were crucial in the initial resettlement process, participants were inclined to seek instrumental help from trusted friends and relatives who had similar life experiences and cultural backgrounds. Women acknowledged that there were several Burmese refugee leaders in their community who were fluent in English and well familiar with various American institutions. Rather than depending on caseworkers, participants preferred consulting with these influential community advocates. Pin Paw emphasized how a community leader helped her to apply for citizenship and consult with local immigration agencies.

Emotional support (n = 10). In both the pre-resettlement and post-resettlement phases, emotional support was essential for participants who experienced loss, family crises, and endured other financial, occupational, and educational difficulties. A typical number of participants conveyed that confiding in family, close friends, and other central members of their community provided a sense of shared experience, validation, and reassurance that things would get better in the future. In the context of the refugee camps, women who openly shared their difficulties and

needs with trusted others attested to feeling understood and cared for: “When you talk to someone that you know and trust, they will give you encouragement...or they sometimes tell you that you can do it when you are really [struggling]. My best friend...she would listen to what I would say. She would give me advice or make fun of me, sometimes, to make me laugh or something.”

Additionally, women described the empowerment that they received from their community when they were able to accomplish various life goals, such as obtaining citizenship, graduating from high school, and finding employment. In describing these successes, large and small, participants acknowledged the emotional support and encouragement that they received from their network of family and friends. Notably, women who endured significant challenges in the American educational system conveyed that school counselors and teachers also played a crucial role in their adjustment and wellbeing. Bee Bee, who described particular difficulty adjusting to her American high school and peers, able to find reassurance and support from her teachers:

I haven't told my parents how...I feel in school, but with my teachers, I can share with them...I feel that they really care about us the most, because we don't speak their language. Teachers...there are a few that really helped with my school. I feel very safe at school. I'm very glad that they are there to help me get through this.

Not all of the women were able to acquire the emotional support that they needed to cope with their life stressors. While most women reported satisfaction with the emotional support provided by parents and spouses, a few conveyed that their family members were sometimes unavailable or unable to help meet their needs. Given the preponderant living stress of the refugee camps, it seemed that “everyone had their share of troubles” and some women found it too burdensome to ask for help from others. Ninnwe Soe reported that she primarily depended on her mother and sisters for emotional support after arriving in the United States. However, she

described not being able to share all aspects of her personal life with them for fear that might worry or overly stress. Additionally, some women described instances of disregard or abuse from their spouses, rather than the support that they desired. Rose, who experienced substantial familial stress due to her father's alcoholism, reported a significant lack of emotional support: "Most people they need like a counselor to talk...someone they can trust and that they can share whatever they. But for me, I have no one so I don't know who I have to share my story. If I want to cry I don't know who would come to me and wipe my tears... [sometimes] I just leave by myself and cry."

Hopefulness and aspirations for the future ($n = 7$). In the context of pre-settlement, a typical number of participants buffered feelings of stress and despondency by adopting a future-oriented narrative that focused on their short-term goals and future achievements: "You have to be strong and you have to think ahead...You have to do it and just keep going, think about positive things in the future." Despite the bleak circumstances of the refugee camps, participants prioritized their family's needs and desires and endeavored to maintain a sense of optimism and hopefulness about their children's future. Soe Myat's village was constantly under attack by Burma's military regime, which prevented her from receiving a formal education. As such, her children's academic opportunities in the refugee camp, although limited by their economic resources, gave her great hope that they would lead a better life and later help support the family:

I feel like my kids are much more important than me. I focused on their education. I put them through school...because we are illiterate, we would like our kids to get an education. We got through challenges by focusing on the kids and their future.

Participants' desire for the educational and economic opportunities associated with resettlement in a third country was a major theme in most women's narratives. Ninnwe Soe reported that the limited resources in her refugee camp restricted her from going on to higher

education and pursuing her career goals. In order to get through each day, she kept her sight on the prospect of resettling in the United States and attending college: "I really wanted to go because that was my dream...I wanted to be [something], I wanted to go back to school. I wanted to finish my bachelor's or my master's." Surly described similar aspirations for herself and her siblings, who she knew would greatly benefit from third country resettlement because of their young ages:

When I heard people come to America...I was thinking this was a good opportunity, not only [for] me [but] especially for my brothers and sister. They can get a better education. I'm old, sixteen if I go there...they are younger when they come...they can get a better education. Speaking good English and going to [a] good school and then earning money or providing for our family.

For all women, the prospect of an education for themselves and their children was a vital and pivotal marker of improved success and wellbeing.

Religious and spiritual coping ($n = 7$). A typical number of participants reported coping with their past and present-day stressors by relying on a strong conviction in God's will and ability to provide in times of need. Although the women in this study represented different religious ideologies and beliefs, including Christianity and Islam, they frequently cited overlapping forms of religious and spiritual activity. Through prayer, participants were able to gather the courage and strength to endure seemingly insurmountable life difficulties, including forced food and resource insecurity. Soe Myat interpreted her resettlement in the United States as a testament to God's will, "Because we prayed and we have some hope, we were able to come here to America. We prayed that God would grant us a better place and living style, better work and hope." Rose, who had been forcibly separated from her family members, also described how she deeply relied on prayer when she did not have anybody else to turn to in the refugee camps:

Mostly what I do was pray because I have nothing. I didn't know what to do...that's why I just try to ask God because I need help...My siblings...[and my] parents were away

from me so I have no one to share when I feel down...I didn't know how to pray so I [was] just talking...it always made me feel better...

In this pre-resettlement context, faith in their God's steadfastness provided a sense of peace and comfort when the women otherwise felt powerless and helpless. By reading religious texts, engaging in musical worship, and attending religious ceremonies, participants were able to work through stressful thoughts and feelings and derive meaning from their negative stressors and experiences.

In order to navigate the various complications and adjustment difficulties associated with post-resettlement, participants also sought support from religious elders and other members of their religious community. Religious leaders provided spiritual guidance and emotional support and also actively facilitated participants' access to goods and social services. A few women eagerly described their active involvement in churches, temples, and religious women's groups. Their various women's groups regularly met to pray, read religious text, and provide members a source of community and emotional support. Ninnwe Soe's women's group gathered every other week to read the Quran, pray, and check in with one another. This group had been ongoing since Ninnwe Soe's time in the refugee camp and represented a sense of continuity for herself and her children, who she hoped would continue the tradition even if it meant conducting readings in English rather than Burmese.

Personal self-care ($n = 6$). Another form of participants' coping involved pursuing leisurely activities and engaging in behavioral efforts to improve their sense of emotional health and well-being. Notably, women seemed to engage in these personal self-care activities much more often in the post-resettlement context. A typical number of participants described how occupying their time with pleasurable activities such as drawing, writing, and listening to music provided a source of normalcy and helped decrease feelings of stress. For other women, such

behavioral activities provided a sense of distraction or became a source of escape. Surly, who acknowledged her mother's alcoholism and its stressful effects on her family unit, conveyed that she coped by getting out and reconnecting with nature:

Whenever I have stress sometimes I have to go somewhere peaceful...sit there and look at trees...sometimes I go fishing [or] just walk to the park [to get]...fresh air. You go there you don't have to think about anything...relax and then you come back and feel more calm.

Other women conveyed that driving, exercising, and attending to housework also provided them with feelings of comfort and security when they felt overwhelmed by worries and concerns.

Lucky, who was diagnosed with a painful menstrual condition during post-resettlement, described how she preserved a sense of continuity and independence throughout her medical treatment:

When I came here, I had menses all the time. I was weak and anemic...even if I couldn't do much, I would cook for myself and my husband and sister. I would just try to comfort myself by doing something I could do, like sewing, cooking.

Cognitive coping ($n = 4$). Cognitive coping emerged as a variant sub-category and was exemplified by women's attempts to evaluate and modify the nature of their thoughts. Participants reported that in order to cope with their experiences of stress and adjust to life in the United States, it was important for them to attend to the "positive parts" of their narratives rather than to focus on feelings or thoughts associated with negative stressors. For example, participants were eager to emphasize a sense of gratitude for the educational and employment opportunities associated with resettlement. For several participants, cognitive coping consisted of directing one's energy toward overcoming present-day events, such as finding work and attaining the financial means necessary to support the family. Kaw suggested that she coped with post-resettlement by focusing on her family's daily needs, rather than ruminate on her past experiences of persecution: "Everyone has to move on, right? We can't only live in our

sadness...we can only live here and we...go to work and come back and eat.” Several participants acknowledged that they were not alone in their struggles because other Burmese refugee families in their community had experienced similar hardships and suffering. By normalizing their experiences, participants learned to accept the reality of their present circumstances.

Posttraumatic Growth

As a result of their struggle with life’s adversities, many women described positive changes to their outlook on life, relationships with others, and perception regarding their personal strengths and abilities. Under this domain, four categories emerged: (a) greater appreciation of life and changes in life’s priorities (typical); (b) sense of strength and personal limitations (typical); (c) spiritual and religious development (variant); and (b) interpersonal development (variant).

Greater appreciation of life and changes in life’s priorities ($n = 7$). As participants reflected on their personal histories and experiences of major stress pre and post-resettlement, many conveyed an increased sense of gratitude for life in general, along with a changed attitude regarding what they considered to be meaningful and important. The women typically endorsed a simple sense of appreciation for their basic possessions, relationships, and the ability to survive each day’s challenges, regardless of the types of negative stressors that they might be subject to:

Sometimes you don’t have money [and] you can’t do anything about it. So what [do] you have to live [for]? What you have to think [about] to make yourself feel better is...[that] you survived today. You survived today...so make yourself happy. If you have food to eat and you have a place to live, that’s what matters.

Underlying such a perspective seemed to be a life philosophy that some people were born to weather challenging and difficult life circumstances, while others were born to prosperity and wellness. Whatever their birth path, participants did not harbor a sense of resentment or anger

regarding their life conditions. Rather, most women conveyed an internal acceptance of life's challenges and an acknowledgment that fulfillment and wellbeing came from focusing on what they did have rather than what they did not. Most of the women had endured intense poverty and food disparity in the refugee camps and continued to struggle to work to afford goods post-resettlement. Despite these major difficulties, women chose to value their life's fortunes rather than compare what they had to others, which might lend to a sense of bitterness and resentment:

You compare yourself [to others] when you [are] poor. You compare yourself to somebody because they have everything that you do not...It's not going to make you happy...you should be proud you're alive. You have what you have...food, place to live. This can make you angry if you compare yourself. Why don't I have [a] mom like that? Why don't I have a house like that? It's going to make you...feel bad or angry at yourself...and then you're going to think that you're not good enough or not trying enough.

A few women reported a developed sense of self-worth and self-respect such that they purposely refrained from engaging in self-damaging or self-destructive activities. Kaw considered how other youth in her community had succumbed to parties, drugs, and alcohol and reported that she valued her life far too much to partake in such activities. Rather, she intentionally chose to focus her energy into her work and schooling in order to fulfill her dream of becoming a restaurant owner. Rose suggested a change in her life priorities, such that it was increasingly more important for her to actively pursue her life goals rather than "wait for happiness" to come. For Rose, this meant "taking a stand" for herself and seeking a profession that she wholeheartedly loved, even if it meant having to accept lesser pay:

Instead of working in a job that you don't like, [find] something you really want to do...I feel like [doing] something good in my life...I don't want to work somewhere I don't like for my whole life, I want to work somewhere that I love...so even though you [earn] a little bit, if you love the job you will always be happy.

Sense of strength and personal limitations ($n = 8$). Consistent with the literature on posttraumatic growth, participants reported changes in perception regarding their personal

strength and capacity. Women who had escaped persecution and endured the living conditions of the refugee camps saw themselves as “survivors” who had gained much learning and “growth” as a result of their life struggles. These experiences helped participants to cultivate an increased sense of self-reliance and confidence in their abilities and seemed to give them the courage necessary to persevere through present and future difficulties. Interestingly, participants who acknowledged their personal strengths also conveyed an increased awareness of their areas of growth: “I think I’ve been through a lot that has helped me learn...[It’s] made me grow as an adult, but I sometimes still struggle with myself too...I’m still learning...” In considering her desire for personal growth, Surly acknowledged that she had difficulty socializing and relating to others. She conveyed a change in perspective such that she wanted to work on developing more intimate relationships with the people around her. Other participants reported an increased awareness of past instances in which they may have behaved immaturely or selfishly. In an effort to rectify their actions and to improve their relationships, it felt increasingly more important to take ownership of their limitations rather than to hide or feel ashamed. Kaw described how she increasingly became more aware of her shortcomings and made efforts to improve different aspects of her personal life and reactions to others:

I changed [in] that I know how to calm myself cause I was a very angry person...[It was] very easy [for me] to get mad at something [before]...If there is something that I want, but I feel that it does not belong to me, I can move on. If I keep thinking of the things I can’t get, I can’t move on. I will feel sad, mad, or I won’t feel comfortable about myself or I can’t work.

Difficulties and challenges tend to be inevitable and individuals seem to constantly change and grow as they adapt to life’s circumstances. However, as Kaw expressed, “nothing is [more] important than trying hard. I believe that if we try hard, we can achieve anything.”

This dimension of posttraumatic growth also consisted of participants’ acknowledgement

that there are some obstacles in life that cannot be overcome on one's own measure. Rather, true strength comes from developing one's relationships with others and, when needed, reaching out for advice and assistance. Surly described how she derived strength from her own abilities as well as her relationships with others:

I think I am strong because I've been through a lot...I believe in myself more and then I think if I need advice, I'm not afraid to ask for it. I'm not afraid to talk to people, I know that they are going to give me good advice and...give me something to learn about...give me hope.

This deepened sense of personal strength also gave participants the courage to take risks, to follow their passions, and to shape their future in personally meaningful ways. For several women, changes in perception regarding their personal strength allowed them to trust their instincts and pursue different opportunities at school or in the workplace. Rose described how her struggles shaped her ambition and motivation to strive for her occupational dreams:

I feel like I'm stronger than before, stronger than I used to be...before, when I was in high school, I felt like I wanted to give up. But now, when I think about the past, it's just small stuff to me...I have a long way to go and I have a plan. I want to make my parents proud of me, especially my dad, even though he passed he really wanted to see me graduate and become a doctor.

