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The ongoing wars around the world have led to an ever increasing exodus of refugee populations for resettlement in developed countries, including the U.S. Importantly, it has been estimated that the bulk of these refugees in resettlement countries are comprised of children and adolescents under the age of 18 (Halcon et al., 2004; United Nations High Commissioner for Refugees, UNHCR, 2007). Previous research (e.g., Ellis, Macdonald, Lincoln, & Cabral, 2008; Layne et al., 2001; Smith, Perrin, Yule, Hacam, & Stuvland, 2002) mainly has focused on past traumatic experiences, diagnoses, and treatment modalities. An important link between acculturation, social support, and adolescent refugees' adjustment within new environments has been established (e.g., Kovacev & Shute, 2004). These aspects have not been examined, however, with African adolescent refugees in the U.S.

Using a sample of African adolescent refugees ($N = 70$) in a mid-sized city in the Southeast, this study examined acculturation, social support, and psychosocial adjustment among African adolescent refugees from different African countries resettled in the U.S. Results indicated a strong relationship between social support and psychosocial adjustment. Both peer and parental support were central in the adjustment of adolescents. Furthermore, exploratory analyses showed there were main effects for time lived in the U.S. Results showed that, overall, for both boys and girls, time spent in the U.S. was associated with higher scores.

ACCULTURATION AND PSYCHOSOCIAL ADJUSTMENT OF
AFRICAN ADOLESCENT REFUGEES IN THE UNITED STATES:
THE ROLE OF SOCIAL SUPPORT

by

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CHAPTER I

INTRODUCTION

There has been an increase in political instabilities and unrest around the world, culminating in conflicts and wars, particularly in Africa, Asia, Latin America, and the Middle East. These instabilities have led to inter-tribal clashes and cleansings and general suffering of the civilian population (Bemak, Chung, & Pedersen, 2003). The causes of instability have ranged from challenging the political status quo, socioeconomic inequalities between and /or amongst members of different communities, or general greed amongst those in power. In the bid to either create a balance or change the existing political statuses, many countries have been plunged into wars. The wars have had a far-reaching impact, including destruction of the existing social amenities and infrastructure, death of many civilians, and, the displacement of civilians from their homelands within and beyond the borders of their countries. Although the majority of these civilians remain within their countries of origin and eventually flee to other neighboring countries (United Nations High Commissioner for Refugees, UNHCR, 2007), there also has been a mass exodus of refugees to other industrialized or developed nations. To this effect, by the end of 2008, the UNHCR (2008) estimated the number of people forcibly uprooted from their countries of origin by conflicts, persecutions, and wars worldwide at 42 million.

The UNHCR commonly has referred to civilians seeking refuge in other countries as “persons of concern,” including refugees, asylum seekers, stateless persons, and, under

some conditions, internally displaced persons. The numbers of “persons of concern” in areas of resettlement, from Asia to North America, Europe, as well as Africa, has been on the rise during the last decade (UNHCR, 2007). Notably, since 2006, there has been an increase in the numbers of refugees under the responsibility of the United Nations High Commissioner for Refugees (UNHCR, 2006). By the end of 2006, while the total population of “persons of concern” was estimated at 32.9 million persons, 9.9 million were refugees (UNHCR, 2006). These figures rose steadily to 11.4 million and 16 million refugees by the end of 2007 and 2008, respectively. According to the UNHCR, by the end of 2006 the highest source of origin of refugees was Asia, followed by Africa. Since the end of 2006 (e.g., UNHCR, 2007), there has been an increased surge of refugees seeking asylum from African countries; among the highest beneficiaries of UNHCR resettlement programs were persons from Somalia (5,200 refugees), Sudan (2,900 refugees), and Democratic Republic of Congo (2,000 refugees).

Importantly, the bulk of the refugee populations are children and adolescents (Halcon et al., 2004) who are considered an at-risk-group (Bemak et al., 2003). They are considered at-risk due to the adverse psychological impact caused by the disruption of their developmental processes in the course of wars and upheavals. Statistics indicate that many children and adolescents die, are disabled and maimed, orphaned, or separated from their caregivers as a result of war (United Nations Children’s Emergency Fund, UNICEF, 1996). UNICEF (2005) reported an estimated 2 million children and adolescents died in war during the previous decade; those either wounded or disabled

ranged between 4 to 5 million, 12 million had been made homeless, and 1 million had either been orphaned or separated from their parents.

Despite the difficulties encountered during wars, some children and adolescents manage to survive the atrocities (e.g., Amone P'O-lak, 2007; Halcon et al., 2004) and are rescued by humanitarian agencies for resettlement in other countries. It has been found that children and adolescents under the age of 18 years old constitute approximately one-half of the entire worldwide refugee population (UNHCR, 2003; 2004; 2006). Although age specific information across all refugee groups is either partial, scant, or unavailable, it has been estimated that out of the total number of persons of concern, 45% are under the age of 18 and 11% are under the age of five (UNHCR, 2006). In this category, there are a sizeable number of adolescent refugees from Africa in countries of resettlement. Unfortunately, few studies on adjustment of adolescent refugees from Africa have been conducted.

Overview of Related Literature

Existing research on adolescents in resettlement has been carried out primarily with *immigrant* groups who have been resettled in European countries, with a focus on their acculturation strategies and adaptation (e.g., Birman & Taylor-Ritzler, 2007; Birman, Trickett, & Buchanan, 2005; Motii-Stefanidi, Pavlopoulos, Obradovic, & Masten, 2008; Neto, 2002; Pfafferott & Brown, 2006; Sam, 1995; 2000). Even with studies on immigrant adolescents, a focus on African immigrants is still minimal. In some studies of acculturation, researchers have either combined a sample of African immigrant

adolescents with adolescents from other cultural backgrounds (e.g., Liebkind & Jasinskaja-Lahti, 2000; Oppedal, Roysamb, & Heyerdal, 2005) or studied both African adolescents and adults together (e.g., Stevens, Pels, Vollebergh, & Crijnen, 2004).

In other studies (e.g., Rousseau et al., 2007; Rousseau et al., 2005), *immigrants* and *refugees* have been lumped into the same group. Only a few researchers have studied or reviewed the literature (e.g., Kia-Keating & Ellis, 2007; Kimberly, Ehntholt, Smith, & Yule, 2005; Lustig et al., 2004; Montgomery & Foldspang, 2007) focused on adolescent refugees. Although immigrants and refugees share the common aspect of being newcomers in new environments, their experiences prior to and during resettlement differ markedly. One of these differences is the *forced* circumstances of departure for refugees, whereas immigrants *voluntarily* leave with an option of returning to their home countries. Thus, there is need to study refugees and immigrants separately. Importantly, a focus on African adolescent refugees may be helpful in understanding some of their critical needs during the stressful period of resettlement and adjustment to a new way of life in the host country.

Although the period of transition and migration from their countries of origin to a new country could be a potentially difficult task for refugees in general, it is even more so for adolescent refugees. For many African adolescent refugees, for whom the aspect of the family and communal existence is extremely salient (e.g., Davies, 2008; Stoll & Johnson, 2007), the process may be even harder without their caregivers. Migration from their original homes involves a general disruption of the course of daily lives from their community, tribal and family members, peer friendships, and relationships. This

disruption may lead to an overall sense of insecurity and uncertainty that could be detrimental to the adolescents' emotional and psychological well-being in a new environment. Besides, due to the adolescents' critical developmental level and/or stage at the time of departure from their home countries, they also face the dual challenge of developing a balance between their original cultural belonging and the need to belong in the culture of their peers for ease of adjustment in resettlement. Therefore, it becomes necessary to examine these negotiations and the eventual adjustment or maladjustment of the adolescent refugees in the host country.

The process of resettlement could be difficult for both young and adult refugees due to their past traumas, which may include pre-departure, during flight, and to some extent post-traumatic experiences. To date, most researchers (e.g., Barenbaum, Ruchkin, & Schwab-Stone, 2004; Berthold, 2000; Layne et al., 2001; Mghir, Freed, Raskin, & Katon, 1995) understandably have focused on adolescent refugees' past traumatic experiences and the resulting impact on their adaptation, mental and/or psychological problems, and generalized trauma. This focus has yielded diagnoses and suggestions for treatment. Researchers (e.g., Ellis, Macdonald, Lincoln, & Cabral, 2008; Mghir, Freed, Raskin, & Katon, 1995; Layne et al., 2001; Sack, Clark, & Seeley, 1995; Smith, Perrin, Yule, Hacam, & Stuvland, 2002) have documented the occurrence of mental disorders, depression, posttraumatic stress disorder, and other types of distress among adolescent refugees. To some extent, the outcome of this approach has led to the perception of refugees as suffering and "sick" individuals.

These researchers in essence have relied on the “trauma-based or medical model” that emphasizes the pathology of refugee populations, that is, a reliance on determining psychological problems or conditions developing from past trauma, as well as treatment modalities for these conditions (Ryan, Dooley, & Benson, 2008). Indeed, this approach provides avenues for addressing some of the psychological problems that result from pre-migration trauma, even for newly resettled adolescent refugees. This approach, however, does not fully encompass the immediate psychosocial and emotional needs of the adolescents (Watters, 2001), needs that are central to their adjustment in the new environment. Consequently, the outcomes may not provide a lasting, long term impact on the overall well-being of adolescent refugees in terms of their adjustment in the new environment.