Spiritual and religious development ($n = 5$). Regardless of their identified religion, participants' narratives also contained evidence of their growth in spiritual or religious matters. A few women did not reportedly experience any changes in this domain, but they did convey that their faith and religious practices have been constant throughout their past and present day struggles. A variant number of women experienced spiritual and religious growth and conveyed an increased sense of faith that God would provide for them and grant whatever they needed to survive, as well as help guide them through challenging circumstances. Overall, most women conveyed a stronger and deepened relationship with God. In experiencing and enduring trauma and hardship, prayer, religious community, and attending religious events and services were all

major components of participants' spiritual and religious development. Soe Myat, a 36-year old Muslim Burman woman, explained her changed faith in this way: "Only God can grant us what we need to survive...I have a deeper faith. When I pray, our God will grant us in some ways. Whenever we have hardships and difficulties, I just need to pray." Lucky, who had experienced had recently applied to attend seminary in the United States and conveyed her trust that God would provide for her as she pursued her life's calling. Her relationship with God, in many ways, provided the avenue by which she could cope with life's challenges, take risks, and help support her people:

I never thought I could be a minister...When I realized I was chosen, [I knew] that God will provide whatever I need if I do his work...I went to seminary and I participated in my mother church. And later I went with my husband to his village and helped the kids. I realized that God has his purpose...I just prayed that ...I'm going to be a small tool for his kingdom...I just help my people, those who need interpreting, or help them go to the hospital.

Interpersonal development ($n = 6$). There were also reports regarding participants' growth in compassion, empathy, and desire to help others. Interpersonal development was made up of two themes: compassion and empathy (variant) and (b) advocating and empowering others (variant).

Compassion and empathy ($n = 2$). In struggling with challenging life experiences, participants variably endorsed their ability to be more understanding and empathetic of others, especially those who had endured similar difficulties in life: "...after all that I have been through, I care more about people and I know more about how to treat other people...I feel like I am not selfish anymore with my experiences. It has changed me." A few women conveyed complex relationships with parents who suffered from substance use and mental health issues pre and post-resettlement. While the women acknowledged that their relationships were far from perfect, they also conveyed an increased awareness of all that their parents had suffered and endured in

the context of Burma, the refugee camps, and in America post-resettlement. Surly's compassion for her mother's life circumstances, as well as her sense of filial responsibility, inclined her to continue supporting her mother and siblings despite her mother's persistent struggles with alcoholism. Furthermore, participants reported being more apt to demonstrate patience toward family members and individuals who they may have had initial difficulty relating to. One woman, a teacher's assistant, expressed that her challenges in life helped her to better understand the experiences of a young boy who exhibited behavioral difficulties at school:

Sometimes we don't know that other people [are] struggling...[They may be] mad and talk to you in a mean way [and] you probably think [that] they are mean. But sometimes they [have] been through a lot too and you don't understand...It's not only you that struggles. There are a lot of people that struggle like you...sometimes even worse than you. It is better to appreciate what you have.

Advocating and empowering others (n = 6). Along the spectrum of interpersonal development, a variant number of participants reported a deepened sense of personal agency to help and empower others, especially those who had experienced similar life circumstances or were disadvantaged in some way. Several women reported a strong desire to return to Burma and support those in the refugee camps by donating their resources and volunteering their time and energy. In educating others regarding their people's history of oppression and persecution, participants hoped that more attention and resources could be directed toward the plight of refugees from Burma. Additionally, several women suggested a sense of urgency to support and mentor younger Burmese refugees in their community who may have lost touch with their cultural heritage or were in danger of succumbing to substance use or gang activity. They taught younger children their ethnic language, led bible studies, and were actively involved in various religious organizations and youth groups in their community. Ninnwe Soe, in particular, conveyed how she wished to leverage her English language ability and work in social services to

actively support women who might be suffering from domestic abuse situations:

We are all women together. I cannot let you struggle... especially [because] I speak English, I feel like I can help. A lot of Burmese women, they can't speak English. They don't know their rights here as women. Sometimes, I have a couple of community women come to me, and talk to me. I empower them...I can help you go [find] outside resources...

The women derived a profound sense of meaning and happiness by helping others, whether that was through volunteering or giving their time, energy, or resources. Surly, who worked as a bilingual paraprofessional in a school setting, describe the satisfaction that she was able to derive from helping others in her community:

I [was] so selfish...I didn't want to be an interpreter [before]...I used to think that I'm not going to be able to help people because I have a family and I have to be able to take care of [my] family... But now, I work and...I feel good when I help people. It releases a lot of stress too. You feel good...I work, and I learn a lot. If you help people, it's not only them that get happiness, but you get happiness too.

Discussion

The present study explored the strengths, resilience, and posttraumatic growth experiences of Burmese refugee women resettled in the United States Midwest. Based on data gathered from eleven participants, Consensual Qualitative Research (CQR) analysis yielded a thematic overview of the experiences of Burmese refugee females, both prior and subsequent to fleeing Burma and various refugee camps on the Thai-Burma border, that were categorized into four domains: (a) pre-resettlement experiences; (b) post-resettlement experiences; (c) coping and resilience; and (d) experiences of posttraumatic growth. Findings highlighted the strengths, protective factors, and resources of Burmese refugee females in resettlement, whose narratives of positive growth and change seemed to co-exist with memories and experiences of distress and suffering. The following will offer a summary of the main findings within each domain in relation to the wider research and clinical literature. Limitations and implications for counseling

shall be discussed, as well as potential areas to follow up in future research.

Pre-Resettlement Challenges

The pre-migration challenges and stressors reported by women in this study closely aligned with previous research regarding Burmese refugee women's pre-resettlement experiences of stress and adversity (Alexander, Arnett, & Jena, 2017; Bartholomew et al., 2015; Cook et al., 2015; Fuertes, 2010). The majority of participants had experienced multiple stressors at the hands of the Burmese military, including the physical harm and murder of friends and family, the systematic destruction of livelihood and property, extortion, and incidences of forced labor. Although refugee camps on the Thai and Burma border provided some measure of safety and protection from the Burmese military, many participants reported an ongoing sense of vulnerability, insecurity, and fear regarding their finances, living resources, and occupational opportunities. Without proper documentation or legal rights outside of the camps, many participants felt trapped in a state of limbo without the ability to advance in their education or careers.

The women's first and second-hand accounts of sexual assault, harassment, and intimate partner violence confirms the prevalence of sexual and gender based violence throughout various phases of the refugee experience (Vu et al., 2014). Sexual and gender-based violence (SGBV) are umbrella terms described by the UNHCR as "violations of fundamental human rights that perpetuate sex-stereotyped roles that deny human dignity...they refer to the physical, sexual, and psychological harm that reinforces female subordination and perpetuates male power and control (UNHCR, 2003, p. 9). As recalled by participants, Burmese military men targeted women in their villages without any provocation, and utilized tactics of torture, rape, and sexual assault to inflict fear and exert their authority. These findings echo previous research that suggests that

incidences of SGBV tend to intensify under conflict situations (Annan & Brier, 2010; Cohen & Nordas, 2014). Notably, even upon leaving Burma, the women continued to encounter acts of gender-based violence, including harassment and provocation, at the hands of Thai citizens and police, intimate partners, and other refugee men.

SGBV accounts have been documented among Burmese refugee women across a number of ethnic and religious backgrounds and contexts, although prevalence rates vary due to limitations in survey methodologies and participant under-reporting. A cross-sectional survey suggested that 7.9% of refugee women residing in camps along the Thai-Burma border had experienced past-year intimate partner violence (Falb et al., 2013), while a previous survey of a similar population indicated a 20% prevalence of domestic assault (Centers for Disease Control and Prevention, 2002). Qualitative studies of refugee women from the Chin and Rakhine state of Burma give context and depth to these experiences, suggesting the widespread use of sexual assault against women as a form of political, religious, and patriarchal control in the home and community settings (Akhter & Kusakabe, 2014; Alexander, Arnett, & Jena, 2017). From a feminist perspective, SGBV persists because of socially sanctioned gender norms and discriminatory practices that place women at a subordinate position to men (UNHCR, 2003). Within these patriarchal systems, masculinity is privileged while women are systematically disadvantaged, having less access to benefits and resources because of their social location (Norsworthy & Khuankaew, 2004). Owing to the reduced social and financial mobility of refugee men, women are more likely to take on income-generating opportunities outside of the household, resulting in the loss of men's status as head of the household. James (2010) conveys that men may compensate by using violence in an effort to make their spouses and children show obedience and respect. This reversal in traditional gender roles, as well as the economic and

cultural struggles associated with resettlement, has been implicated in cases of intimate partner violence (Rees & Pease, 2007, Krause, 2015; Nilsson, Brown, C., Russell, & Khamphakdy-Brown, 2008). Future research should consider how various stages of the refugee experience, including war/civil conflict, the refugee journey, and resettlement, impact men's and women's experience of gender roles and gender identity. For example, men that have been subject to severe pre-resettlement trauma may bear symptoms of physiological arousal that are exacerbated by post-resettlement experiences of racism and discrimination. Service providers working with refugees should consider interventions that draw upon principles of client self-determination and empowerment, which ensure that clients, particularly women, have control over the decisions that impact them (James, 2010).

In this present study, domestic violence was also associated with increased alcohol usage and other mental health concerns. Findings from a long-standing refugee camp on the Thai-Burma Border suggest that while alcohol use may play a contributory role in intimate partner violence, it does not wholly explain such patterns of gendered behavior (Ezard, 2014). Although the underlying mechanisms are not fully understood, there is some research to indicate an association between men's pre-migratory exposure to political violence and intimate partner violence perpetration (Clark et al., 2010; Gupta, Reed, Kelly, Stein, & Williams, 2012; Gupta, Acevedo-Garcia, Hemenway, Raj, & Silverman, 2009), as well as the potential mediating role of mental health symptomology (Orcutt, King, & King, 2003). Although it is not possible to generalize the experiences of these participants to all refugee women, the findings of this study support the need to consider the prevalence and correlates of substance use and SGBV in the Burmese refugee population. In-depth qualitative research is also needed to better understand the needs and lived-in experiences of Burmese refugee women who endure SGBV in the family,

community, and post-resettlement settings. Although the literature suggests that immigrant and refugee women do not experience higher rates of intimate partner violence as compared to native born women in the United States, the complexities of the refugee experience inevitably impacts the ability of women to locate services or support in the post-resettlement context (Pulvirenti & Mason, 2011). As such, it is imperative to expand advocacy, prevention, and intervention services in the community in order to target oppression and gender related violence.

Similar to findings from Hickey's (2013) study of Burmese refugees resettled in the United States Midwest, several women highlighted how childhood experiences of prolonged and temporary family separation during the pre-migration period significantly impacted their existing interpersonal relations and contributed to an ongoing sense of worry and fear of abandonment. Corresponding with these narratives, the literature reports that family separation can negatively impact refugees' physical and emotional well-being by serving as a reminder of prior experiences of uncertainty, loss, and trauma (Rousseau, Rufagari, Bagilishya, & Measham, 2004; Rousseau, Mekki-Berrada, & Moreau, 2001) and potentially manifest as symptoms of sleeplessness, poor concentration, depression, or anxiety (Bronstein & Montgomery, 2011). A study of Sudanese, Afghan, and Karen refugees resettled in Australia suggested that family separation is a barrier to resettlement, resulting in individual difficulties entering the labor market, the delayed acquisition of language and vocational skills, and overall financial strain (Wilmsen, 2013). As such, counselors, social workers, and other help professions working with refugees and migrant populations should attend to the effects of family separation and reunification on the resettlement process, thereby validating a significant source of refugee trauma and stress (Weine et al., 2004).

Post-Resettlement Findings

Although the women were no longer vulnerable to life-threatening experiences in the post-resettlement context, they did convey enduring a number of stressors in their adaptation and adjustment to American society. Participant's narratives regarding their post-migration stressors corroborates prior accounts suggesting that language proficiency, financial and employment concerns, experiences of isolation, as well as issues of prejudice and discrimination can serve as barriers in the post-resettlement process (Deacon & Sullivan, 2009; Lee, Proulx, & Cornwell, 2015). The economic reality of resettling in the United States gave way to significant changes in each participant's family system, such that most women reported increased activity in the labor force. Considering their limited educational and occupational opportunities in the refugee camps, many women reported a degree of pride and satisfaction from learning new job skills, furthering their English language ability, and financially contributing to the welfare of the family. These findings corroborate previous research suggesting that immigrant and refugee women report perceived improvement in their gender-role status after relocation due to a perception of their increased bargaining power and financial equity in the household (Baird & Boyle, 2011; Connor et al., 2016).

On the other hand, there is also evidence to suggest that migrant women, especially those that lack proficiency in the language of their host country or have minimal education and work experience, may be relegated to low-wage and low-status jobs with little opportunity for social mobility (Franz, 2003; Yakushko et al., 2008a). Participants in our study did not communicate specific complaints about their earnings but a number did self-report as low-income earners and conveyed dissatisfaction with the long commutes and physical labor required of their jobs. Many of the younger women perceived further educational attainment as the primary avenue to greater job satisfaction and personal autonomy. Unfortunately, women's agency in fulfilling their

educational aspirations seemed limited by their obligation to fulfill family needs or meet the expectations of other family members endorsing traditional gender norms regarding women's place in the household. These accounts are corroborated by findings from a study regarding barriers to education among a sample of Karen refugee women resettled in Australia (Watkins et al., 2012). Considering these challenges, individual, relational, and community perceptions of traditional gender roles may need to shift in order to fully allow Burmese refugee women to pursue their occupational and educational aspirations (Hatoss & Hujser, 2010). For the participants in this study, it may be that adapting to the demands of the host culture while validating one's own cultural values and history is a fluid and dynamic process that involves compromises and losses (Marlowe, 2011).

Nearly all of the women in this study reported significant difficulty balancing their numerous roles as mothers, daughters, workers, and sometimes students. Similar to other refugee female groups (Casimiro, Hancock, & Northcote, 2007; Connor et al., 2016), participants' cultural adaptation to a Western society involved incorporating new responsibilities within and outside the home; in most cases, navigating the multitude of environmental and cultural stressors associated with the resettlement process, as well as managing the competing demands of work and family life proved to be a time-intensive and overwhelming endeavor. Like other female refugees (Crosby, 2008; Lee et al., 2015), participants' employment responsibilities and long work hours interfered with their ability to engage in quality family time and effectively attend to their children's needs. These concerns, along with more salient community issues involving Burmese refugee adolescents' substance use, truancy, and increasing high school drop out rates, gave way to participants' significant anxiety and internalized guilt regarding their children's wellbeing.

As Deacon and Sullivan (2009) suggest, immigrant and refugee women who relocate or resettle in a new country may lose the social support of family and community members who typically assist with childcare, provide parental guidance, or assist with the cultural socialization process. Additionally, the sociocultural challenges of raising children in a foreign landscape, as well as a general lack of knowledge and access to various childcare options, may exacerbate the sense of loss experienced by migrant mothers. Given their traditional roles as keepers and transmitters of cultural values, Burmese refugee women may experience an increased sense of pressure and responsibility to closely tend to their children after relocation, which may be at odds with the financial necessity of employment (Yakushko, 2006). Findings from this study indicated that Burmese refugee children's rapid acculturation to American society juxtaposed Burmese mothers' desire to see the younger generation maintain traditional cultural values, language, and identity, thus contributing to experiences of intergenerational tension and conflict. McCleary's (2017) report on the impact of resettlement on Karen refugee families based in the Midwest delineated similar intergenerational struggles. Notably, participants in her study outlined indigenous strategies for navigating conflicts in the family system. Buffers to familial stressors and conflicts included: economic and financial stability in resettlement, respectful and empathetic communication, strong parental support, and ties to a religious institution or to the overall Karen community. Such factors may have strong implications in considering family-oriented interventions and counseling methods with this population.

Resilience and Coping

Despite the many struggles and challenges that participants faced in Burma, the refugee camps, and throughout the process of resettlement, each identified a number of strengths and coping strategies that contributed to their resilience in times of adversity. Comparable to

Sudanese refugees in resettlement (Khawaja et al., 2008), our study's participants utilized similar coping strategies across their pre and post-migration contexts. What emerged as particularly interesting about Burmese refugee women's coping were the cognitive processes and emotion-focused techniques that they utilized in order to regulate their distress. In order to escape from negative thoughts and feelings, women engaged in personal acts of self-care that included reconnecting with nature, exercising, and the pursuit of leisurely activities. Mirroring the literature (Borwick et al., 2013; McCarthy and Marks, 2010, Shakespeare-Finch et al., 2014), many participants seemed to cognitively cope by focusing on the positive aspects of their situations, normalizing their experiences, and maintaining a sense of hopefulness for the future. These processes often took on a comparative lens, such that participants saw their present difficulties in the greater context of past suffering and future opportunities. Similar to findings from a study of single refugee women with children (Lenette, Brough, & Cox, 2012), part of participants' coping involved their ability to manage and fulfill everyday challenges and responsibilities, which often comprised of tending to the wellbeing of children and extended family members. Lenette and colleagues (2012) conceptualized resilience as a dynamic social process embedded in the ordinary and mundane processes of daily life. Such small victories over life's conflicts, including working and attaining the financial resources necessary to support the family, was also demonstrated amongst participants in this study.

Participants' spirituality, religious beliefs, and religious practices also represented a source of resilience over time, largely consistent with findings from coping research in other refugee groups (e.g., Ellis et al., 2010; Ni Raghallaigh, 2011). More specifically, Burmese women's active belief in God's benevolence and participation in various religious practices helped them to derive meaning from their suffering and to feel a sense of control and continuity

in their lives. In the literature, religious coping is a multidimensional construct with cognitive and behavioral aspects that include *private religious practices* (e.g., praying privately or reading religious text) and *public practices* (e.g., attending religious services or engaging in religious community). Additionally, researchers differentiate between *positive religious coping* (e.g., religious beliefs based on hope and faith in one's God's benevolence) and *negative religious coping* (e.g., religious thoughts of anger, doubt, or a fear of punishment associated with an insecure relationship with one's God; Ano and Vasconcelles, 2005; Idler et al., 2003; Leaman & Gee, 2012). Positive religious coping was a major theme in this study, as well as public practices of faith, including prayer and worship. Religious coping also seemed to serve a social and community function, such that participants highlighted the essential role of religious women's group and religious leaders, who not only provided spiritual guidance but also instrumental and material assistance.

Social support, differentiated between events in which participants utilized their interpersonal relations for instrumental or emotional assistance, was a major theme in this study (Folkman & Moskowitz, 2004). These findings were congruent with other studies documenting the role of social support (Copping et al., 2010; Sherwood & Liebling-Kalifani, 2012; Welsh & Brodsky, 2010) and social networks (Khawaja et al., 2010) in fostering the resilience of refugees and other war-exposed populations. Across pre and post-resettlement contexts, participants reported receiving tangible assistance from others in the form of information sharing, childcare, money lending, and the supply of basic foods and services. More commonly, Burmese refugee women described receiving emotional encouragement and reassurance from family members, close friends, and trusted sources of authority, such as teachers. However, there was also evidence that at least a few Burmese refugee women were concerned about the negative

relational consequences of seeking social support seeing. In other words, they did not seek help due to a fear of burdening others or disrupting the familial/group harmony, which has previously been documented in the literature (Kim, Sherman, & Taylor, 2008). Evidence of familial disregard, indifference, and, in some extreme cases, abuse also revealed that not all of the women in this study were able to attain the emotional support that they desired or needed.

Kim, Sherman, and Taylor (2008) differentiate between explicit and implicit forms of social support and their utility and benefits for individuals from individualistic versus collectivistic cultures. *Implicit social support* is defined as the emotional comfort that can be obtained from one's social networks without the disclosure or discussion of one's problems or feelings of distress. In comparison to European Americans, Asian and Asian Americans may be less likely to engage in *explicit social support* strategies, wherein individuals actively recruit and seek out social support networks in response to stressful events. It is worth noting that Burmese refugee women in this study reported benefitting from both types of social support at different periods throughout the post-migration context. In the early phases of resettlement, women tended to rely on formal entities, such as caseworkers and refugee resettlement agencies, for linguistic services, transportation, and employment assistance. At times, participants expressed finding emotional comfort and security simply in the knowledge that they were part of a greater Burmese refugee community that not only understood their struggles, but also celebrated their successes and triumphs. In sum, cultural values and environmental context may influence the types of social support that Burmese refugee women seek across time.

Posttraumatic Growth Experiences

Narrative accounts of participants revealed that in their struggle with life's adversities, many Burmese refugee women were able to perceive positive changes in their outlook on life,

personal development, and interpersonal relationships. Aligning with previous studies with refugee groups (Gemignani, 2011; Hussain & Bhushan, 2013; Shakespeare-Finch et al., 2014), themes of growth were intertwined with memories and experiences of suffering, trauma, and hardship. Joseph and Linley (2006) suggested that PTG is not simply the absence of posttraumatic stress disorder but is an entirely independent experiential process. Although our study did not quantitatively measure the subjective wellbeing of Burmese refugee women in resettlement, there was narrative evidence to suggest that a number of women and their families continued to struggle to overcome their past and present-day challenges, which included emotional, mental, and substance use concerns. In its application, the PTG model does not diminish the distress of Burmese refugee women who have experienced trauma, but it does acknowledge and highlight the strengths and capacity of those who as a result of cognitive processing, support seeking, and the search for meaning, perceive positive personal and interpersonal changes.

Consistent with the functional descriptive model of PTG (Tedeschi & Calhoun, 2004b), four major dimensions of PTG were obtained in this present study. The majority of participants reported positive changes in their sense of personal strength and capacity to prevail. Those who had escaped brutal persecution in Burma and endured intense food and financial insecurity in the refugee camps saw themselves as “survivors” with the ability to overcome present and future difficulties. In a qualitative PTG study of Tibetan refugees in exile, the perception of self as survivor gave participants the courage and tolerance to accept and navigate new stressors (Hussain & Bhushan, 2013). Participants in our study reported similar findings, such that their deepened self-confidence gave them the courage to take risks and actively shape their future in meaningful ways. Notably, individuals who acknowledged newfound personal strength also

reported increased insight into their personal limitations, areas of growth, and the need to reach out to others for advice and support. Such results slightly differ from Tedeschi and Calhoun's (2004b) theoretical conceptualization and may reflect the ways that cultural narratives shape people's understanding and experiences of PTG (Pals & McAdams, 2004). For example, considering Asian cultural values regarding self-effacement, it may be more important for Burmese refugee women to be humble, modest, and to instead attribute their personal achievements to the support they have received from important others (Kim, Atkinson, & Umemoto, 2001).

Participants also indicated an increased sense of gratitude and appreciation for life in general, along with a changed attitude regarding what might be considered to be meaningful and significant. Within this dimension emerged a sense of acceptance for events beyond one's control, including life's challenges and hardships. It was evident that Burmese refugee women utilized various cognitive processes to deal with negative stressors and to give meaning to their experiences, aligning with theoretical indication that PTG may be the result of cognitive processing and engagement (Tedeschi & Calhoun, 2004a). For example, one participant remarked that she purposefully refrained from comparing her experiences to others in order to avoid feelings of jealousy or resentment.

Despite variations in spiritual beliefs and religious ideology, most women described their religious beliefs as a stabilizing force for understanding life's challenges and injustices. Consistent with the growing body of research linking spirituality and religion with PTG (e.g., Berger & Weiss, 2006; De Castella & Simmonds, 2013; Kroo & Nagy, 2011), participants conveyed a deepened sense of spirituality, a stronger belief in God's faithfulness, and a renewed commitment to more formal religious practices such as prayer and attendance at religious events

and services. Such results build on previous works suggesting that in the process of “rebuilding shattered assumptions” after trauma, survivors may gain a greater sense of existential awareness that lends to a deepened religious life (Shaw, Joseph, & Linley, 2005). It is worth noting that a number of cross-cultural studies have found limited evidence to support religious and spiritual change as a separate dimension of PTG (e.g., Taku et al., 2007; Shakespeare-Finch & Copping, 2006), though such findings may be more reflective of societal cultural values tending toward secularism, such as in Australia and Japan. Considering the overall results of this study, it is evident that spirituality and religious beliefs can both serve as significant sources of strength as well as catalysts to the process of PTG.

Lastly, Burmese refugee women reported positive changes in their interpersonal relationships, such that their experiences of suffering gave way to a heightened sense of compassion and empathy for the plight of others. The women were eager to utilize their resources and personal abilities to assist their family, fellow community members, and other refugees remaining in Burma and in camps on the Thai-Burma border. In congruence with previous studies on refugee groups (e.g., Hussain & Bhushan, 2013; Shakespeare-Finch et al., 2014), participants felt a deep sense of responsibility to contribute to the lives of others in positive ways, including empowering victims of domestic violence or younger generations in their community. Personal narratives indicated that those who already engaged in volunteer and advocacy work to assist others in their community (e.g., providing support for Burmese children in schools or leading community Bible studies) experienced a deepened sense of personal fulfillment.

Limitations and Implications For Further Research

Several limitations to the study should be noted. Because these interviews were

undertaken a number of years after the women had resettled in the United States, it is unknown whether their methods of coping or posttraumatic growth experiences initially differed or changed over time. It is also important to consider the potential impact of current environmental factors, including the Burmese political climate and United States policy changes limiting refugee admissions, on participants' post-resettlement experiences. Future studies may consider a longitudinal design to better understand how Burmese refugee women adjust, cope, and experience posttraumatic growth after resettlement in a third country.

Secondly, as is the case for most qualitative research, generalizations cannot be drawn from these eleven interviews to the broader Burmese refugee population. While it is essential to understand the common themes, growth experiences, and methods of coping for Burmese refugee women in resettlement, the information gathered from this study should be utilized as a framework that allows room for individual differences. It is important to note the unique nature of each woman's narrative, especially in light of the diverse identities and environmental contexts represented by this study. As stated prior, there is much ethnic, religious, and linguistic diversity in Burma; thus, narratives and experiences of trauma may widely differ across various Burmese sub-groups resettled in the United States. For example, the humanitarian crises in the Rakhine State of Burma has forced hundreds of thousands of ethnic Rohingya into refugee camps in Bangladesh, Thailand, and Malaysia (Letchamanan, 2013). Although only a small percentage of this population has been resettled in a third country, evidence suggests that more than 5,000 Rohingya refugees have arrived in the United States since 2015 (Farabaugh, 2017). The Rohingya are religiously Muslim and may face notable obstacles in the United States given current political discourse perpetuating negative attitudes towards Muslims and barriers such as discrimination and racism (Ghumman & Ryan, 2013; Khan & Ecklund, 2012). In sum,

considering variables such as religion, age, education, and marital status, future research should determine specific differences among Burmese refugee women in terms of their adaptation to the United States, coping, and PTG experiences.

Thirdly, participants were recruited via a ‘snowball’ sampling technique, which is a common method used to reach out to more typically vulnerable or underserved populations (Sadler et al., 2010). However, a notable disadvantage of snowball sampling is that it may include an over-representation of individuals that share a narrow range of characteristics. For example, participants willing to participate in this study, compared to those that were not, may have characterized a sample of individuals that were more actively involved in the Burmese refugee community or held more positive growth experiences.

Fourthly, five of the interviews were conducted with the help of professional interpreters who were members of the same local Burmese refugee community. Interpretations were performed live, transcribed, and later considered for analyses. We were unable to translate and back-translate interviews, which may have resulted in some loss or misinterpretation of meaning. Additionally, while the interpreters were able to provide a proper cultural context for each question, their presence may have potentially inhibited some participants’ responses to more sensitive topics, such as those regarding trauma or domestic abuse. Future research should consider participatory action research or a needs assessment initiated with the Burmese refugee population in order to engage participants who may be concerned about issues of confidentiality or working with an outside researcher. Participatory action research is particularly suited for working with refugees, as it is a collaborative approach that values participant empowerment (van der Velde, Williamson, & Ogilvie, 2009).