Additionally, measurements and assessments of children and adolescents affected by war are based on past adversities and loss (e.g., Barenbaum, Ruchkin, & Schwab-Stone, 2004; Mghir, Freed, Raskin, & Katon, 1995) and how these problems directly or indirectly impact their adaptation and adjustment in resettlement. Overall, this is a further emphasis of the *pathological* view of refugee experiences that has dominated research of refugee populations. Although the use of these instruments has shown some PTSD, depression, anxiety, and other traumatic outcomes to be prevalent in some refugee populations, arguably not all refugees exhibit these diagnoses and/or symptoms (e.g., Halcon et al., 2004). On the contrary, a majority of children and adolescents have proved to be resilient and have adjusted well in the resettlement despite their past traumatic experiences (Amone P’O-lak, 2007).

Therefore, critics of the “trauma-based/medical model” for studying refugees in resettlement have argued that, while an understanding of past trauma from their countries of origin is important in helping refugees during their transition period (e.g., providing mental health care), this approach may not suffice in identifying some of the more pressing and equally critical needs in their lives in host environments (Ryan et al., 2008; Watters, 2001). The potential demands and responsibilities for refugees during the post-migration period within the host countries have received less attention in comparison to pre-migration experiences (Ryan et al., 2008).

To redirect the focus to understudied aspects of refugees in resettlement, some researchers have observed that a “medical model” approach has contributed very little to our understanding of the actual refugee adaptation and adjustment processes or the impact of the host social environment on their overall well-being (Lustig et al., 2004; Ryan et al., 2008; Summerfield, 1999). Other researchers have found that experiences in the host country (e.g., basic needs, social needs, navigating the available resources, problems due to cultural differences) are stronger predictors of refugees’ psychosocial adjustment than pre-migrational experiences (Kovacev & Shute, 2004; Summerfield, 1999; Watters, 2001). Thus, there is an urgent need to examine additional non-medical aspects of adolescent refugees’ well-being in countries of resettlement. Some of these aspects include determinants of their psychosocial adjustment.

Recently, some researchers (e.g., Davies, 2008; Farwell, 2001; Kovacev & Shute, 2004; Möhlen, Parzer, Resch, & Brunner, 2005; Stoll & Johnson, 2007) have shifted their attention from the more commonly used “trauma-based” approach of studying refugee

populations to a focus on their psychosocial well-being and determinants of adjustment in the host environment. The terms “psychosocial” and “psychological” adjustment have been used interchangeably by researchers (e.g., Stoll & Johnson, 2007). In addition, different terms have been used in the literature to operationalize psychosocial adjustment, including, “self-esteem, self-concept, global self-worth, and global self-esteem” (Kovacev & Shute, 2004, p. 261). The term psychosocial adjustment will be used in this study, defined by a combination of some aspects of psychological and social aspects of adjustment. Psychosocial adjustment will be defined as positive self-perception, a positive view of an individual’s way of life that includes a sense of and being happy about the way one is or “liking oneself” (Kovacev & Shute, 2004).

Psychosocial adjustment of refugees has not received much attention in the literature. The few exceptions (e.g., Stoll & Johnson, 2007) have indicated that, for African refugees in resettlement, psychosocial adjustment may be impacted by the many immediate family responsibilities, resettlement stressors, and extended family obligations back in their original countries. For example, the immediate needs of housing, learning a new language, job search, and sudden change in an individual’s social economic status may be demanding and adversely impact the process of psychosocial adjustment. Furthermore, the absence of the social fabric (e.g., community members, extended family) that is central to the nurturing of many refugees’ emotional and social well-being may exacerbate some of the adjustment problems they encounter. Thus, determining and enhancing aspects of psychosocial adjustment may be necessary and even urgent for adolescent refugees. Critically important in the development of the determinants of

psychosocial adjustment is the role of social support in the lives of young and adult refugees (Halcon et al., 2004; Kovacev & Shute, 2004; Stoll & Johnson, 2007).

Social support has been defined and conceptualized differently by researchers. Harter (1985) defined social support as the acceptance or positive regard an individual receives from others. These others may include a person's immediate and/or extended family (depending upon the cultural background) and peers within different environments.

Warren, Jackson, and Sifers (2009) conceptualized social support as

a multidimensional construct that consists of relationships, perceptions, and transactions that help individuals master emotional distress, share tasks, receive advice, learn skills, and obtain material assistance (p. 107).

Social support has been documented as a salient aspect during the developmental stages of young adolescents in general (Masten & Coatsworth, 1998) and particularly for young adolescents undergoing stressful life events and transitions, such as adolescent refugees in resettlement.

Resettlement for adolescent refugees is inherently stressful due to the demands of new adjustments in their way of life and overall interactions within different environments. These demands in their new environments include adjustment in the new school system and the need to form new relationships with their peers. During the period of resettlement, adolescent refugees also need emotional resources (i.e., support in stressful times, affirmation, and encouragement) that are necessary for effective adaptation. Their successful adjustment outcomes may depend upon the availability of a strong social support network of parents or caregivers as well as peers from the host

environment. Both parental and peer social support have been closely associated with psychosocial adjustment among adolescent refugees in resettlement (Kovacev & Shute, 2004).

In a review of child and adolescent mental health, Lustig et al. (2007) found that positive peer relationships were associated with children and adolescents' self-worth and social adjustment. Conversely, bullying and negative peer relationships were related to low levels of self-worth and adjustment. Maja et al. (2001) found that adolescent immigrants who experienced difficulties in their relations with peers were more likely to develop mental health problems and ultimately difficulties in their adjustment.

Some differences in acceptance of social support from peers have been observed among adolescents in resettlement. In a study of young immigrant adolescents in Norway, Oppedal and Roysamb (2004) observed that significant support from friends, peers, and classmates were important predictors of change in the adjustment of girls, whereas boys valued support from their family network. In a study of coping mechanisms among African refugee youth who had experienced trauma, Halcon et al. (2004) suggested that females were more likely to talk about their problems with friends (i.e., seek support) whereas young men coped by exercising. Overall, peer social support has been documented as being important in the adjustment of adolescents; however, previous studies primarily have been focused on immigrant adolescents. An examination of peer social support in the psychosocial adjustment of African adolescent refugees may advance research in this area.

Parental support also has been found to impact adjustment of adolescents positively. In some studies (e.g., Liebkind & Jasinskaja-Lahti, 2000), adjustment levels and well-being of adolescents has been determined by general support from both parents, although sometimes indicating differences in maternal and paternal support for female and male adolescents. Liebkind and Jasinskaja-Lahti (2000) also observed that parental support was associated with lower perceptions of discrimination, which in turn contributed to successful adjustment and overall satisfaction with life in a new environment among immigrants. Gender differences have been reported; self-esteem was related to higher perceived maternal support among females and higher perceived paternal support among males. Other researchers (e.g., Adjukovic & Adjukovic, 1993; Almqvist & Broberg, 1999) also have found that the well-being of parents, particularly mothers, is associated with adjustment levels of refugee children and adolescents. When mothers are unable to provide social support due to their own psychological difficulties (e.g., PTSD, depression, anxiety), their children exhibit lower adjustment within new environments.

Peer and parental social supports appear to be integral aspects and predictors of adjustment among adolescent refugees (Kovacev & Shute, 2004). This relationship may be even more salient for African adolescent refugees who come from collectivistic cultures (e.g., Bemak, Chung, & Pedersen, 2003; Stoll & Johnson, 2007) where parents in particular play a pivotal role in their general well-being, especially during adverse and stressful times. Therefore, for African adolescent refugees, parental support may be more important than peer support because of their cultural backgrounds. Parents are likely providers of emotional support and guidance during difficult times in resettlement.

Despite the importance of parental and peer social support as key determinants in adjustment of adolescent refugees, previous researchers (e.g., Liebkind & Jasinskaja-Lahti, 2000; Sam, 2000) primarily have examined adaptation and psychological well-being of immigrant adolescents. There has been less attention on adolescent refugees in general and African adolescents in particular. Recently, a few researchers (Davies, 2008; Kovacev & Shute, 2004) have set a precedent in examining the role of social support in psychosocial adjustment of adolescent refugees. Kovacev and Shute (2004) examined social support and psychosocial adjustment among adolescent refugees from former Yugoslavia.

Among African refugees, Stoll and Johnson (2007) investigated the psychosocial adjustment of Southern Sudanese adult males in Canada. They found the role of social support from the community and the family to be key determinants of psychosocial adjustment. With African adolescent refugees, Davies (2008) found that social support from the family was essential in helping young Sierra Leonean adolescent refugees' adjustment in school. Similar findings of the role of social support were found by Halcon et al. (2004) in a study of Somali and Oromo refugee youth. Although Kia-Keating and Ellis (2007) examined young African refugees' psychosocial adjustment and belonging to school in the resettlement, the two subscales for social support resources were dropped from the instrument administered; thus, the impact of social support was not determined in the study. An investigation of parental and peer social support and its role in the psychosocial adjustment of African adolescent refugees will advance research in this area.