Lastly, while this study sheds light on the continuum of gender-based violence (Krause,

2015) perpetuated against Burmese refugee women during war conflict, flight, and encampment, there is still much work to be done to understand how SGBV manifests in the post-resettlement context and its relation to cultural and displacement factors. Furthermore, the literature substantively acknowledges the perpetuation of sexual violence against civilian men and boys in areas of conflict (e.g., Carpenter, 2006; Christian, Safari, Ramazani, Burnham, & Glass, 2011), though there is a notable lack of research regarding the sexual violence experienced by Burmese boys and men. Such acts are common in war-afflicted regions but may be underreported due to cultural and societal factors, including survivor shame, a fear of social discrimination, or a fear of retaliation by perpetrators. Considering the negative physical and mental health outcomes and post-resettlement challenges associated with SGBV, future research should address experiences of sexual assault and violence perpetuated against both Burmese refugee men and women.

Clinical Implications

The current study not only sheds light on the extreme distress and hardship endured by Burmese refugee women in resettlement, but it also provides a critique of the common framework of psychopathology associated with the broader refugee population. Considering the results of this study, a salutogenic framework and strengths perspective that focuses on health, wellbeing, and resilience may be well suited to working with refugees in resettlement. (Borwick et al., 2013; Riedel, Wiesmann, & Hannich, 2012). As highlighted in the discussion, clinicians, social workers, and other help professionals should be aware of the language barriers, financial/employment insecurity, and gender role issues that may impact Burmese refugee women's ability to navigate different institutions and agencies in the post-resettlement context. Additionally, attending to refugee experiences and self-perceptions related to one's exposure to oppression, persecution, and other similar stressors is relevant for practitioners incorporating

social justice work into their practice (Bartholomew et al., 2015; Speight & Vera, 2008).

In fostering trust and a therapeutic working relationship with refugee clients, practitioners should consider the role of cultural values in the process of counseling and be flexible and creative in their approach. In the initial process of counseling, female refugee clients may be more comfortable with less direct approaches, and so clinicians may consider the use of metaphors, storytelling, music, or art therapy. For example, a study conducted by Rowe, Watson-Ormond, & English (2016) investigated the impact of art therapy on a sample of refugee adolescents from Burma. Although the results were limited due to the statistical tools employed, therapy participants reported significantly fewer symptoms of anxiety and an improved sense of positive self-concept. Other interventions for refugee groups have included the use of psychosocial activities for building a safe, comforting, and healing environment. Yohani's (2008) after school program for refugee children included the use of photography in an exploration of hope, strength, and resilience. Future interventions may want to build on such findings to investigate the use of alternative modes of therapy in working with the Burmese refugee population.

Findings from this study included the evident role of religion and spirituality as key precursors for PTG. Most of the women in this study reported that faith-based practices helped them to cope and find meaning and growth in their experiences. Although there is great variance in the Burmese refugee population in regards to ethnicity/race and religion, clinicians should consider faith, religion, and religious institutions as potential sources of strength in the community. Attending to a refugee client's religious beliefs in counseling may help them to find new meaning or perspective regarding their challenges and experiences of adversity. As applicable, counselors should be mindful about the role of prayer, religious services, and

religious leaders in a client's wellbeing. Acknowledging a client's help seeking with members of their religious community, for example, is a strengths-based practice that may help build a client's sense of security and social support.

Given the collectivistic orientation of the Burmese culture as well as findings indicating a significant number of stressors within the family system (e.g., intergenerational conflict, gender role concerns, etc.), clinicians may want to consider interventions at the family, group, and community level, depending on the types of challenges and context. At the family level, practitioners may want to collaborate with Burmese community leaders, teachers, and other such stakeholders to provide support and educational programming for refugee parents. Such programs may target family communication skills, acknowledging the impact of acculturative stress and intergenerational conflict, or familiarize parents with the American school system, child adjustment, disciplinary practices, and family laws. To be culturally relevant, family interventions should also bring awareness to the impact of traumatic stress, especially in contributing to child and parent adjustment concerns, and encourage the integration of culturally relevant coping methods and emotion regulation strategies (Ballard, Wieling, & Forgatch, 2017).

Social support, as evidenced in this current study, plays an essential role in Burmese refugee women's coping and adjustment. Group counseling may help alleviate the sense of isolation and loneliness that many refugee clients endure in acculturation process. Support groups or informal networking groups may serve as a mechanism for women to gain strength from one another, to share their stories, and to recognize that they are not alone in their struggles. In such gatherings, counselors should consider incorporating the traditional ceremonies and ritual practices of the refugee group (George, 2012). As previously mentioned, religious and faith practices play a central role in the lives of many Burmese refugee women, and may provide a

sense of reassurance and safety for women who are skeptical or concerned about being in a group setting. Other informal gatherings may incorporate the use of cultural food, teas, or traditional music and dance. In addressing community issues regarding SGBV, curriculum may be developed in co-collaboration with local domestic violence shelters, community leaders or advocates, or influential religious leaders. Educational programming on gender and violence, the legal ramifications of SGBV, and women's rights within the United States should also be considered as a potential mode of intervention at this level. For example, Norsworthy and Khuankaew (2004) drew from principles of liberation theory and feminist psychology to develop a series of workshops around the deconstruction of gender-based violence. In preparation for stressful discussions about sexual violence, trauma, and oppression, it is crucial for participants to access and collectively build on their individual strengths. Resettled Burmese refugee women may benefit from utilizing empowerment exercises to elicit recognition of their own strengths and how they may use such strengths to benefit the workshop, group, and greater community. Additionally, activities that encourage participants to investigate different sources and types of power in society, as well as share examples of gender-based oppression and violence in the community, may help Burmese refugee women to better identify the institutions, societal values, and belief systems that reinforce SGBV. Relatedly, it is equally as important to educate Burmese refugee men about their responsibility in creating a more just and egalitarian society.

Appendices

Appendix A

Participant Pseudonym:

Interview Date:

Interviewer:

DEMOGRAPHIC QUESTIONNAIRE

All information in this questionnaire will be kept confidential.

Name:	Age:
Ethnic Identity: <input type="checkbox"/> Burman <input type="checkbox"/> Karen <input type="checkbox"/> Kachin <input type="checkbox"/> Rohingya <input type="checkbox"/> Other Ethnic Identity:	
Religious Identity: <input type="checkbox"/> Christian <input type="checkbox"/> Buddhist <input type="checkbox"/> Muslim <input type="checkbox"/> Other:	
Educational Background: <input type="checkbox"/> No formal education <input type="checkbox"/> Primary School (up to grade 6) <input type="checkbox"/> Secondary School (up to grade 12) <input type="checkbox"/> Some college <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Other:	
Relationship Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	
Do you have children? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many children do you have:

How long have you been living in the United States?	
Prior to moving to the U.S., did you live in a refugee camp? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many years did you live in the refugee camp?

Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Current Occupation:	Former occupation in home country:
Employment Status: <input type="checkbox"/> Full-time (40 hours/week) <input type="checkbox"/> Part-time (20 hours/week) <input type="checkbox"/> Unemployed and searching for work <input type="checkbox"/> Unemployed, NOT looking for work		
Total Estimated Personal Income: Total Estimated Family Income: How many family members live on this income?		
English Language skill prior to moving to the U.S.: <input type="checkbox"/> None <input type="checkbox"/> Minimal (understand and speak some words, but limited) <input type="checkbox"/> Fair (some ability to speak full sentences and understand) <input type="checkbox"/> Proficient (good ability to speak full sentences and understand conversations) <input type="checkbox"/> Fluent	Current English Language skill: <input type="checkbox"/> None <input type="checkbox"/> Minimal (understand and speak some words, but limited) <input type="checkbox"/> Fair (some ability to speak full sentences and understand) <input type="checkbox"/> Proficient (good ability to speak full sentences and understand conversations) <input type="checkbox"/> Fluent	

Appendix B

(Preliminary) Consent for Participation in a Research Study *Burmese Women in Resettlement: Narratives of Strength, Resilience, and Posttraumatic Growth*

Joanna Maung, M.A.
Johanna Nilsson, Ph.D.

Request to Participate

You are invited to participate in a study conducted by Joanna Maung, MA, Counseling Psychology student at the School of Education, University of Missouri Kansas City. The results from the study will contribute to Joanna Maung's research project, which aims to develop a better understanding of the coping and growth experiences of Burmese refugees resettled in the United States Midwest. You are selected as a potential participant in this study because you identify as a Burmese female 18 years or older, have come to the United States as a refugee, and have lived in the United States for more than three years.

Research studies only include people who choose to take part. This document is called a consent form. Please read this consent form carefully and take your time making your decision. The researcher will go over this consent form with you. Ask her to explain anything that you do not understand. Think about it and talk it over with your family and friends before you decide if you want to take part in this research study. This consent form explains what to expect: the risks, discomforts, and benefits, if any, if you consent to be in the study.

Purpose

The purpose of this study is to explore themes of coping, resilience, and growth for a sample of female Burmese refugees resettled in the Midwest. Specifically, the goals of this study are to: 1) identify sources of stress associated with pre-migration and resettlement; 2) identify the methods by which Burmese female refugees adjust and cope with stressors; and 3) explore expressions of growth after struggling with a life crisis. The results of the current study will produce information about the experiences and strengths of Burmese refugee women. This information will be used to inform counseling interventions and generate community-wide recommendations that can enhance the wellbeing, resilience, and adaptation of Burmese refugee women in the United States.

Procedures

If you agree to be in this study, we will ask you to participate in a face-to-face interview answering questions about your life before moving to the United States, your resettlement experiences and challenges, your methods of coping, and any positive changes you may have experienced as a result of struggling with a life crisis. The interview will take about one hour to one and a half hour to complete. You may identify whether you would like to be interviewed in your home or in a private location of your choosing and whether or not you will need a trained interpreter at the interview.

The interview will be audio recorded. The recording is required to ensure proper transcription and later analysis. If you choose not to be audio recorded, you will not be able to participate in the study. If you are unclear about what an interview question means, I will ask it in another way to help you feel uncomfortable. Your contact information and audio files will be kept in a password-protected device that will be stored in a locked safe. All documents will be destroyed after completion of the study.

Risks and Inconveniences

The study has minimal risks. That means that the risks of taking part in this research study are not expected to be more than the risks in your daily life. There might be some questions that you may find uncomfortable. If so, you may choose not to answer those questions or stop the interview at any time. Should you feel the need to speak to a counselor or trained professional, I will be able to help you locate one through the Empowerment Program, a local non-profit that services refugee women and families in the area. You may also contact the Empowerment Program directly by calling the Director, Johanna Nilsson, at (816) 235-2484.

Benefits

While there may be no personal advantage from you being in the study, what you share may be helpful to future refugees. Being a part of the study is your choice. If you decide that you don't want to be in the study now, or if you want to stop being in the study later, this choice will not result in any negative consequences, nor will it impact your relationship to me or any other individuals associated with the study.

Fees and Expenses

There are no monetary costs associated with your participation in this study.

Compensation

In order to express appreciation for your participation, you will be given a \$30 gift card. You will receive the payment at the end of the interview and you will be asked to sign a receipt. You may choose not to answer some questions or decide to withdraw from the study at any time and still be given the \$30 gift certificate for your participation.

Confidentiality

While we will do our best to keep the information you share with us confidential, it cannot be absolutely guaranteed. Individuals from the University of Missouri-Kansas City Institutional Review Board (a committee that reviews and approves research studies), Research Protections Program, and Federal regulatory agencies may look at records related to this study to make sure we are doing proper, safe research and protecting human subjects. The results of this research may be published or presented to others. You will not be named in any reports of the results.

I will take special steps to protect your privacy. You will pick a pseudonym name (fake name) that will appear on the demographic questionnaire. This pseudonym name will be utilized on any later documents, publications, or presentations associated with this study. I will keep your demographic questionnaire, signed consent form, and all other documents associated with the interview in a safe and secure locked box. Additionally, all audio files will be kept on a password protected thumb drive and kept in the locked box. Only I will have access to that

locked box.

Contacts for Questions about the Study

You should contact the Office of UMKC's Institutional Review Board at 816-235-5927 if you have any questions, concerns or complaints about your rights as a research subject. You may call the researcher Joanna Maung at (650) 580-7112 or through email at Joanna.maung@umkc.edu if you have any questions about this study.

Voluntary Participation

Taking part in this research study is voluntary. If you choose to be in the study, you are free to stop participating at any time and for any reason. If you choose not to be in the study or decide to stop participating, your decision will not affect any care or benefits you are entitled to. The researchers, doctors or sponsors may stop the study or take you out of the study at any time if they decide that it is in your best interest to do so. They may do this for medical or administrative reasons or if you no longer meet the study criteria. You will be told of any important findings developed during the course of this research.

You have read this Consent Form or it has been read to you. You have been told why this research is being done and what will happen if you take part in the study, including the risks and benefits. You have had the chance to ask questions, and you may ask questions at any time in the future by calling Joanna Maung at (650) 580-7112 or emailing her at Joanna.maung@umkc.edu. By signing this consent form, you volunteer and consent to take part in this research study. I will give you a copy of this consent form.

Signature (Volunteer Subject)

Date

Printed Name (Volunteer Subject)

Signature of Person Obtaining Consent

Date

Printed Name of Person Obtaining Consent

Appendix C

Semi-Structured Interview Questions

Stressors and Coping

Pre-migration

1. What was your life like before you came to the United States?
 - a. How long did you live in [name of country, refugee camp] ?
2. What was the most stressful or challenging thing about your life in [country, refugee camp, etc.]?
3. What did you do to cope with [identified difficulties]?
 - a. *Probe:* Was there anything else [or anyone] that helped you to get through [identified difficulties]?
 - b. *Probe:* What did [identified person or other resource] do that was helpful?
 - c. *Probe:* How did [behavior] work for you?
4. Did you utilize any other resources, personal strengths, or supports to cope with those challenges?

Post-Migration

1. How has moving to the United States affected you and others in your life?
 - a. *Probe:* What is it like being a [Burman, Karen, etc.] in the United States?
2. What have been some of the challenges that you have faced since moving to the United States?
 - a. *Probe:* Is there anything that has been difficult because of the differences between the U.S. and your home country?
3. What do you do to cope with [identified difficulties]?
 - a. *Probe:* Is there anything else [or anyone] that helped you to get through [identified difficulties]?
 - b. *Probe:* What did [identified person or resource] do that was helpful?
4. Has the way that you coped with stress changed over time?
5. Do you utilize any other resources, strengths, or supports to cope with those challenges?

Posttraumatic Growth

Introductory Narrative:

Some people say that as a result of having struggled with a life crisis, they have experienced a positive change regarding how they see themselves and the world. For example, knowing that you can survive [insert personal difficulty] can sometimes lead to feelings of increased strength or increased compassion for others. It is possible that feelings and beliefs change over time, or that most people feel good about some parts of their life, but still feel troubled about others.

1. In thinking about some of the struggles and life crises you have been through, can you tell me about any positive changes that followed?

- a. *Probe:* What are some ways you have grown as a result of your experiences?
- b. *Probe:* Have your beliefs about how you see yourself or others changed? Have your beliefs about the world changed? Have your spiritual beliefs changed? What are those changes?
2. Have those [positive changes] varied over time?
3. What do you value about these changes? What has been important about them?
 - a. *Probe:* How has it changed you for the better? What things have changed?
4. How do you think this change happened?
 - a. *Probe:* Were there any important events that occurred after the trauma that led you to feel that way? What was important about those events?
 - b. *Probe:* Can you remember any 'key turning points' or changes in your life that led you to feel more positively about yourself and the trauma you experienced?
 - c. *Probe:* What do you consider to be the most important factor that has helped you to feel more positively about
5. How do you think this will affect your future?

Final Question:

Is there anything else regarding your experiences of coping and positive change that you would like to add?

Appendix D

Advocate Script for Recruitment

- In order to participate in this study, you must identify as a Burmese female 18 years or older, have come to the United States as a refugee, and have lived in the United States for three years or more.
- This study will explore the experiences and strengths of Burmese refugee women resettled in the United States. The interviewer will ask you about the challenges you experienced during pre-migration and resettlement. She will ask about how you cope with stress. Additionally, she will inquire about your experiences of positive change after struggling with life crises.
- The interview will take 60-90 minutes. You will have to let me know if you will need an interpreter for the interview, so that I can communicate that information to her. The interviews will be in-person, either in your house or at a private location of your choosing (i.e. an office at UMKC).
- The interview will be audio recorded to ensure later accuracy of analysis. If you do not want to be audio recorded, you cannot participate in the study.
- During the interview, she will ask you to fill out a consent form (permission form for being part of the interview) and a basic demographic form. You will choose a pseudonym to maintain your confidentiality. The researcher will not use your real name or other personal identifiers in any presentation or research paper. All information containing personal identifiers, such as your consent form, will be destroyed at the completion of the project.
- The audio will be kept on a password-protected drive on the UMKC server. Only the researchers involved in this study will have access to the documents. All of your information will be kept confidential.
- If you choose to participate, you will receive \$30 in cash. You can also be compensated \$15 for each eligible participant you recommend for the study.
- Dr. Johanna Nilsson, a professor from UMKC and the director of the Empowerment Program, and Joanna Maung, a doctoral student from UMKC, are conducting the research. Joanna will be the individual interviewing you for the study.
- Do you have any questions? Would you be interested in participating in this project?

If Yes:

When is it convenient for you to meet for an in person interview? (Ask for several times/days of availability)

o Name and Phone Number: _____

o Date(s): _____

o Time(s): _____

o Location: _____ o Need interpreter? _____

References

- Agaibi, C. E., & Wilson, J. P. (2005). Trauma, PTSD, and resilience a review of the literature. *Trauma, Violence, & Abuse, 6*(3), 195-216. doi:10.1177/1524838005277438
- Ai, A.L, Tice, T.N., Whitsett, D.D., Ishisaka, T, & Chim, M. (2007). Posttraumatic symptoms and growth of Kosovar war refugees: the influence of hope and cognitive coping. *The Journal of Positive Psychology, vol. 2*, pp.55–65. doi:10.1080/17439760601069341
- Akhter, S., & Kusakabe, K. (2014). Gender-based violence among documented Rohingya refugees in Bangladesh. *Indian Journal of Gender Studies, 21*(2), 225-246.
- Alexander, A. J. (2008). Without refuge: Chin refugees in India and Malaysia. *Forced Migration Review, 30*, 36-37.
- Alexander, A. J., Arnett, J. J., & Jena, S. P. K. (2017). Experiences of Burmese Chin refugee women: Trauma and survival from pre-to postflight. *International Perspectives in Psychology: Research, Practice, Consultation, 6*(2), 101.
- Allden, K., Poole, C., Chantavanich, S., Ohmar, K., Aung, N. N., & Mollica, R. F. (1996). Burmese political dissidents in Thailand: Trauma and survival among young adults in exile. *American Journal of Public Health, 86*(11), 1561-1569.
doi:10.2105/ajph.86.11.1561
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (5th ed.)*. Arlington, VA: American Psychiatric Publishing.
- American Psychological Association. (2010). *Resilience and recovery after war: Refugee children and families in the United States*. Washington, DC: Author. Retrieved from <http://www.apa.org/pubs/info/reports/refugees.aspx>
- Amnesty International. (2016). *Amnesty International report 2015/2016: The state of the world's*

- human rights*. London, UK: Amnesty International Ltd. Retrieved from <https://www.amnesty.org/en/countries/asia-and-the-pacific/myanmar/report-myanmar/>
- Annan, J., & Brier, M. (2010). The risk of return: intimate partner violence in Northern Uganda's armed conflict. *Social Science & Medicine*, 70(1), 152-159.
- Ano, G. G., & Vasconcelles, E. B. (2005). Religious coping and psychological adjustment to stress: A meta-analysis. *Journal of clinical psychology*, 61(4), 461-480.
- Baek, B. S., & Subramaniam, G. (2008). Myanmarese refugees in Thailand: The need for effective protection. *Cornell Law School J.S.D./Doctoral Student Papers*. Paper 1. doi:10.2139/ssrn.1673477.
- Baird, M. B., & Boyle, J. S. (2012). Well-being in Dinka refugee women of Southern Sudan. *Journal of Transcultural Nursing*, 23(1), 14-21.
- Ballard, J., Wieling, E., & Forgatch, M. (2018). Feasibility of implementation of a parenting intervention with Karen refugees resettled from Burma. *Journal of Marital and Family Therapy*, 44(2), 220-234.
- Barron, S., Okell, J., Yin, S. M., VanBik, K., Swain, A., Larkin, E., ... & Ewers, K. (2007). *Refugees from Burma: Their backgrounds and refugee experiences*. Washington D.C.: Center for Applied Linguistics.
- Bartholomew, T. T., Gundel, B. E., & Kantamneni, N. (2015). A dream best forgotten: The phenomenology of Karen refugees' pre-resettlement stressors. *The Counseling Psychologist*, 1114-1134. doi: 10.1177/0011000015606221
- Bellizzi, K. M., & Blank, T. O. (2006). Predicting posttraumatic growth in breast cancer survivors. *Health Psychology*, 25(1), 47-56. doi:10.1037/0278-6133.25.1.47
- Berger, R., & Weiss, T. (2010). Posttraumatic growth in United States Latinos. In T. Weiss & R.

- Berger (Eds.), *Posttraumatic growth and culturally competent practice: Lessons learned from around the globe*, (pp. 113-127) Hoboken, NJ: John Wiley & Sons, Inc.
- Bonanno, G. A. (2004). Loss, trauma, and human resilience: Have we underestimated the human capacity to thrive after extremely aversive events? *American Psychologist*, *59*(1), 20-28.
doi:10.1037/0003-066x.59.1.20
- Borwick, S., Schweitzer, R. D., Brough, M., Vromans, L., & Shakespeare-Finch, J. (2013). Well-being of refugees from Burma: A salutogenic perspective. *International Migration*, *51*(5), 91-105. doi:10.1111/imig.12051
- Brees, I. (2010). Refugees and transnationalism on the Thai–Burmese border. *Global Networks*, *10*(2), 282-299.
- Bronstein, I., & Montgomery, P. (2011). Psychological distress in refugee children: A systematic review. *Clinical Child and Family Psychology Review*, *14*(1), 44-56.
- Brough, M., Schweitzer, R., Shakespeare-Finch, J., Vromans, L., & King, J. (2012). Unpacking the micro–macro nexus: narratives of suffering and hope among refugees from Burma recently settled in Australia. *Journal of Refugee Studies*, *26*(2), 207-225
- Buadaeng, K. (2007). Ethnic identities of Karen people in Burma and Thailand. In J. Peacock, P. Thornton, & P.B. Inman (Eds.), *Identity matters: Ethnic and sectarian conflict* (pp. 73-97). New York, NY: Berghahn Books.
- Buckley-Zistel, S., & Krause, U. (Eds.). (2017). *Gender, violence, refugees*. New York, NY: Berghahn Books.
- Burma Link. (2015a, May 1). History of conflict and the border. Retrieved from <http://www.burmalink.org/background/thailand-burma-border/history-of-conflict-and-the-border/>

- Burma Link. (2015b, April 27). In exile outside the camps. Retrieved from <http://www.burmalink.org/background/thailand-burma-border/displaced-in-thailand/in-exile-outside-the-camps/>
- Buse, N. A., Bernacchio, C., & Burker, E. J. (2013). Cultural variation in resilience as a response to traumatic experience. *Journal of Rehabilitation, 79*(2), 15.
- Capps, R., Newland, K., Fratzke, S., Groves, S., Auclair, G., Fix, M., & McHugh, M. (2015). *The integration outcomes of United States refugees: Successes and challenges*. Washington, D.C.: Migration Policy Institute.
- Cardozo, B. L., Talley, L., Burton, A., & Crawford, C. (2004). Karenni refugees living in Thai–Burmese border camps: Traumatic experiences, mental health outcomes, and social functioning. *Social Science & Medicine, 58*(12), 2637-2644.
doi:10.1016/j.socscimed.2003.09.024
- Carpenter, R. C. (2006). Recognizing gender-based violence against civilian men and boys in conflict situations. *Security Dialogue, 37*(1), 83-103.
- Casimiro, S., Hancock, P., & Northcote, J. (2007). Isolation and insecurity: Resettlement issues among Muslim refugee women in Perth, Western Australia. *Australian Journal of Social Issues, 42*(1), 55-69.
- Carswell, K., Blackburn, P., & Barker, C. (2009). The relationship between trauma, post-migration problems and the psychological well-being of refugees and asylum seekers. *International Journal of Social Psychiatry, 57*(2), 107–119.
doi:10.1177/0020764009105699
- Centers for Disease Control and Prevention. (2002). *An assessment of reproductive health issues*

- among Karen and Burmese refugees living in Thailand*. Malteser, Germany: American Refugee Committee and Médecins Sans Frontières,
- Centers for Disease Control and Prevention. (2010). *Promoting cultural sensitivity: A practical guide for tuberculosis programs providing services to Karen persons from Burma*. Atlanta, GA: United States Department of Health and Human Services. Retrieved from <http://www.cdc.gov/tb/publications/guidestoolkits/ethnographicguides/burma.pdf>
- Charney, M. W. (2009). *A history of modern Burma*. New York, NY: Cambridge University Press.
- Christian, M., Safari, O., Ramazani, P., Burnham, G., & Glass, N. (2011). Sexual and gender based violence against men in the Democratic Republic of Congo: Effects on survivors, their families and the community. *Medicine, Conflict and Survival*, 27(4), 227-246.
- Chung, R. C. Y., & Bemak, F. (2002). Revisiting the California Southeast Asian mental health needs assessment data: An examination of refugee ethnic and gender differences. *Journal of Counseling & Development*, 80(1), 111-119.
- Chung, R. C. Y., Bemak, F., & Kagawa-Singer, M. (1998). Gender differences in psychological distress among Southeast Asian refugees. *The Journal of Nervous and Mental Disease*, 186(2), 112-119.
- Clark, C. J., Everson-Rose, S. A., Suglia, S. F., Btoush, R., Alonso, A., & Haj-Yahia, M. M. (2010). Association between exposure to political violence and intimate-partner violence in the occupied Palestinian territory: A cross-sectional study. *The Lancet*, 375(9711), 310- 316.
- Cohen, D. K., & Nordås, R. (2014). Sexual violence in armed conflict: Introducing the SVAC dataset, 1989–2009. *Journal of Peace Research*, 51(3), 418-428.

- Connor, J. J., Hunt, S., Finsaas, M., Ciesinski, A., Ahmed, A., & Robinson, B. B. E. (2016). From Somalia to US: Shifts in gender dynamics from the perspective of female Somali refugees. *Journal of Feminist Family Therapy, 28*(1), 1-29.
- Constantine, M. G., Anderson, G. M., Berkel, L. A., Caldwell, L. D., & Utsey, S. O. (2005). Examining the cultural adjustment experiences of African international college students: A qualitative analysis. *Journal of Counseling Psychology, 52*(1), 57.
- Cook, T. L., Shannon, P. J., Vinson, G. A., Letts, J. P., & Dwee, E. (2015). War trauma and torture experiences reported during public health screening of newly resettled Karen refugees: A qualitative study. *BMC International Health and Human Rights, 15*(1), 8.
- Copping, A., Shakespeare-Finch, J., & Paton, D. (2010). Towards a culturally competent mental health system: Sudanese Australians' experiences with trauma. *Journal of Psychology Pacific Rim, 4*, 53-60. doi.org/10.1177/1359105307076236
- Crosby, D. B. (2008). Resettled Somali women in Georgia and changing gender roles. *Bildhaan: An International Journal of Somali Studies, 6*(1), 9.
- De Castella, R., & Simmonds, J. G. (2013). "There's a deeper level of meaning as to what suffering's all about": Experiences of religious and spiritual growth following trauma. *Mental Health, Religion & Culture, 16*(5), 536-556.
- Deacon, Z., & Sullivan, C. (2009). Responding to the complex and gendered needs of refugee women. *Affilia, 24*(3), 272-284.
- Dow, H. D. (2010). An overview of stressors faced by immigrants and refugees: A guide for mental health practitioners. *Home Health Care Management & Practice, 23*(3), 210–217. doi:10.1177/1084822310390878
- Ellis, B. H., MacDonald, H. Z., Klunk-Gillis, J., Lincoln, A., Strunin, L., & Cabral, H. J. (2010).