Because of the transitory nature of refugee adolescents' lives and the disruption of their key normal developmental process, these adolescents have a difficult task of developing important relationships in their lives. They inevitably face the task of beginning fresh peer relationships in a new cultural environment and upholding their relationships with members of their culture of origin that forms their identity. In addition, as new arrivals in a different environment, they have to deal with two competing worlds (i.e., their past and present) and the urgent need to negotiate "the process of acculturation: that is, how and whether to make attitudinal and behavioral changes as a result of exposure to the host culture" (Kovacev & Shute, 2004, p. 260).

Researchers (e.g., Birman, Trickett, & Vinokurov, 2002; Kovacev & Shute, 2004) consistently have found a relationship between acculturation and psychosocial adjustment of refugee and immigrant populations. Acculturation has been defined as a process of change in behaviors, values, and attitudes as a result of contact from two cultures (Berry, 1997). In his conceptualization of acculturation, Berry (1997) reported that people are generally faced with two important decisions in their choices of acculturation strategies: (1) the value accorded to an individual's cultural identity that needs to be retained and (2) the level of involvement with the majority or mainstream culture.

According to Berry (1997), the responses to these key aspects lead an individual to choose among four acculturation strategies: integration, assimilation, separation, and marginalization. *Assimilation* is the choice not to engage and participate in activities of the original culture and be fully immersed in the dominant or host culture. Conversely, *separation* occurs when one embraces the original culture and disassociates from the

mainstream/dominant cultural activities or values. *Integration* is the option when an individual chooses to value the original culture and at the same time participate in the mainstream culture. *Marginalization* is the outcome when an individual rejects both original and mainstream cultures. These strategies have been found to impact an individual's acculturation and adjustment differently.

In previous studies of acculturation and adjustment of both immigrants and refugees, researchers (e.g., Birman & Taylor-Ritzler, 2007; Kovacev & Shute, 2004; Motti-Stefanidi, Pavlopoulos, Obradovic, & Masten, 2008; Neto, 2002; Zagefka & Brown, 2002) have found that integration predicted the most positive psychosocial adjustment outcomes due to a balance between an interest in the host majority culture and yet still distinguishing oneself from the majority (i.e., maintaining the original culture) in a positive way. In contrast, researchers (e.g., Kovacev & Shute, 2004; Pisarenko, 2006; Sam, 2000, Sam, 1996) have documented that marginalization, with its negative orientation to both original and mainstream cultures, leads to the worst adjustment and adaptation outcomes among immigrant and refugee adolescents. From these findings, it appears the more integrated (i.e., accepting of both original and mainstream cultures) individuals are, the more well adjusted they are in the new environment. On the contrary, marginalization seems to contribute to some degree of maladjustment for refugees.

Assimilation and separation strategies have provided mixed results (e.g., Kovacev & Shute, 2004). Separation has been documented to provide short-term adjustment for an individual, but with potential long-term adjustment problems due to failure to participate in mainstream culture. Assimilation seems to provide either negative or positive

adjustment outcomes among adolescents from a different cultural background (Kovacev & Shute, 2004). Researchers to date have not included refugee adolescent refugees. An investigation of acculturation strategies and the relationship to psychosocial adjustment of African adolescent refugees will be informative.

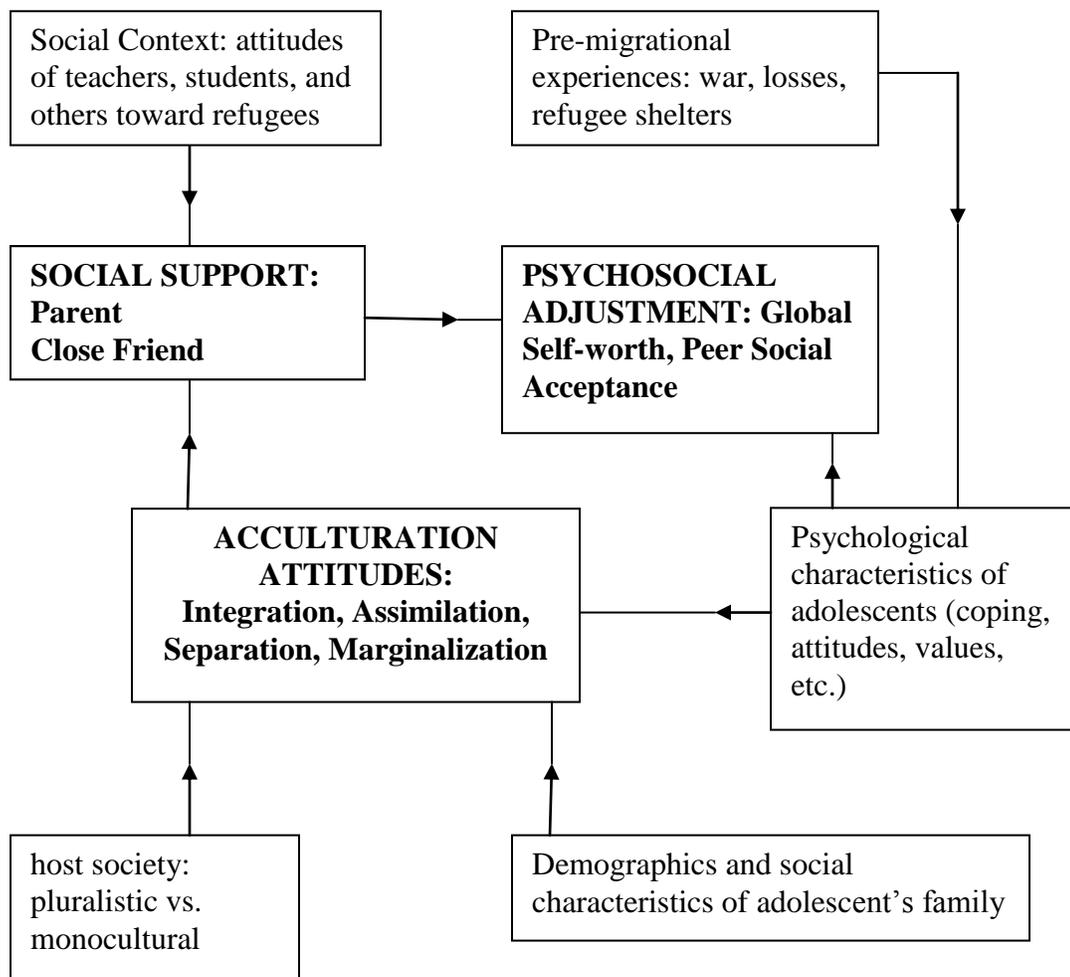
In designing a study of Yugoslavian adolescent refugees resettled in Australia, Kovacev and Shute (2004) proposed a model based in their review of previous research on psychosocial adjustment of refugees as well as consideration of adolescents' developmental tasks (e.g., identity development and peer relationships). Although their complete conceptual model included pre-migration experiences, family characteristics, and other variables, they focused on three key variables identified in the literature: social support, acculturation attitudes, and psychosocial adjustment. Thus, in their study, Kovacev and Shute examined adolescent refugees' psychosocial adjustment in relation to acculturation and social support, with an emphasis on the role of peer relationships in the country of resettlement. They operationalized psychosocial adjustment in terms of global self-worth (e.g., self-esteem, self-concept) and peer social acceptance, defined by the degree of popularity and likeability of the adolescent among peers. Social support was operationalized as positive regard from others (Harter, 1985), including parents and peers.

Kovacev and Shute (2004) proposed that different factors would influence the adolescents' psychosocial adjustment and social support. They hypothesized that acculturation would be a predictor of psychosocial adjustment, but believed that the strength and direction of the relationship would vary depending on the adolescents'

choice of acculturation strategy (i.e., integration, separation, assimilation, and marginalization). In the model, they also hypothesized relationships among acculturation, social support, and psychosocial adjustment. Kovacev and Shute (2004) assumed that acculturation attitudes would influence the amount of social support refugee adolescents were able to receive and /or perceive from parents and peers and this in turn was expected to influence their adjustment. In other words, social support was hypothesized to have a mediating effect on the relationships between acculturation attitudes and psychosocial adjustment.

Figure 1

Kovacev and Shute's (2004) Conceptual Model of Adolescent Psychosocial Adjustment



Kovacev and Shute (2004) found support for their model. Adolescents who preferred the integration acculturation strategy reported higher psychosocial adjustment. Also, adolescents who exhibited negative attitudes towards both cultures (e.g., marginalization) reported lower psychosocial adjustment. Additionally, they found that acculturation attitudes were related to peer support but were not related to parental support. On the effect of acculturation attitudes on psychosocial adjustment, the results indicated an indirect effect mediated by social support.