- Discrimination and mental health among Somali refugee adolescents: The role of acculturation and gender. *American Journal of Orthopsychiatry*, 80(4), 564-575.
- Engelkemeyer, S. M., & Marwit, S. J. (2008). Posttraumatic growth in bereaved parents. *Journal of Traumatic Stress*, 21(3), 344-346. doi:10.1002/jts.20338
- Escobar, J. I., Cook, B., Chen, C. N., Gara, M. A., Alegría, M., Interian, A., & Diaz, E. (2010). Whether medically unexplained or not, three or more concurrent somatic symptoms predict psychopathology and service use in community populations. *Journal of Psychosomatic Research*, 69(1), 1-8. doi:10.1016/j.jpsychores.2010.01.001
- Ezard, N. (2014). It's not just the alcohol: Gender, alcohol use, and intimate partner violence in Mae La refugee camp, Thailand, 2009. *Substance Use & Misuse*, 49(6), 684-693.
- Falb, K. L., McCormick, M. C., Hemenway, D., Anfinson, K., & Silverman, J. G. (2013). Violence against refugee women along the Thai–Burma border. *International Journal of Gynecology & Obstetrics*, 120(3), 279-283.
- Farabaugh, K. (2017, October 16). Tensions follow Rohingya refugees to United States. *Voice of America*. Retrieved from <https://www.voanews.com/a/tensions-follow-rohingya-refugees-to-united-states/4059082.html>.
- Fazel, M., Wheeler, J., & Danesh, J. (2005). Prevalence of serious mental disorder in 7000 refugees resettled in western countries: a systematic review. *The Lancet*, 365(9467), 1309-1314. doi:10.1016/s0140-6736(05)61027-6
- Fike, D. C., & Androff, D. K. (2016). “The pain of exile”: What social workers need to know about Burmese refugees. *Social Work*, 61(2), 127–135. doi:10.1093/sw/sww005
- Folkman, S., & Moskowitz, J. T. (2004). Coping: Pitfalls and promise. *Annual Review Of Psychology*, 55(1), 745-774. doi:10.1146/annurev.psych.55.090902.141456

- Franz, B. (2003). Bosnian refugee women in (re) settlement: Gender relations and social mobility. *Feminist Review*, 73(1), 86-103.
- Fuertes, A. (2010). Birds inside a cage: Metaphor for Karen Refugees. *Social Alternatives*, 29(1), 20-24.
- Gemignani, M. (2011). The past is past: The use of memories and self-healing narratives in refugees from the former Yugoslavia. *Journal of Refugee Studies*, 24(1), 132-156.
- George, M. (2012). Migration traumatic experiences and refugee distress: Implications for social work practice. *Clinical Social Work Journal*, 40(4), 429-437.
- Ghumman, S., & Ryan, A. M. (2013). Not welcome here: Discrimination towards women who wear the Muslim headscarf. *Human Relations*, 66(5), 671-698.
- Gilhooly, D., & Lynn, C. A. (2015). Karen resettlement: A participatory action research project. *Journal of International Migration and Integration*, 16(3), 799-817.
doi:10.1007/s12134-014-0355-3
- Goodman, J. H. (2004). Coping with trauma and hardship among unaccompanied refugee youths from Sudan. *Qualitative Health Research*, 14(9), 1177-1196.
- Gupta, J., Acevedo-Garcia, D., Hemenway, D., Decker, M. R., Raj, A., & Silverman, J. G. (2009). Premigration exposure to political violence and perpetration of intimate partner violence among immigrant men in Boston. *American Journal of Public Health*, 99(3), 462-469.
- Gupta, J., Reed, E., Kelly, J., Stein, D. J., & Williams, D. R. (2010). Men's exposure to human rights violations and relations with perpetration of intimate partner violence in South Africa. *Journal of Epidemiology & Community Health*, 66(2). doi: 10.1136/jech.2010.112300

- Harriden, J. (2012). *The authority of influence: Women and power in Burmese history*.
Copenhagen, Denmark: Nordic Institute of Asian Studies.
- Harvey, M.R. (2008). Towards an ecological understanding of resilience in trauma survivors.
Journal of Aggression, Maltreatment, & Trauma, 14(1), 9-32.
doi:10.1300/j146v14n01_02
- Hatoss, A., & Huijser, H. (2010). Gendered barriers to educational opportunities: Resettlement of
Sudanese refugees in Australia. *Gender and Education, 22*(2), 147-160.
- Hauck, F. R., Lo, E., Maxwell, A., & Reynolds, P. P. (2014). Factors influencing the
acculturation of Burmese, Bhutanese, and Iraqi refugees into American society: Cross-
cultural comparisons. *Journal of Immigrant & Refugee Studies, 12*(3), 331-352.
doi:10.1080/15562948.2013.848007
- Heiner, A. R. (2014). *A five year longitudinal study of wellbeing in resettlement amongst
humanitarian migrants from Burma* (Doctoral Dissertation). Queensland University of
Technology, Brisbane, Australia.
- Hickey, M.G. (2013). 'I left my daughter over there': Gender in Burmese refugee narratives. *St
Antony's International Review, 9*(1), 70-91.
- Hill, C. E., Knox, S., Thompson, B. J., Williams, E. N., Hess, S. A., & Ladany, N. (2005).
Consensual qualitative research: An update. *Journal of Counseling Psychology, 52*(2),
196.
- Hill, C. E., Thompson, B. J., & Williams, E. N. (1997). A guide to conducting consensual
qualitative research. *The Counseling Psychologist, 25*(4), 517-572.
- Ho, S. M., & Bai, Y. (2010). Posttraumatic growth in Chinese culture. In T. Weiss & R Berger

- (Eds.), *Posttraumatic growth and culturally competent practice: Lessons learned from around the globe* (pp. 147-156). Hoboken, NJ: John Wiley & Sons, Inc.
- Ho, S. M., Chan, C. L., & Ho, R. T. (2004). Posttraumatic growth in Chinese cancer survivors. *Psycho-Oncology, 13*(6), 377-389. doi:10.1002/pon.758
- Hooberman, J., Rosenfeld, B., Rasmussen, A., & Keller, A. (2010). Resilience in trauma-exposed refugees: The moderating effect of coping style on resilience variables. *American Journal of Orthopsychiatry, 80*(4), 557-563. doi:10.1111/j.1939-0025.2010.01060.x
- Hsu, E., Davies, C.A., Hansen, D.J. (2004). Understanding mental health needs of Southeast Asian refugees: Historical, cultural, and contextual challenges. *Clinical Psychology Review, 24*(2), 193–213. doi:10.1016/j.cpr.2003.10.003
- Human Rights Center. (2013). *Safe haven: Sheltering displaced persons from sexual and gender-based violence. Case study: Burma*. University of California, Berkeley, in conjunction with the UNHCR, Geneva. Retrieved from <http://www.unhcr.org/51b6e3239.pdf>
- Human Rights Watch (2012). *World report 2012: Burma*. Retrieved from <https://www.hrw.org/world-report/2012/country-chapters/burma>
- Hume, S. E., & Hardwick, S. W. (2005). African, Russian, and Ukrainian refugee resettlement in Portland, Oregon. *Geographical Review, 95*(2), 189-209. doi:10.1111/j.1931-0846.2005.tb00362.x
- Hussain, D., & Bhushan, B. (2013). Posttraumatic growth experiences among Tibetan refugees: A qualitative investigation. *Qualitative Research in Psychology, 10*(2), 204-216. doi:10.1080/14780887.2011.616623

- Idler, E. L., Musick, M. A., Ellison, C. G., George, L. K., Krause, N., Ory, M. G., ... & Williams, D. R. (2003). Measuring multiple dimensions of religion and spirituality for health research: Conceptual background and findings from the 1998 general social survey. *Research on Aging, 25*(4), 327-365.
- Inman, A. G., Howard, E. E., Beaumont, R. L., & Walker, J. A. (2007). Cultural transmission: Influence of contextual factors in Asian Indian immigrant parents' experiences. *Journal of Counseling Psychology, 54*(1), 93.
- James, K. (2010). Domestic violence within refugee families: Intersecting patriarchal culture and the refugee experience. *Australian and New Zealand Journal of Family Therapy, 31*(3), 275-284.
- Jeung, R., Jeung, J., Le, M.N., Yoo, G., Lam, A., Loveman, A., & Maung, Z.N. (2011). From crisis to community development: Needs and assets of Oakland's refugees from Burma. San Francisco, CA: Burma Refugee Network. Retrieved from https://issuu.com/chavezinstitute/docs/crisis_to_community_development_50daf4b0204bc0
- Johnson, H., & Thompson, A. (2008). The development and maintenance of post-traumatic stress disorder (PTSD) in civilian adult survivors of war trauma and torture: A review. *Clinical Psychology Review, 28*(1), 36-47. doi:10.1016/j.cpr.2007.01.017
- Joseph, S., & Linley, P. A. (2006). Growth following adversity: Theoretical perspectives and implications for clinical practice. *Clinical Psychology Review, 26*(8), 1041-1053.
- Kallick, D.D. & Mathema, S. (2016). *Refugee integration in the United States*. New York, NY: The Center for American Progress. Retrieved from <https://cdn.americanprogress.org/wp-content/uploads/2016/06/15112912/refugeeintegration.pdf>

- Kenny, P., & Lockwood-Kenny, K. (2011). A mixed blessing: Karen resettlement to the United States. *Journal of Refugee Studies, 24*(2), 217–238. doi:10.1093/jrs/fer009
- Keyes, E. F. (2000). Mental health status in refugees: an integrative review of current research. *Issues in Mental Health Nursing, 21*(4), 397-410. doi:10.1080/016128400248013
- Khan, M., & Ecklund, K. (2013). Attitudes toward Muslim Americans post-9/11. *Journal of Muslim Mental Health, 7*(1).
- Khawaja, N. G., White, K. M., Schweitzer, R., & Greenslade, J. (2008). Difficulties and coping strategies of Sudanese refugees: A qualitative approach. *Transcultural psychiatry, 45*(3), 489-512. doi:10.1177/1363461508094678
- Kiliç, C. (2010). Posttraumatic growth in the Turkish population. In T. Weiss & R. Berger (Eds.), *Posttraumatic growth and culturally competent practice: Lessons learned from around the globe*, (pp. 113-127) Hoboken, NJ: John Wiley & Sons, Inc.
- Kim, B. S., Atkinson, D. R., & Umemoto, D. (2001). Asian cultural values and the counseling process: Current knowledge and directions for future research. *The Counseling Psychologist, 29*(4), 570-603.
- Kim, H. S., Sherman, D. K., & Taylor, S. E. (2008). Culture and social support. *American Psychologist, 63*(6), 518.
- Knox, S., Hess, S. A., Williams, E. N., & Hill, C. E. (2003). “Here's a little something for you”: How therapists respond to client gifts. *Journal of Counseling Psychology, 50*, 199–210.
- Koh, L. C., Liamputtong, P., & Walker, R. (2013). Burmese refugee young women navigating parental expectations and resettlement. *Journal of Family Studies, 19*(3), 297-305. doi:10.5172/jfs.2013.19.3.297

- Krause, U. (2015). A continuum of violence? Linking sexual and gender-based violence during conflict, flight, and encampment. *Refugee Survey Quarterly*, 34(4), 1-19.
- Kroo, A., & Nagy, H. (2011). Posttraumatic growth among traumatized Somali refugees in Hungary. *Journal of Loss and Trauma*, 16(5), 440-458.
doi:10.1080/15325024.2011.575705
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. New York, NY: Springer Publishing Company.
- Leaman, S. C., & Gee, C. B. (2012). Religious coping and risk factors for psychological distress among African torture survivors. *Psychological Trauma: Theory, Research, Practice, and Policy*, 4(5), 457.
- Lee, S., Choi, S., Proulx, L., & Cornwell, J. (2015). Community integration of Burmese refugees in the United States. *Asian American Journal of Psychology*, 6(4), 333.
- Lenette, C., Brough, M., & Cox, L. (2013). Everyday resilience: Narratives of single refugee women with children. *Qualitative Social Work*, 12(5), 637-653.
- Letchamanan, H. (2013). Myanmar's Rohingya refugees in Malaysia: Education and the way forward. *Journal of International and Comparative Education*, 86-97.
- Liebowitz, M. R., Salman, E., Jusino, C. M., Garfinkel, R., Street, L., Cárdenas, D. L., ... & Klein, D. F. (1994). Ataque de nervios and panic disorder. *American Journal of Psychiatry*, 151(6), 871-875.
- Lindstrom, C. M., Cann, A., Calhoun, L. G., & Tedeschi, R. G. (2013). The relationship of core belief challenge, rumination, disclosure, and sociocultural elements to posttraumatic growth. *Psychological Trauma: Theory, Research, Practice, and Policy*, 5(1), 50.
- Linley, P. A., & Joseph, S. (2004). Positive change following trauma and adversity: A review.