The model designed by Kovacev and Shute (2004) appears to provide a promising avenue for investigating African adolescent refugees in resettlement. Its emphasis on social support (i.e., parents and peers) is similar to the significance attached to social support networks within the African cultural context. These networks are central in the overall well-being of members, particularly during stressful and difficult times such as settling in a new environment as refugees (Davies, 2008; Stoll & Johnson, 2007). Additionally, in the model, there is less emphasis on distress and psychological problems of adolescent refugees and its impact on psychosocial adjustment. Rather, the authors emphasized the social support systems as critical aspects in the well-being of refugees in the resettlement. These aspects of social support are yet to be examined with African adolescent refugees.

Furthermore, there seems to be a consensus among researchers in recent studies and reviews of refugee mental health (e.g., Kovacev & Shute, 2004; Ryan, Dooley, & Benson, 2008; Watters, 2001) that post-migrational experiences may be better predictors of psychological and psychosocial adjustment problems than pre-migration experiences.

Therefore, it would be fitting that more research and studies be focused on an investigation of contributing factors to the adjustment and well-being of adolescent refugees in resettlement, including African adolescent refugees.

Purpose of the Study

Researchers (e.g., Amone P'O-lak, 2007; Halcon et al., 2004) have observed that, despite their difficult traumatic experiences, hardships, and deprivations, many adolescent refugees are resilient and exhibit strengths that enable them to survive and thrive during and beyond wars. Similarly, although past trauma often has been associated with psychological problems in adolescent refugees, equally important is the need to recognize that some adolescents have not experienced these problems. In some studies focused on coping and psychosocial adjustment of adolescent refugees resettled in the United States (e.g., Davies, 2008; Halcon et al., 2004), researchers have observed the importance of external protective factors such as family cohesion, social support, and the presence of caring relationships in the family and at school. Such research about African adolescent refugees, however, is scarce. Therefore, the purpose of this study was to examine determinants of psychosocial adjustment of African adolescent refugees in the United States.

Furthermore, the model proposed by Kovacev and Shute (2004) seems to be a good foundation for investigating psychosocial adjustment of African adolescent refugees. In this study, some factors that influence psychosocial adjustment were investigated. Similar to Kovacev and Shute (2004), psychosocial adjustment was operationalized as global

self-worth and peer social acceptance. The role of social support from parents and peers also was examined. Given the documentation of African's collectivistic cultural background and the important role of parental support (e.g., Davies, 2008; Stoll & Johnson, 2007), it was hypothesized that parental social support would be a stronger influence than peer social support, which is in contrast to Kovacev and Shute's (2004) results for Yugoslavian adolescent refugees. If this model is found to be informative, this will be a step forward in investigating African adolescent refugees' adjustment and eventual well-being during resettlement.

Statement of the Problem

This study investigated psychosocial adjustment of African adolescent refugees during resettlement in the United States. To understand the influencing factors of their adjustment, the relationships among acculturation, psychosocial adjustment, and social support were investigated. Different social support networks provide emotional support for adolescents who may be undergoing difficult and stressful life transitions. Because it has been found to impact psychosocial adjustment of adolescent refugees positively, social support from parents and peers/or close friends and their impact on African adolescent refugees' psychosocial adjustment was the focus of this study.

Research Questions

This study examined acculturation, psychosocial adjustment, and social support (from peers/close friends and parents) of African adolescent refugees in the U.S. Specifically, this study addressed the following research questions:

1. What are the relationships among acculturation, social support, and psychosocial adjustment for African adolescent refugees in the United States?
2. Among the four acculturation attitudes, which one is the best predictor of psychosocial adjustment among African adolescent refugees?
3. Do acculturation attitudes influence the amount of social support that adolescent refugees have which in turn influence psychosocial adjustment?
4. Are there significant mean differences in psychosocial adjustment by gender and duration of stay in the U.S. among African adolescent refugees?
(Ancillary/secondary question)

Need for Study

With increasing numbers of refugees being resettled in the United States and, even more so, an increasing population of refugee children and adolescents in the United States public schools (Kia-Keating & Ellis, 2007), the need for service providers to be informed about culturally appropriate helping interventions that are specifically tailored towards African adolescent refugees becomes more urgent. An investigation of the role

of social support in psychosocial adjustment of African adolescent refugees may be helpful to practicing community and school counselors by expanding their knowledge base of the adolescents' needs, leading to interventions being provided in the resettlement.

Additionally, knowledge of the different acculturation strategies employed by African adolescent refugees will be helpful to school counselors in designing activities that will include both mainstream and adolescent refugees to promote integration. At the same time, for those adolescents who may be marginalized and separated, school counselors may involve their peers (from their cultural backgrounds) who may be more adjusted and may understand them better in helping them through adjustment.

Furthermore, the school community has been considered a "home," "second family," the "mother and father" (Davies, 2008; Kia-Keating & Ellis, 2007) for some adolescent refugees. It appears most of the peers they interact with are schoolmates from the mainstream host culture (Kovacev & Shute, 2004). In this context, the overarching hypothesis of this study is that social support from parents and peers has a central role in adolescent refugees' psychosocial adjustment in resettlement. If this is found to exist among African adolescent refugees, school counselors will be able to assist adolescents through implementation of peer support networks with their peers from the mainstream culture that may positively impact their adjustment in schools. Also, by knowing whether parents play a pivotal role in the overall well-being of their children, school and community counselors will be able to adopt a collaborative approach by encouraging

parental involvement in various school activities or family counseling to enhance and foster growth of parent-child relationships.

Definition of Terms

For the purposes of this study, the relevant terms are defined as follows:

Acculturation is defined as a process that refers to the changes in cultural attitudes, values, and behaviors that result from intercultural contact (Berry, 1997). In this study, acculturation will be measured by the Acculturation Attitudes Questionnaire (Berry et al., 2000). Four acculturation attitudes will be measured (i.e., assimilation, separation, integration, and marginalization).

Assimilation is defined as the choice not to engage and participate in activities of the original culture and instead be fully immersed in the dominant or host culture. *Separation* occurs when an individual embraces the original culture and disassociates from the mainstream/dominant cultural activities or values. *Integration* is the option when an individual chooses to value his or her original culture and at the same time participate in the mainstream culture. *Marginalization* is the outcome when an individual rejects both original and mainstream cultures.

Psychosocial adjustment is defined as positive self-perception, a positive view of an individual's way of life that includes a sense of and being happy about the way one likes oneself (Kovacev & Shute, 2004). For the purposes of this study, psychosocial adjustment is operationalized as global self-worth and peer social acceptance. *Global self-worth* is defined as "as the degree to which one likes one's life, is satisfied with

oneself, in general, is happy with the way one is” (Harter, 1988, p. 261). Global Self-Worth will be measured by the Self-Perception Profile for Adolescents (Harter, 1988). *Social acceptance* is defined as “the degree to which the adolescent feels popular among peers, has lots of friends, and feels like he or she is likable the way they are” (Harter, 1988, p. 261). Social acceptance will be measured by The *Social Acceptance* Scale of the Self-Perception Profile for Adolescents (Harter, 1988).

Social support is defined as the positive regard received or perceived from others (Harter, 1985). Social support from both close friends and parents will be included in this study, and will be measured by the close friend and parental support subscales of The Self-Perception Profile for Children (Harter, 1985). *Parent* is defined as a biological father or mother of the adolescent or, in the absence of parents, the present caregiver. *Close friend* is a confidant or a peer one is able to talk with about anything and everything (Armsden & Greenberg, 1987).

Refugee is defined as

any person who...owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership in a particular social group or political opinion, is outside a country of his nationality, and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country (UNHCR, 2000, p. 2).

African adolescent refugee refers to adolescents (boys and girls) from African countries (e.g., Sudan, Somalia, Rwanda, Burundi, Democratic Republic of Congo, Sierra Leone, and Liberia) ranging from 13-19 years old, who have resided in the United States for at least one year and no more than ten years, and enrolled in a public school grades 7 through 12.

Overview of Chapters

This study will be presented in five chapters. In Chapter 1, the overview of literature on the study, the purpose of the study, the statement of the problem, the need for the study, research questions, and definition of terms have been provided and discussed. In Chapter 2, a literature review on refugees in general, refugee adolescents, and African refugee adolescents in particular, acculturation, psychosocial adjustment, and social support from peers and parents will be presented. A discussion of the model of the study also will be provided. Chapter 3 includes a description of the methodology to be used in data collection, report of the pilot study, and statement of limitations. Chapter 4 will be a presentation and discussion of results. Chapter 5 will provide implications for counseling profession and practice as well as directions for future research.

CHAPTER II

REVIEW OF THE RELATED LITERATURE

In Chapter One, the purpose of the study on acculturation, psychosocial adjustment, and the role of social support for African adolescent refugees were presented. A brief introduction of the model of study also was provided. In this chapter, the literature on refugees in resettlement, adolescent refugees, and particularly African adolescent refugees will be examined. Additionally, African family values and some cultural dynamics pertinent to their development are investigated. Adolescent developmental tasks and how these are affected by refugee migration are described. A critique of the current research studies on refugees with a focus on the medical or trauma model is presented. To address the needs of refugees in the host country during resettlement, a model for study is presented with a focus on refugee psychosocial adjustment. The summary of the chapter is a presentation of the relationships among acculturation, psychosocial adjustment, and social support in relation to refugee resettlement and the importance of research with a focus on African adolescent refugees.

Refugees in the Resettlement

For a long time, several industrialized or developed countries in Europe and North America have been receiving immigrants and refugees from developing and underdeveloped countries for economic and safety reasons. These developed and

developing countries stretch across Europe, Asia, and Africa. Although both immigrants and refugees share the common element of being newcomers in a foreign country, there are distinct differences among the two groups. The main distinction between immigrants and refugees is the nature of departure, which is, *forced* for refugees versus *voluntary* for immigrants. In many instances, immigrants leave their countries of origin in search of better economic opportunities, educational purposes, or to reunite with family members in another country (Potocky-Tripodi, 2002). As for refugees, “they are forced out of their countries because of human rights violations against them” (Potocky-Tripodi, 2002, p. 4). Refugees are also to be distinguished from *forced migrants*, persons who are *forced out* of their countries of origin due to natural disasters such as drought and adverse weather conditions (Potocky-Tripodi, 2002). Forced migrants are not considered refugees due to the reasons for their departure; that is, they are *forced out* by natural calamities rather than persecution by others in their countries of origin.

By definition, different countries may have different definitions of persons they admit as immigrants. In the United States, an *immigrant* is “an alien admitted as a lawful permanent resident, immigrants are those persons lawfully accorded the privilege of residing permanently in the United States” (Potocky-Tripodi, 2002, p. 10). By contrast, refugees are clearly distinguished from all other immigrants and migrants because they are defined by international law. The United Nations High Commissioner for Refugees (UNHCR) defines a *refugee* as “someone outside his or her own country and is unable to return as a result of well-founded fear of persecution on grounds of race, religion, nationality, public opinion or membership of a social group” (2000, p. 2). Within the

limits of the UNHCR's definition, refugees also constitute persons who may be living in neighboring countries in *refugee camps*. These persons may eventually return to their countries of origin or may continue to live in host countries until they are granted official refugee status (McKinnon, 2008). One of the distinct refugee groups in migration are *long term* refugees, persons who are resettled in another country due to unforeseeable resolution to the wars and conflicts they flee from in their countries of origin (McKinnon, 2008).

The mass migration of *long term* refugees from their countries of origin to other countries has been an on-going occurrence since the 1980's, particularly during the last two decades. Although there are some differences regarding where refugees are resettled (e.g., depending on host country's resettlement policies), generally, destinations for the majority of refugees include countries such as Australia, Canada, United Kingdom, Germany, France, and Belgium. The reasons leading to refugee migrations vary by the continent refugees come from and the time of departure. For example, earlier refugee migrations from European countries included refugees from the Soviet and Former Soviet Union who fled their countries of origin due to the oppressive communist regimes (Potocky-Tripodi, 2002).

The communist regimes were characterized by several human rights violations such as opposition to freedom of speech and failure by the governments to hold free and fair elections in their countries. Consequently, many individuals who opposed the political *status quo* were either put into life imprisonment or executed (Potocky-Tripodi, 2002). Additionally, educational and employment opportunities also were either denied or

restricted towards those who opposed the existing governments. Besides some who opposed communist ideologies and therefore were subjected to persecution, a majority of refugees from the Former Soviet Union countries have been Jews and Christians who experienced anti-Semitism and continued to have well-founded fear of persecution in their country (U.S. Department of State, 1998). In the United States, many refugees from the Soviet Union have been resettled in the metropolitan cities of Los Angeles, Chicago, and, New York City (Potocky-Tripodi, 2002).

Eastern European countries (e.g., Romania, Poland, Bosnia-Herzegovina, Czechoslovakia, Bulgaria, and more recently Kosovo) have been another source of refugees into the United States (Ferren, 1999; Layne et al., 2001; Potocky-Tripodi, 2002; Smith, Perrin, Yule, Hacam, & Stuvland, 2002). The citizens of these countries experienced the same political repression as their counterparts in the Soviet Union countries due to the Soviet leadership that extended to Eastern Europe. According to the U.S. Committee for Refugees (2000), the influx of refugees from these countries (except Bosnia-Herzegovina and Kosovo) dropped in the early 1990's due to the democratic regimes that began to be established. This drop was interchanged by an increase of refugees from Bosnia-Herzegovina and Kosovo respectively (U.S. Committee for Refugees, 2000; U.S. Department of State, 1998a).

Refugees from Bosnia-Herzegovina fled their country as a result of the outbreak of a civil war which led to numerous atrocities being committed against the civilian population (Potocky-Tripodi, 2002). Notably, many refugees who were Muslims were tortured and persecuted on the basis of their religious affiliation. Beginning in 1999,

refugees from Kosovo who were admitted in the U.S. were subjected to ethnic and religious persecutions after the outbreak of NATO attacks on Kosovo (U.S. Department of State, 1998b). In the U.S., among other states, refugees from Eastern Europe have been resettled in New York City and Chicago.

Southeast Asia has been one of the leading sources of refugees from Asian countries. These include refugees from Vietnam, Cambodia, and Laos, or commonly known as *Indochinese* (Potocky-Tripodi, 2002). The arrival of Southeastern refugees in the U.S. began after the end of the Vietnam War in 1975 and their resettlement continues even to date. Potocky-Tripodi found that many fled their country of origin as a result of unprecedented traumatic experiences such as witnessing and/or participating in the killing of their family members, loss of their family members, imprisonment, and continued torture. The Southeast refugees could further be categorized into different distinct groups. Vietnamese are considered as the elite, most educated, and Westernized, while Cambodians and Laotians are considered the least educated and mainly illiterate (Potocky-Tripodi, 2002). In the U.S., many Southeast Asian refugees have been resettled in various cities in California (e.g., Merced).

From the Middle East countries, the United States has been a recipient of refugees from Afghanistan, Iran, and Iraq. The resettlement of refugees from Afghanistan dates back to the early 1980's after the Soviet invasion of the country (Potocky-Tripodi, 2002). Since the withdrawal of the Soviets in the early 1990's, there has been continued fighting among different groups internally, including the Taliban fundamentalists and those in favor of the democratic rule in the country (Krumm, 1998). Also, due to the

fundamentalist and oppressive rule that has been characteristic of the regimes in Afghanistan, there has been discrimination against women in terms of education, employment, and health care (Krumm, 1998). Consequently, many Afghan women have been resettled in the U.S. as refugees. On the other hand, refugees from Iran began fleeing their country after the institution of the repressive Islamic regime by Ayatollah Khomeini (Potocky-Tripodi, 2002). Since then, many Iranians have been subjected to restrictions, discrimination, and harassment due to their religious affiliations. Some of the religious minorities who fled the country as a result of persecution have been resettled in different states in the U.S.

The end of the Persian-Gulf war from 1990-91 led to some refugees fleeing from Iraq fearing persecution and torture if they returned to their country (Potocky-Tripodi, 2002). These refugees comprised some ethnic and religious minorities whose lives were in danger due to the oppressive Iraqi regime (U.S. Department of State, 1998). More recent Iraqi refugees have fled their country after the US invasion of Iraq in 2003. Although the war still continues to date, a number of religious minorities (e.g., Christians) have fled the country for fear of persecution and torture by the majority Islamic groups. In the U.S., many Iraqis have been resettled in some cities in North Carolina and Michigan, particularly around the Detroit area.

The African continent has been another source of refugee migration. From the estimated 9.2 million refugees worldwide, the UNHCR (2005) found that the largest migration of refugees in 2005 came from African countries (e.g., Sudan, Somalia, and the Democratic Republic of Congo). Also, Africans were one of the largest majority of

refugees resettled in the United States (UNHCR, 2006). Besides Sudan, Somalia, and DRC, other countries of refugee migrations from Africa include Rwanda, Burundi, Liberia, Sierra Leone, and Ethiopia (UNHCR, 2005).

African Refugees in Resettlement

The United States has been one of the highest recipients of refugees in general and, more recently, African refugees. Although the U.S. has a limit on the number of refugees admitted yearly, historically there was a tendency to favor resettlement of refugees from Communist and former Communist countries compared to non-communist countries (Potocky-Tripodi, 2002). The U.S. refugee resettlement policies slightly shifted in the early 1990's as refugees from African countries were admitted. Documentation has indicated that refugee migration increased tremendously in 2006, with a total population of 9.9 million refugees worldwide (Office of Refugee Resettlement, 2007).

In comparison to other continents, the number of African refugees resettled in the U.S. was higher than any other country (e.g., Somalia, 10,330 refugees, Liberia, 2,366 refugees, Sudan, 1,845 refugees, and Ethiopia, 1,262 refugees). In the same year, refugees resettled from other countries included the former Soviet Union Countries, 10,453, Vietnam, 3,002, Iran, 2,785, and Burma, 1,323, respectively. The reasons for African refugee migrations vary by country. While some of the African refugee migrations have been more recent (e.g., Rwanda, Burundi, and, DRC), others have been on-going due to prolonged wars in respective countries (e.g., Sudan, Somalia, and, Ethiopia).