- Journal of Traumatic Stress*, 17(1), 11-21.
- Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child development*, 71(3), 543-562.
- Lyttle, K.J. (2015). *The resettlement of the Karen in Minnesota* (Doctoral Dissertation). Retrieved from the University of Minnesota Digital Conservancy, St. Paul, Minnesota.
- Malseed, K. (2009). Networks of noncompliance: grassroots resistance and sovereignty in militarised Burma. *The Journal of Peasant Studies*, 36(2), 365-391.
- Marlowe, J. (2011). Sudanese settlement: Employing strategies of intercultural contact and cultural maintenance. *The Australasian Review of African Studies*, 32(2), 101.
- Marshall, G. N., Schell, T. L., Elliott, M. N., Berthold, S. M., & Chun, C. A. (2005). Mental health of Cambodian refugees 2 decades after resettlement in the United States. *Jama*, 294(5), 571-579.
- Masten A. S. (1994) Resilience in individual development: Successful adaptation despite risk and adversity. In Wang M. C & Gordon E.W. (Eds.), *Educational resilience in inner-city America: Challenges and prospects* (pp. 3–25). Hillsdale, NJ: Lawrence Erlbaum Associates, Inc.
- McCarthy, C., & Marks, D. F. (2010). Exploring the health and well-being of refugee and asylum seeking children. *Journal of Health Psychology*, 15(4), 586-595.
- McCleary, J. S. (2017). The impact of resettlement on Karen refugee family relationships: A qualitative exploration. *Child & Family Social Work*, 22(4), 1464-1471.
- Mclaughlin, B., & Guilfoyle, A. M. (2013). Experiences of parenting among Burmese refugee mothers: Social support in a playgroup. *The International Journal of Early Childhood Learning*, 19(4), 35-49.

- Miller, K. E. (1999). Rethinking a familiar model: Psychotherapy and the mental health of refugees. *Journal of Contemporary Psychotherapy, 29*, 283–306.
- Miller, K. E., Omidian, P., Rasmussen, A., Yaqubi, A., & Daudzai, H. (2008). Daily stressors, war experiences, and mental health in Afghanistan. *Transcultural Psychiatry, 45*(4), 611-638.
- Miller, K. E., & Rasmussen, A. (2010). War exposure, daily stressors, and mental health in conflict and post-conflict settings: bridging the divide between trauma-focused and psychosocial frameworks. *Social Science & Medicine, 70*(1), 7-16.
- Miller, K. E., Worthington, G. J., Muzurovic, J., Tipping, S., & Goldman, A. (2002). Bosnian refugees and the stressors of exile: A narrative study. *American Journal of Orthopsychiatry, 72*(3), 341.
- Mitschke, D. B., Mitschke, A. E., Slater, H. M., & Teboh, C. (2011). Uncovering health and wellness needs of recently resettled Karen refugees from Burma. *Journal of Human Behavior in the Social Environment, 21*(5), 490-501.
- Mollica, R. F., McInnes, K., Pham, T., Fawzi, M. C. S., Murphy, E., & Lin, L. (1998a). The dose-effect relationships between torture and psychiatric symptoms in Vietnamese ex-political detainees and a comparison group. *The Journal of Nervous and Mental Disease, 186*(9), 543-553.
- Mollica, R. F., McInnes, K., Poole, C., & Tor, S. (1998b). Dose-effect relationships of trauma to symptoms of depression and post-traumatic stress disorder among Cambodian survivors of mass violence. *The British Journal of Psychiatry, 173*(6), 482-488.
- Mollica, R. F., McInnes, K., Sarajlić, N., Lavelle, J., Sarajlić, I., & Massagli, M. P. (1999).

- Disability associated with psychiatric comorbidity and health status in Bosnian refugees living in Croatia. *JAMA*, 282(5), 433- 439.
- Momartin, S., Silove, D., Manicavasagar, V., & Steel, Z. (2004). Comorbidity of PTSD and depression: Associations with trauma exposure, symptom severity and functional impairment in Bosnian refugees resettled in Australia. *Journal of Affective Disorders*, 80(2), 231-238.
- Morris, B. A., Shakespeare-Finch, J., Rieck, M., & Newbery, J. (2005). Multidimensional nature of posttraumatic growth in an Australian population. *Journal of Traumatic Stress*, 18, 575–585.
- Neuner, F., Schauer, M., Karunakara, U., Klaschik, C., Robert, C., & Elbert, T. (2004). Psychological trauma and evidence for enhanced vulnerability for posttraumatic stress disorder through previous trauma among West Nile refugees. *BMC Psychiatry*, 4(1), 1.
- Nezer, M. (2013). *Resettlement at risk: Meeting emerging challenges to refugee resettlement in local communities*. Retrieved from https://www.hias.org/sites/default/files/resettlement_at_risk_1.pdf
- Nicholl, C., & Thompson, A. (2004). The psychological treatment of posttraumatic stress disorder in adult refugees: A review of the current state of psychological therapies. *Journal of Mental Health*, 13(4), 351-362.
- Nilsson, J. E., Brown, C., Russell, E., & Khamphakdy-Brown S. (2008). Acculturation, partner violence, and psychological distress in refugee women from Somalia. *The Journal of Interpersonal Violence*, 23(11), 1654-1663.
- Ní Raghallaigh, M. (2010). Religion in the lives of unaccompanied minors: an available and compelling coping resource. *British Journal of Social Work*, 41(3), 539-556.

- Ní Raghallaigh, M., & Gilligan, R. (2010). Active survival in the lives of unaccompanied minors: Coping strategies, resilience, and the relevance of religion. *Child & Family Social Work, 15*(2), 226-237.
- Norsworthy, K. L., & Khuankaew, O. (2004). Women of Burma speak out: Workshops to deconstruct gender-based violence and build systems of peace and justice. *The Journal for Specialists in Group Work, 29*(3), 259-283.
- Office of Refugee Resettlement. (2015). *Summary of ORR benefits and services to eligible populations*. Retrieved from http://www.acf.hhs.gov/sites/default/files/orr/orr_fact_sheet_benefits_at_a_glance.pdf
- Oh, S. A., & van der Stouwe, M. (2008). Education, diversity, and inclusion in Burmese refugee camps in Thailand. *Comparative Education Review, 52*(4), 589-617.
- Orcutt, H. K., King, L. A., & King, D. W. (2003). Male-perpetrated violence among Vietnam veteran couples: Relationships with veteran's early life characteristics, trauma history, and PTSD symptomatology. *Journal of Traumatic Stress, 16*(4), 381-390.
- Pahud, M., Kirk, R., Gage, J.D., & Hornblow, A.R. (2009). *The coping processes of adult refugees resettled in New Zealand* (Research paper No. 179). Retrieved from the United Nations High Commissioner for Refugees website: <http://www.unhcr.org/4b167d769.pdf>
- Pals, J. L., & McAdams, D. P. (2004). The transformed self: A narrative understanding of posttraumatic growth. *Psychological Inquiry, 15*(1), 65-69.
- Park, C. L., & Folkman, S. (1997). Meaning in the context of stress and coping. *Review of General Psychology, 1*(2), 115.
- Papadopoulos, R. K. (2007). Refugees, trauma and adversity-activated development. *European Journal of Psychotherapy and Counselling, 9*(3), 301-312.

- Papageorgiou, V., Frangou-Garunovic, A., Iordanidou, R., Yule, W., Smith, P., & Vostanis, P. (2000). War trauma and psychopathology in Bosnian refugee children. *European Child & Adolescent Psychiatry, 9*(2), 84-90.
- Peddle, N. (2007). Assessing trauma impact, recovery, and resiliency in refugees of war. *Journal of Aggression, Maltreatment, & Trauma, 14*(1), 185-204.
- Ponterotto, J. G. (2005). Qualitative research in counseling psychology: A primer on research paradigms and philosophy of science. *Journal of Counseling Psychology, 52*(2), 126–136. doi:10.1037/0022-0167.52.2.126
- Porter, M. & Haslam N. (2005). Predisplacement and postdisplacement factors associated with mental health of refugees and internally displaced persons: A meta-analysis. *JAMA, 294*(5), 602-612. doi:10.1001/jama.294.5.602
- Power, D. V., & Pratt, R. J. (2012). Karen refugees from Burma: Focus group analysis. *International Journal of Migration, Health and Social Care, 8*(4), 156-166.
- Powell, S., Rosner, R., Butollo, W., Tedeschi, R. G., & Calhoun, L. G. (2003). Posttraumatic growth after war: A study with former refugees and displaced people in Sarajevo. *Journal of Clinical Psychology, 59*(1), 71-83.
- Power, D. V., & Pratt, R. J. (2012). Karen refugees from Burma: Focus group analysis. *International Journal of Migration, Health and Social Care, 8*(4), 156-166.
- Prati, G., & Pietrantonio, L. (2009). Optimism, social support, and coping strategies as factors contributing to posttraumatic growth: A meta-analysis. *Journal of Loss and Trauma, 14*(5), 364-388.
- Pulvirenti, M., & Mason, G. (2011). Resilience and survival: Refugee women and violence. *Current Issues Criminal Justice, 23*, 37.

- Pumariega, A. J., Rothe, E., & Pumariega, J. B. (2005). Mental health of immigrants and refugees. *Community Mental Health Journal, 41*(5), 581-597.
- Rae, H. (2007). Internal displacement in eastern Burma. *Forced Migration Review, 28*, 45-47
- Rasmussen, A., Nguyen, L., Wilkinson, J., Vundla, S., Raghavan, S., Miller, K. E., & Keller, A. S. (2010). Rates and impact of trauma and current stressors among Darfuri refugees in Eastern Chad. *American Journal of Orthopsychiatry, 80*(2), 227-236.
- Rees, S., & Pease, B. (2007). Domestic violence in refugee families in Australia. *Journal of Immigrant & Refugee Studies, 5*(2), 1-19.
- Refugee Processing Center. (2016). Retrieved from <http://www.wrapsnet.org/Reports/AdmissionsArrivals/tabid/211/language/en-US/Default.aspx>
- Refugee Processing Center. (2018). *Admissions and arrivals by destination and nationality*. Available from Refugee Processing Center Interactive Reports: <http://ireports.wrapsnet.org/Interactive-Reporting/>
- Riedel, J., Wiesmann, U., & Hannich, H. J. (2011). An integrative theoretical framework of acculturation and salutogenesis. *International Review of Psychiatry, 23*(6), 555-564.
- Rosbrook, B., & Schweitzer, R. D. (2010). The meaning of home for Karen and Chin refugees from Burma: An interpretative phenomenological approach. *European Journal of Psychotherapy and Counselling, 12*(2), 159-172.
- Rousseau, C., Mekki-Berrada, A., & Moreau, S. (2001). Trauma and extended separation from family among Latin American and African refugees in Montreal. *Psychiatry: Interpersonal & Biological Processes, 64*(1), 40-59.
- Rousseau, C., Rufagari, M. C., Bagilishya, D., & Measham, T. (2004). Remaking family life:

- Strategies for re-establishing continuity among Congolese refugees during the family reunification process. *Social Science & Medicine*, 59(5), 1095-1108.
- Rowe, C., Watson-Ormond, R., English, L., Rubesin, H., Marshall, A., Linton, K., ... & Eng, E. (2017). Evaluating art therapy to heal the effects of trauma among refugee youth: The Burma art therapy program evaluation. *Health Promotion Practice*, 18(1), 26-33.
- Runner, M., Novick, S., & Yoshihama, M. (2009). *Intimate partner violence in immigrant and refugee communities: Challenges, promising practices and recommendations*. A Report by the Family Violence Prevention Fund for the Robert Wood Foundation. Retrieved from <http://www.rwjf.org/files/research/ipvreport20090331.pdf>.
- Sadler, G. R., Lee, H. C., Lim, R. S. H., & Fullerton, J. (2010). Recruitment of hard-to-reach population subgroups via adaptations of the snowball sampling strategy. *Nursing & Health Sciences*, 12(3), 369-374.
- Schweitzer, R. D., Brough, M., Vromans, L., & Asic-Kobe, M. (2011). Mental health of newly arrived Burmese refugees in Australia: Contributions of pre-migration and post-migration experience. *Australian and New Zealand Journal of Psychiatry*, 45(4), 299-307.
- Schweitzer, R., Greenslade, J., & Kagee, A. (2007). Coping and resilience in refugees from the Sudan: A narrative account. *Australian and New Zealand Journal of Psychiatry*, 41(3), 282-288.
- Schweitzer, R., Melville, F., Steel, Z., & Lacherez, P. (2006). Trauma, post-migration living difficulties, and social support as predictors of psychological adjustment in resettled Sudanese refugees. *Australian and New Zealand Journal of Psychiatry*, 40(2), 179-187.
- Segal, U. A., & Mayadas, N. S. (2005). Assessment of issues facing immigrant and refugee families. *Child Welfare*, 84(5), 563.