Somali and Ethiopia located, in the Horn of Africa, are considered one of the “political volcanoes” on the African continent (Danso, 2001). This is partly due to experiences of volatile military regimes by dictators (e.g., Siad Barre and Mengistu Haile Mariam) which left both countries in chaos and uprooted the civil society in the late 1980’s and early 1990’s. Both countries went to war against each other in the early 1990’s to claim ownership of a region on the border of Somalia and Ethiopia, a war that Ethiopia presumably won, thus leading to continued fighting within the borders of both countries (Danso, 2001). The aftermath of this war was torture and persecution of many civilians from both countries. Consequently, many of them fled as political refugees to industrialized countries such as Canada where they have been resettled.

Besides this war, Somalia and Ethiopia have both experienced numerous political and civil uprisings that have left many civilians dead, while others have been mistreated at the hands of oppressive political regimes. For example, many refugees left Ethiopia to resettle in Canada as a result of ethnic oppression, persecution due to political affiliation and activities, repression of freedom of speech, harassment, and coercion into pledging allegiance to the political parties (Papadopoulos, Lees, Lay, & Gebrehiwot, 2004). Additionally, fear of individual and family imprisonment also led to fleeing of many Ethiopian civilians. In Canada, Ethiopian refugees are one of the largest refugee populations in the country who have been resettled in Toronto. In the United States, refugees from Ethiopia have been resettled in Minneapolis (Minnesota); others are found in the Washington, DC, area. A majority are also resettled in London, United Kingdom.

Similarly, refugees from Somalia are civilians who fled the country after the outbreak of the civil war and fighting among different warring tribes since 1988 (U.S. Committee for Refugees, 1998). The results of the fighting have been multiple deaths of civilians, torture, and displacement. The autocratic military rule led to numerous religious persecutions of minority groups and political harassment towards those who were opposed to the regime. Therefore, many whose lives were threatened fled the country to seek refuge in developed countries. In Canada, refugees from Somalia form the second largest refugee population. They have been resettled in Ottawa and Toronto (Danso, 2001; Jordan, Matheson, & Anisman, 2009). In the U.S., they have been resettled in Minnesota as well as North Carolina.

The exodus of Sudanese refugees to countries of resettlement has been the outcome of a prolonged civil war since 1983 (McKinnon, 2008). Racial, cultural, religious, and political differences have characterized some of the warring factions in Sudan (U.S. Committee for Refugees, 1998). The root cause of the conflicts in Sudan has its foundation in the colonial legacy, a legacy that systematically discriminated against Southern Sudan from national, political, and economic participation (Metelits, 2004). Southern Sudan is also populated by African ethnic groups (e.g., Dinka, Nuer, and Nuba) who practice Christianity and indigenous practices, while Northern Sudan is mainly Arabic speaking Muslims (McKinnon, 2008). Recent discovery of oil in the Northern part of Southern Sudan has led to more frequent attacks by Northern Sudan to gain control of oil producing areas in the South.

Because of the oil discovery, the North has instigated Southern tribes against each other and, in the process, taken advantage of the chaos by committing atrocities against civilians, mainly rape of women and children and killing male soldiers (McKinnon, 2008). Persecution of minority religious groups has been rife in the Southern Sudan. This has led to many civilians fleeing for safety to refugee camps in neighboring countries such as Kenya, Uganda, and Tanzania. From the refugee camps, a majority of these refugees have found their way to the resettlement in the United States, Canada, and Australia. Notably, among the most successful refugee resettlement programs in the U.S. has been the “Lost Boys” of Sudan. In the U.S., some of the regions with Sudanese refugee resettlement are in Arizona, Minnesota, and North Carolina (U.S. Committee for Refugees, 2000).

Refugees from Liberia have fled their country of origin as a result of the outbreak of armed conflict between government and rebel forces dating as far back as 1989 (U.S. Committee for Refugees, 1998). This fighting culminated in inter-ethnic factions leading to killings of civilians, destruction of existing infrastructure, and general exploitation of available natural resources. Conflicts in Liberia spread beyond the borders to neighboring Sierra Leone, where many civilians were massacred at the hands of Liberian forces. At the height of these conflicts, many refugees fled from the persecution and killings that the country had plunged into. Similar events took place in the countries of Rwanda and Burundi after the assassination of the Rwandese president in 1994.

The 1994 Rwandan genocide that followed was a result of inter-ethnic cleansings between Hutu and Tutsi tribes in which the former systematically targeted the latter in an

attempt to revenge the assassination of their leader (UNHCR, 2000). The conflicts in Rwanda and Burundi also affected neighboring Democratic Republic of Congo where many civilians were killed, women and girls raped, and families were displaced from their original homes. After the war, some members of the warring tribes fled the countries for fear of harassment, persecution, or death. The majority of refugees from Rwanda and Burundi fled to Belgium, France, and the U.S. In the U.S., some have been resettled in Raleigh and Greensboro, North Carolina (African Services Coalition, 2000).

Although statistics of adolescent refugees in general and Africans in particular are rare and/or scant, it has been estimated that nearly one half of the entire world's refugee population are children and adolescents (UNHCR, 2006). General statistics also indicate that, compared to other continents as sources of refugee migrations, African adolescent refugees outnumbered adult refugees in resettlement in 2006 (UNHCR, 2006). Therefore, it may be safe to assume that among the general African refugee population, there is a sizeable majority of adolescents in the resettlement. An investigation of refugee adolescents in general and African adolescent refugees will be provided.

Adolescent Refugees in Resettlement

The lasting impact of war and conflicts may be devastating to the general refugee population, but even more so to children and adolescents. Researchers have indicated that children, adolescents, and young adults comprise the majority among refugees in developed countries of resettlement (Halcon et al., 2004). It also has been documented that many children and adolescents lose their lives during the fighting in wars, are orphaned or separated from parents, become homeless, are wounded and disabled, and

are forced to participate in wars (Bemak, Chung, & Pedersen, 2003). Although adolescent refugees may share some experiences and other aspects (e.g., culture shock, values) with their immigrant counterparts in resettlement, they are clearly distinguished from immigrants due to their pre-migration experiences. Consequently, some youth have been found to exhibit symptoms of traumatic experiences such as PTSD, grief and loss, depression, conduct and behavioral issues, and general mental health and psychological problems. The bulk of the literature on children and adolescent refugees are studies by researchers with a focus on these problems and a goal of determining appropriate interventions for their adaptation and adjustment in new environments. A representative review of some of the problem-focused studies is provided.

Berthold (2000) conducted a cross-sectional survey to examine the relationship between exposure to war traumas and community violence and academic, behavioral, and psychological outcomes among Khmer refugee adolescents from Cambodia resettled in the U.S. He based the study in the literature suggesting that adolescents exposed to war traumas frequently experience outcomes such as Posttraumatic stress disorder, depression, and risky behaviors (Berthold, 2000). Using a sample of 144 adolescents, the focus of the study was to investigate (1) the level of Khmer refugee adolescents' exposure to violence and war traumas overseas and community violence in the U.S.; (2) the extent to which life time exposure to violence was associated with psychological, behavioral, and academic problems among Khmer refugee youth; and (3) whether the amount of social support adolescents perceived from family and friends predicted their psychological, behavioral, and academic problems.

Results indicated that both male and female adolescents had been exposed to high rates of violence in their country of origin. The adolescents either witnessed violence as it happened to others around them, especially family members and friends, or they heard about it. Also, many adolescents had survived violence directed at them. Some gender differences in the level of exposure to violence were noted in the study. Higher rates of exposure to lifetime violence were reported among males than females. Additionally, male adolescents more frequently indicated they had witnessed and learned to survive violence directed at them compared to their female counterparts. Regarding emotional distress, female adolescents depicted more depressive symptoms than males.

Furthermore, Berthold (2000) found that the number of violent events adolescents were exposed to significantly predicted their level of PTSD, personal risk behaviors, and GPA, but not their level of depression or behavior problems reported at school. Importantly, findings indicated that adolescents who perceived greater social support from family and friends experienced less PTSD and depression. Because this study was exploratory, mainly with Khmer refugee adolescents, it was suggested a more diverse range of adolescents was needed in future research. Also, it was noted that a longitudinal study that might include qualitative components could help in tracing patterns of adaptive strategies used by adolescents along with their outcomes. Such an approach could contribute to an understanding of the conditions that lead to resilience in adolescents who have been highly traumatized as well as an evaluation of the impact of social support systems, including received and perceived support (Berthold, 2000).

Other researchers have observed similar findings regarding differences among male and female immigrants in resettlement. Khanlou & Crawford (2006) used a sample of 10 newcomer female youth to examine their post-migratory experiences in Canada. In the study, they also used focus groups and in-depth interviews with school educators, parents, and community health workers to explore the impact of the resettlement process on female youth's self-esteem and identity development. Results from interviews with parents indicated that compared to boys, there were different family expectations for female youth. That is, female youth were expected to help their mothers with domestic responsibilities (i.e., cooking, taking care of their younger siblings, and preparing meals). Also, the girls had to adhere to restricted mobility at the same time that boys were granted freedom to interact freely with their peers either at school or within the neighborhoods they lived. They found that the added responsibilities girls had to bear, besides their normal developmental pressures contributed to additional stresses and difficulties to effectively adjust in a new environment. Therefore, the researchers concluded that because of the impact of post-migratory experiences by girls and boys, there was a need to consider the role of gender in the resettlement of newcomer youth. Due to some similarities that refugee and immigrant youth encounter in a new environment, these findings also may be applicable to refugee youth.

In another study of adolescent refugees, Smith, Perrin, Yule, Hacam, and Stuvland (2002) used a community sample of 3,877 refugee children between the ages of 9-14 years from Bosnia-Herzegovina to examine war exposure and psychological adjustment. The researchers' aim was to investigate the relationship between exposure to war and

levels of posttraumatic stress reactions, depression and anxiety reactions, and grief. A number of predictions were suggested: (1) a high exposure to war and self reports of distress, PTSD, depression, anxiety, and grief reactions; and (2) a significant association between levels of distress and levels of exposure. Results indicated a high exposure to traumatic events by children. However, self-reports of depression and anxiety were not markedly raised although, as expected, levels of distress were related to amounts and type of exposure (Smith et al., 2002). The researchers identified that the low levels of depression might suggest some successful coping mechanisms by the majority of children, even in the events of adversity. This coping was identified in the form of a sense of community among members in order to survive the difficult situations. Although not directly investigated in the study, researchers noted findings from another study in which social support had been found to have a mediating effect with posttraumatic outcomes among adults. However, they pointed out that empirical studies to determine this conclusion have been minimal among children and adolescent refugees.

In a study with traumatized adolescent refugees from Bosnia Herzegovina, Layne et al. (2001) investigated the effectiveness of a school-based postwar intervention program in reducing distress and grief symptoms and promoting positive adaptation. In the study of 87 adolescents, the researchers sought to determine (1) if participation in trauma/grief-focused group psychotherapy was associated with reduced posttraumatic stress, complicated grief, and depressive symptoms; (2) if symptom reduction was associated with positive psychosocial adaptation in school performance, family relationships, and

peer relationships; and (3) if satisfaction with the group experience was positively related to symptom reduction and psychosocial adjustment.

A developmental psychopathology model of trauma and posttraumatic adjustment (i.e., used in studying children and adolescents exposed to war-trauma) framed this study.

In this model, it is postulated that

the course of posttraumatic adjustment in children and adolescents is influenced by numerous psychological and socioenvironmental risk and protective factors embedded within the pre trauma, peritrauma, and post trauma ecologies and propose that intervention efforts must systematically target these factors (Layne et al., 2001, p. 279).

Also important in the model is the suggestion that intervention programs target five areas, namely traumatic experiences, reminders of trauma and loss, posttraumatic adversities, interplay between trauma and grief, and resumption of developmental progression.

Results indicated that participants in the trauma/grief-focused group psychotherapy had significant reductions in posttraumatic stress, depression, and grief symptoms using pre-treatment and post-treatment analysis. Notably, reductions in posttraumatic and distress symptoms were associated with higher levels of psychosocial adaptation; that is, low levels of posttraumatic stress positively impacted classroom compliance, peer relationships and school interest, and greatly reduced school anxiety withdrawal. Furthermore, satisfaction with the group experience had a positive impact on classroom rule compliance, peer relationships, and general interest in school. These findings indicate that, with some adolescent refugees, a group focused intervention may be

effective in addressing some prior traumatic issues that impact psychosocial adjustment and/or adaptation.

Layne et al. (2001) suggested that future researchers might need to focus on determining the effectiveness of a postwar program in the social, economic, and political contexts (i.e., within specific countries) it is implemented. Also, with the widespread extent of traumatic exposures and severe stresses imposed by war, and the scarcity of available human and material resources, they suggested the need for a shift in focus in studying adolescent refugees. That is, they suggested researchers not to seek to answer “*Does this program work and, if so, how?*”, but rather “*Is this the best program for this population at this given point in time, given the resources available?*” (Layne et al., 2001, p. 287). This suggestion may be critical in research with adolescent refugees because of the different cultural backgrounds they represent, particularly those from Africa due to the *inter-and-intra* ethnic group differences that may exist.

African Adolescent Refugees

Studies with a specific focus on African adolescent refugees in resettlement are scarce. A few researchers have investigated trauma and its related outcomes among African adolescent refugees in resettlement. Halcon et al. (2004) investigated war-trauma history, immigration factors, problems, and coping strategies among African refugee adolescents. Participants in the study were 338 Somali and Oromo youth from Africa who had experienced past trauma and torture in their home countries. Results indicated that Oromo boys had experienced higher rates of trauma and traumatic events compared to their Somali counterparts. There were similarities among Somali and Oromo

adolescents on the levels of social problems they experienced. On the other hand, girls of Oromo origin had significantly higher levels of trauma than all groups (i.e., Somali boys and girls and Oromo boys). A moderate to strong correlation was found between high levels of trauma experienced and physical, psychological, and social problems. That is, adolescents with multiple past traumatic events exhibited relatively more problems than those who had experienced fewer traumas.

Important in the results were the marked differences in the adolescents' coping strategies with past trauma and sadness. The girls were more likely to talk about their problems with friends, but boys coped by exercising. It appears that in comparison to boys, girls are more likely to talk to their peers and/or friends about issues affecting them in a new environment. Therefore, due to their peers' support, girls may experience limited difficulties during adjustment. These differences (i.e., support from peers/friends) among adolescent refugee boys and girls have not been fully explored in the research literature. It may be helpful to investigate any differences or similarities among African adolescent refugees during their adjustment in the host country.

The literature on children and adolescent refugees past traumatic experiences and the effects has been well documented. Although there have been a few exceptions of youth exhibiting resilience and minimal to lack of PTSD symptoms (e.g., Amone P- Olak, 2007; Lustig et al., 2004), in many studies the results have indicated high prevalence of PTSD. Other accompanying psychological problems (i.e., depression, aggressive and/or conduct disorder, grief, anxiety disorders, memory defects, suicidality) also have been reported among refugee youth from various backgrounds. The prevalence of some

symptoms may decrease after a period of time in resettlement, but, it also has been reported that the high prevalence of PTSD among children and adolescents may still linger even many years after resettlement in a new environment (Montgomery & Foldspang, 2007).

The findings stated above, coupled with host environment stressors upon arrival (i.e., discrimination, family separation, and acculturation) may adversely affect the already disrupted normal developmental processes of adolescent refugees. Like the general adolescent population who are in a state of transition developmentally, adolescent refugees are faced with different developmental tasks they are required to fulfill as they also adjust to new ways of life in a new environment. Understandably, their mental, emotional, and social capacities to successfully fulfill some of the tasks may be stretched by the more immediate resettlement responsibilities.

Adolescent Developmental Tasks

The stage of adolescence and its developmental tasks may have some similarities but also specific differences for adolescents due to an individual's cultural background. For example, adolescents from a collectivistic background, which would include African refugees, often undergo some age-specific rites of passage and roles as prerequisites for becoming full members of the community. In contrast, adolescents from a Western background (i.e., individualistic) such as the U.S. have their own culture and way of upbringing. An investigation of these differences is necessary in the understanding of the

developmental tasks and responsibilities of adolescents from different cultural backgrounds.

From the Western perspective, Erik Erikson (1968) pioneered the psychosocial developmental stages a human being undergoes from childhood to adulthood. In his theory, he delineated eight stages of development, each with different milestones to be attained by individuals as they move from one stage to another. Among the important elements in Erikson's theory is the development of *ego identity*, defined as

the awareness of the fact that there is a self-sameness and continuity... the *style of one's individuality*, and that this style coincides with the sameness and continuity of one's *meaning for significant others* in the immediate community (Erikson, 1968, p. 50).

In other words, an individual's continuous conscious sense of self is not stagnant but fluid, ever changing through the social interactions within the community they live.

Equally important in Erikson's theory is the development of a sense of competence in one stage. Eventually, this competence acts as a motivation in both behaviors and actions as one moves to the next stage in life. Successful achievement of the challenges and demands in one stage leads to what Erikson called *ego strength*, a prerequisite in the overall developmental process in the life cycle. Notably, these stages of development are also marked by conflicts that may change the course of an individual's developmental cycle (e.g., may lead to regression to the former stage). The ability to manage these conflicts leads to a mastery of the issues at one stage; failure may lead to a sense of inadequacy in managing subsequent conflicts in another stage.

Basic trust vs. mistrust forms the fundamental stage of Erikson's theory. On the one hand, he defined a *sense of basic trust* as "a pervasive attitude toward oneself and the world derived from the experiences of the first year of life" (Erikson 1968, p. 96). On the other hand, basic mistrust "is expressed in a particular form of severe estrangement which characterizes individuals who withdraw into themselves when at odds with themselves and with others" (p. 97). Erikson believed that trust was comprised of "an essential trustfulness of others as well as a fundamental sense of one's own trustworthiness" (p. 96). This stage is characterized by the virtual dependability of the child on his or her caregivers (e.g., mother). The child depends upon caregivers to provide comfort and nurturance necessary at this stage.