- Shakespeare-Finch, J., Schweitzer, R. D., King, J., & Brough, M. (2014). Distress, coping, and posttraumatic growth in refugees from Burma. *Journal of Immigrant & Refugee Studies*, *12*(3), 311-330.
- Shannon, P. J., Vinson, G. A., Wieling, E., Cook, T., & Letts, J. (2015). Torture, war trauma, and mental health symptoms of newly arrived Karen refugees. *Journal of Loss and Trauma*, *20*(6), 577-590.
- Shaw, A., Joseph, S., & Linley, P. A. (2005). Religion, spirituality, and posttraumatic growth: A systematic review. *Mental Health, Religion & Culture*, *8*(1), 1-11.
doi:10.1080/1367467041000157981
- Sherwood, K., & Liebling-Kalifani, H. (2012). A grounded theory investigation into the experiences of African women refugees: Effects on resilience and identity and implications for service provision. *Journal of International Women's Studies*, *13*(1), 86.
- Shin, H. (2015). South Korea receives first refugees in pilot programme. Retrieved from <http://www.unhcr.org/en-us/news/latest/2015/12/567a73aa6/south-korea-receives-first-refugees-pilot-programme.html>
- Shoeb, M., Weinstein, H. M., & Halpern, J. (2007). Living in a religious time and space: Iraqi refugees in Dearborn, Michigan. *Journal of Refugee Studies*, *20*(3), 441-460.
- Silove, D. (1999). The psychosocial effects of torture, mass human rights violations, and refugee trauma: Toward an integrated conceptual framework. *The Journal of Nervous and Mental Disease*, *187*(4), 200-207.
- Silove, D. (2001). A conceptual framework for mass trauma: Implications for adaptation,

- intervention and debriefing. In B. Raphael & J. Wilson (Eds.), *Psychological debriefing: Theory, practice and evidence* (pp. 337–350). Cambridge, UK: Cambridge University Press.
- Silove, D., Steel, Z., McGorry, P., Miles, V., & Drobny, J. (2002). The impact of torture on post-traumatic stress symptoms in war-affected Tamil refugees and immigrants. *Comprehensive Psychiatry*, *43*(1), 49-55.
- Simich, L., Beiser, M., Stewart, M., & Mwakarimba, E. (2005). Providing social support for immigrants and refugees in Canada: Challenges and directions. *Journal of Immigrant and Minority Health*, *7*(4), 259-268.
- Slavin-Spenny, O. M., Cohen, J. L., Oberleitner, L. M., & Lumley, M. A. (2011). The effects of different methods of emotional disclosure: Differentiating post-traumatic growth from stress symptoms. *Journal of Clinical Psychology*, *67*(10), 993-1007.
- Smith, R.S. (2008). The case of a city where 1 in 6 residents is a refugee: Ecological factors and host community adaptation in successful resettlement. *American Journal of Community Psychology*, *42*(3-4), 328-342.
- Slavin, L. A., Rainer, K. L., McCreary, M. L., & Gowda, K. K. (1991). Toward a multicultural model of the stress process. *Journal of Counseling & Development*, *70*(1), 156-163.
- Solomon, Z., & Dekel, R. (2007). Posttraumatic stress disorder and posttraumatic growth among Israeli ex-pows. *Journal of Traumatic Stress*, *20*(3), 303-312.
- Southeast Asian Resource Center [SEARC] (2011). *Needs assessment of refugee communities from Burma and Bhutan*. Retrieved from <http://philarefugeehealth.org/wp-content/uploads/2014/03/Final-Report-Needs-Assessment-of-Refugee-Communities-from-Bhutan-and-Burma.pdf>.

- Sossou, M. A., Craig, C. D., Ogren, H., & Schnak, M. (2008). A qualitative study of resilience factors of Bosnian refugee women resettled in the southern United States. *Journal of Ethnic & Cultural Diversity in Social Work, 17*(4), 365-385.
- Speight, S. L., & Vera, E. M. (2008). Social justice and counseling psychology: A challenge to the profession. In S. D. Brown & R. W. Lent (Eds.), *Handbook of Counseling Psychology* (pp. 54-67). Hoboken, NJ, US: John Wiley & Sons Inc.
- Stanton, A. L., Bower, J. E., & Low, C. A. (2006). Posttraumatic growth after cancer. In L.G. Calhoun & R.G. Tedeschi (Eds.), *Handbook of posttraumatic growth: Research and Practice* (pp. 138-175). New York, NY: Lawrence Erlbaum Associates, Inc.
- Steel, Z., Chey, T., Silove, D., Marnane, C., Bryant, R. A., & Van Ommeren, M. (2009). Association of torture and other potentially traumatic events with mental health outcomes among populations exposed to mass conflict and displacement. *JAMA, 302*(5), 537-549.
- Stewart, M., Anderson, J., Beiser, M., Mwakarimba, E., Neufeld, A., Simich, L., & Spitzer, D. (2008). Multicultural meanings of social support among immigrants and refugees. *International Migration, 46*(3), 123-159.
- Substance Abuse and Mental Health Services Administration. (2014). *Behavioral health trends in the United States: Results from the 2014 national survey on drug use and health*. Retrieved from <http://www.samhsa.gov/data/sites/default/files/NSDUH-FRR1-2014/NSDUH-FRR1-2014.htm>
- Sutton, V., Robbins, I., Senior, V., & Gordon, S. (2006). A qualitative study exploring refugee minors personal accounts of post-traumatic growth and positive change processes in adapting to life in the UK. *Diversity & Equality in Health and Care, 3*(2).77-88
- Tajima, E. A., & Harachi, T. W. (2010). Parenting beliefs and physical discipline practices

- among Southeast Asian immigrants: Parenting in the context of cultural adaptation to the United States. *Journal of Cross-Cultural Psychology*, 41(2), 212-235.
- Taku, K., Calhoun, L. G., Tedeschi, R. G., Gil-Rivas, V., Kilmer, R. P., & Cann, A. (2007). Examining posttraumatic growth among Japanese university students. *Anxiety, Stress, and Coping*, 20(4), 353-367.
- Taku, K., Cann, A., Calhoun, L. G., & Tedeschi, R. G. (2008). The factor structure of the Posttraumatic Growth Inventory: A comparison of five models using confirmatory factor analysis. *Journal of Traumatic Stress*, 21(2), 158-164.
- Tan, V. (2014). *United States Wraps Up Group Resettlement for Myanmar Refugees in Thailand*. Retrieved from <http://www.unhcr.org/en-us/news/latest/2014/1/52e90f8f6/wraps-group-resettlement-myanmar-refugees-thailand.html>
- Tedeschi, R. G., & Calhoun, L. G. (2004a). A clinical approach to posttraumatic growth. In P.A. Linley & S. Joseph (Eds.), *Positive psychology in practice*, (pp. 405-419). Hoboken, NJ: John Wiley & Sons, Inc.
- Tedeschi, R. G., & Calhoun, L. G. (2004b). Posttraumatic growth: Conceptual foundations and empirical evidence. *Psychological Inquiry*, 15(1), 1-18.
- The Border Consortium. (2015). *Programme Report January to June 2015*. Retrieved from <http://www.theborderconsortium.org/media/62531/2015-6-mth-rpt-Jan-Jun.pdf>
- Treviranus, B. & Torngren, S.O. (2015). *A socio-economic review of Japan's resettlement pilot project*. Retrieved from: www.unhcr.org/en-us/research/working/558a5a4a9/socio-economic-review-japans-resettlement-pilot-project-barbara-treviranus.html?query=burmese%20resettlement
- Tummala-Narra, P. (2010). Conceptualizing trauma and resilience across diverse contexts.

- Journal of Aggression, Maltreatment, & Trauma*, 14(1), 33-52.
- Uba, L. (1994). *Asian Americans: Personality patterns, identity, and mental health*. New York, NY, US: Guilford Press.
- Ullah, A. A. (2011). Rohingya refugees to Bangladesh: Historical exclusions and contemporary marginalization. *Journal of Immigrant & Refugee Studies*, 9(2), 139-161.
- United Nations High Commissioner for Refugees (UNHCR). (2003). *Sexual and gender-based violence against returnees and internally displaced persons: Guidelines for prevention and response*. Retrieved from <http://www.unhcr.org/3f696bcc4.pdf>
- United Nations High Commissioner for Refugees (UNHCR). (2013). *Note on the mandate of the high commissioner for refugees and office*. Retrieved from <http://www.unhcr.org/526a22cb6.html>
- United Nations High Commissioner for Refugees (UNHCR). (2015). *UNHCR global trends forced displacement in 2015*. Retrieved from <https://s3.amazonaws.com/unhcrsharedmedia/2016/2016-06-20-global-trends/2016-06-14-Global-Trends-2015.pdf>
- United Nations High Commissioner for Refugees (UNHCR). (2016). *Myanmar facts sheet*. Retrieved from <http://www.unhcr.org/protection/operations/50001cf99/myanmar-facts-sheet.html>
- United States Department of State (n.d.). *Burmese Refugees in Thailand*. Retrieved from <http://www.state.gov/j/prm/policyissues/issues/protracted/countries/157401.htm>
- United States Department of State (2011). *Protracted Refugee Situations*. Retrieved from <http://www.state.gov/documents/organization/157337.pdf>

- United States Department of State. (2015). *Refugee resettlement in the United States*. Retrieved from <http://www.state.gov/r/pa/pl/249076.htm>
- United States Department of State. (2016). *United States Relations with Burma*. Retrieved from <http://www.state.gov/r/pa/ei/bgn/35910.htm>
- van der Velde, J., Williamson, D. L., & Ogilvie, L. D. (2009). Participatory action research: Practical strategies for actively engaging and maintaining participation in immigrant and refugee communities. *Qualitative Health Research, 19*(9), 1293-1302.
- Vang, C. Y., & Trieu, M. M. (2014). *Invisible newcomers: Refugees from Burma/Myanmar and Bhutan in the United States*. Washington, DC: Asian & Pacific Islander American Scholarship Fund & Association for Asian American Studies.
- Veronese, G., Castiglioni, M., Tombolani, M., & Said, M. (2012). 'My happiness is the refugee camp, my future Palestine': Optimism, life satisfaction and perceived happiness in a group of Palestinian children. *Scandinavian Journal of Caring Sciences, 26*(3), 467-473.
- Vu, A., Adam, A., Wirtz, A., Pham, K., Rubenstein, L., Glass, N., ... & Singh, S. (2014). The prevalence of sexual violence among female refugees in complex humanitarian emergencies: A systematic review and meta-analysis. *Public Library of Science Currents, 6*. doi: 10.1371/currents.dis.835f10778fd80ae031aac12d3b533ca7
- Walton, M. J. (2008). Ethnicity, conflict, and history in Burma: The myths of Panglong. *Asian Survey, 48*(6), 889-910.
- Watkins, P. G., Raze, H., & Richters, J. (2012). 'I'm telling you... the language barrier is the most, the biggest challenge': Barriers to education among Karen refugee women in Australia. *Australian Journal of Education, 56*(2), 126-141.
- Weathers, F. W. and Keane, T. M. (2007). The criterion a problem revisited: Controversies and

- challenges in defining and measuring psychological trauma. *Journal of Traumatic Stress*, 20, 107– 121. doi: 10.1002/jts.20210
- Weine, S., Muzurovic, N., Kulauzovic, Y., Besic, S., Lezic, A., Mujagic, A., ... & Knafl, K. (2004). Family consequences of refugee trauma. *Family Process*, 43(2), 147-160.
- Weiss, T., & Berger, R. (2010). Posttraumatic growth around the globe: Research findings and practice implications. In T. Weiss & R. Berger (Eds.), *Posttraumatic growth and culturally competent practice: Lessons learned from around the globe* (pp. 189-195). Hoboken, NJ: John Wiley & Sons, Inc.
- Welsh, E. A., & Brodsky, A. E. (2010). After every darkness is light: Resilient Afghan women coping with violence and immigration. *Asian American Journal of Psychology*, 1(3), 163.
- Wilmsen, B. (2013). Family separation and the impacts on refugee settlement in Australia. *Australian Journal of Social Issues*, 48(2), 241-262.
- Woodward, C., & Joseph, S. (2003). Positive change processes and post-traumatic growth in people who have experienced childhood abuse: Understanding vehicles of change. *Psychology and Psychotherapy: Theory, Research and Practice*, 76(3), 267-283.
- Xu, J., & Liao, Q. (2011). Prevalence and predictors of posttraumatic growth among adult survivors one year following 2008 Sichuan earthquake. *Journal of Affective Disorders*, 133(1), 274-280.
- Yakushko, O. (2006). Career concerns of immigrant women: Issues and implications for career counseling. In W.B. Walsh & M.J. Heppner (Eds.), *Handbook of Career Counseling for Women* (pp. 387-426). Mahwah, NY: Lawrence Erlbaum Associates, Inc.
- Yakushko, O., Backhaus, A., Watson, M., Ngaruiya, K., & Gonzalez, J. (2008a). Career

- development concerns of recent immigrants and refugees. *Journal of Career Development, 34*(4), 362-396.
- Yakushko, O., Watson, M., & Thompson, S. (2008b). Stress and coping in the lives of recent immigrants and refugees: Considerations for counseling. *International Journal for the Advancement of Counselling, 30*(3), 167-178.
- Ying, Y. W., & Han, M. (2008). Cultural orientation in Southeast Asian American young adults. *Cultural Diversity and Ethnic Minority Psychology, 14*(1), 29.
- Yohani, S. C. (2008). Creating an ecology of hope: Arts-based interventions with refugee children. *Child and Adolescent Social Work Journal, 25*(4), 309-323.
- Zeus, B. (2011). Exploring barriers to higher education in protracted refugee situations: The case of Burmese refugees in Thailand. *Journal of Refugee Studies, 24*(2), 256-276.
- Zong, J. & Batalova, J. (2017). *Refugees and Asylees in the United States*. Migration Information Source. Retrieved from <http://www.migrationpolicy.org/article/refugees-and-asylees-united-states>

VITA

Joanna Maung was born in Daly City, California. She was raised by her parents, George and Portia Maung, along with her younger brother, Jonathan, in the San Francisco Bay Area. She graduated from Westmoor High School in 2006, where she was an advanced placement student involved in student government, swimming, and volunteering.

Ms. Maung attended the University of California-San Diego and graduated summa cum laude in 2010 with a double major Bachelor of Arts degree in Psychology and Sociology. Following the completion of her undergraduate program, Ms. Maung studied abroad at Beijing Language and Culture University. During this time, she traveled to various parts of China, Korea, and the Philippines. Following her return to the States, Ms. Maung worked as a behavior therapist and early intervention specialist for children with special needs. She was also involved in various service activities and worked with immigrant and refugee communities in the Bay Area as a civics teacher, English conversation partner, and family mentor.

Ms. Maung entered the University of Missouri, Kansas City Counseling Psychology doctoral program with a desire to better understand and serve the needs of marginalized populations, particularly immigrants and refugees. She completed her clinical training in various treatment settings, including a community mental health clinic, a college counseling center, and a Veteran's Affairs hospital. She received her Master's degree in Counseling and Guidance in 2015.

Ms. Maung will complete her pre-doctoral internship at San Jose State University Counseling and Psychological Services from 2018-2019. Her clinical and research interests include international issues and populations, resilience, identity development, narrative therapy, strengths-based interventions, and trauma.