Additionally, the quality, consistency, and dependability of caregivers at this stage leads to the child's development of, and trust in, the people around them as a child and in later years. By extension, the child also develops hope (the belief in attaining of wishes in spite of the need for dependency) and perceives the world as a safe place to be and thrive. On the contrary, inconsistency and unavailability by caregivers leads to the child's development of basic mistrust in the short term and later in adulthood. This may manifest through fear and withdrawal (e.g., in companionships) and general perception of the world as unpredictable and unsafe for the child. Erikson summed the child's identity formulation at this stage as "*I am what hope I have and give*" (p. 107).

The second psychosocial stage, autonomy vs. shame, forms the early childhood experiences and is characterized by the task of developing a sense of personal control or autonomy. Erikson believed that a sense of control over one's bodily functions (e.g.,

mastery of toilet training) leads to a child feeling in control and independent to performing tasks on their own. Therefore, parents who create an environment of guidance and praise as needed, as well as accepting of children's attempts to be independent (even when they fail), facilitate their development of autonomy. That is, children are able to have a sense of willingness to perform or try out things on their own, an important element in the development of their self-esteem as children and later as adults.

Contrastingly, parents who are too lenient, harsh, or demanding may impact their children negatively as they develop a sense of shame and doubt about their ability to perform tasks. In later years as young adults and adults, they may be prone to engage in obsessive activities because they may have learned the need to follow rules and keep the *status quo* as children. In general, children who successfully accomplish the tasks and overcome the challenges at the childhood stage develop a sense of confidence and security; those who fail may grow with feelings of inadequacy and self-doubt. Erikson (1968) summed the child's identity at this stage as "*I am what I can will freely*" (p. 114).

At the initiative vs. guilt stage, the child begins to learn to take up roles by observing caregivers/parents as role models. This stage comprises children in their pre-school years, a time when they begin to explore the world around through play and other different social interactions with their peers. Children who are surrounded by supportive parents at this stage eventually develop a sense of purpose and the ability to take initiative in setting and attaining goals. Failure to successfully accomplish the tasks at this stage may result in feelings of guilt, lack of initiative, and self-doubt in children. Erikson(1968) believed

that this stage contributes to the child's identity development and adult tasks in later years when the child has the conviction that "*I am what I can imagine I will be*" (p. 122).

Industry vs. inferiority stage marks the early school years for children, a time when their social interaction circles also expand. As they interact with their peers through play, children are able to develop pride in their accomplishments and abilities, aspects that are necessary in the growth of their self-esteem as young adults. Caregivers at this stage include parents at home and teachers at school. Children who are surrounded by encouraging caregivers develop competency in the activities they undertake as they nurture and use their skills. Those who are surrounded by less supportive parents develop a sense of inferiority, a feeling that they are not capable or good at accomplishing given tasks.

Erikson (1968) proposed that identity vs. confusion marks the beginning of adolescence, a stage that is characterized by, among others, the development of a sense of self and independence from parents. Adolescents at this stage begin to develop an identity about their gender roles, occupations, and goals in their lives. This process also involves trying on different roles to determine areas of strengths and weaknesses. Inevitably, adolescents encounter *crises* (i.e., identity crisis) at different times while going through this stage. The process of identity crisis eventually may lead the adolescent into one of four main categories: identity achievement (involves crises and achievement), moratorium (involves crises and commitment at a later stage), foreclosure (involves commitment without crises), and identity diffusion (absence of crises and commitment).

Erikson (1968) believed that because of these crises, peers become an important asset (besides parents and teachers) to whom adolescents look up to for confirmation in their own reflections and in seeking affirmation. They rely on their friends/peers as support systems through their navigation of conflicting choices they are confronted with as they enter into young adulthood. As a result, many adolescents may form cliques to identify with during times of discomfort, making them even overly conscious about the image they portray amongst their peers. Adolescents who receive encouragement and affirmation from their social interactions (e.g., parents, teachers, and peers) develop a sense of fidelity, “the capacity for sustaining loyalties in the midst of inevitable conflicts of values” (p. 133). This capacity enables adolescents to make and sustain friendships with different people in their lives. On the contrary, adolescents who fail to accomplish their tasks at this stage become insecure about themselves and uncertain about the future, a state Erikson referred to as *identity diffusion*.

Erikson’s (1968) psychosocial developmental stages beginning from trust vs. mistrust until identity vs. role confusion form the foundational tasks for children and early adolescents from the Western perspective of human growth and development. Although adolescence is marked by transition from childhood to adulthood in general, there are some cultural variations that may distinguish adolescents from one culture to another (Rousseau et al., 2005). For example, the formation of an *identity* for adolescents within the U.S. may differ from adolescents (e.g., refugees and immigrants) from a different cultural background. Notably, while adolescents from a Western oriented culture (e.g., U.S.) may value the need to be independent, the construction of an identity from many

collectivistic cultures (e.g., Africans) involves the interplay of several factors such as cultural values and customs, religious practices, and specific gender roles (Rousseau et al., 2005). Even for African refugees who are forced by circumstances to flee their countries of origin, different values, customs, and practices form the foundation for child and adolescent upbringing in their culture.

The Concept of Ubuntu-gogy within African Context

The African concept of *Ubuntu-gogy* has its basis in the African way of life and philosophy summed up in *ubuntu*- a word from the Southern African language family (e.g., Ndebele, Swazi, Xhosa, and Zulu) meaning “humanity/fellow feeling or kindness” (Bangura, 2005). *Ubuntu-gogy* is defined as “the art and science of teaching and learning undergirded by humanity towards others” (Bangura, 2005, p. 13). Other scholars (e.g., Nafukho, 2006) have used different terms (i.e., Ubuntuism) to refer to the same concept of humanity encompassing the African worldview of “*Umntu Ugumuntu Ugabantu*,” translated as “a person is a person through other persons” (Bangura, 2005, p. 31; Nafukho, 2006, p. 409). This African worldview forms the foundation for the general upbringing and education of its members. Respect for others and being compassionate are emphasized in education and passed on from one generation to another. Therefore, *Ubuntu-gogy* is used as a way of conduct and guide of social ethic describing human beings as *social beings* who meaningfully exist in relation to others (Nafukho, 2006).

Bangura (2005) delineated three major tenets of *Ubuntu* or African humanism, namely *religiosity*, *consensus building*, and *dialogue*. On religiosity, he proposed that the

concept of “a person is a person through others” is more than mere treatment with respect and decency of others. He pointed out that Africans are extremely religious persons and, in the African tradition, an individual is always in a state of becoming through other people, including children and ancestors. That is, the living and the dead are equally important and dependent upon each other. Ultimately, dying is considered a homecoming to the place of ancestors. The ancestors are invoked and act as mediators between the living and the Supreme Being, particularly during calamities. Therefore, it is paramount that they are respected and, where necessary, appeased (e.g., offering them food during harvest and festivals) to enhance the community’s well-being. Religious beliefs and practices are to be respected by all members because they guide the community in all endeavors of life.

At the core of *consensus building* of *Ubuntu* is the importance of pursuit for consensus and reconciliation among community members (Bangura, 2005). Disputes among many African communities are accorded lengthy discussions with the goal of eventual attainment of peace. Notably, a hierarchy of importance among the speakers is recognized but each member is granted an equal opportunity to contribute in the matters of discussion until a consensus or group cohesion is attained (Bangura, 2005). Among Africans, the significance of the final agreement in a discussion is symbolized by expressions such as “*simunye*” (“we are one or unity is strength”). Nafukho (2006) concurred with the same concept of the importance of agreement being signified by terms like “*omulembe*” (“peace”), “*obulala*” (“togetherness”), “*umoya*” (“oneness”), and “*amani*” (“peace”). The need for agreement within the context of *Ubuntu* is a safeguard

of others' opinions and appreciation of differences (Bangura, 2005). These differences are considered an asset and not a liability for the well-being of the members. This in essence requires respect for human rights and values of the immediate community members and others beyond their borders.

Dialogue forms the third tenet of *Ubuntu* philosophy and it lays emphasis on *particularity, individuality, and historicity* (Bangura, 2005). In this tenet, the need for dialogue among African people begins with the immediate family and then extends to the community and larger society. Bangura (2005) underscored this central value of dialogue when he stated that “*Ubuntu* inspires us to expose ourselves to others, to encounter the differences of their humanness in order to inform and enrich our own” (p. 32). By this, human beings' knowledge base and wisdom is increased as people learn from each other. Nafukho (2006) noted that this is accomplished through an individual's recognition of his/her own humanity, and the otherness/uniqueness of other humans. Bangura (2005) summed up the notion of dialogue in the African saying “*Umuntu Ngumentu Ngabantu*” translated as “to be human is to affirm one's humanity by recognizing the humanity of others in its infinite variety of content and form” (p. 32).

Stressing the importance of particularities in *Ubuntu*, Bangura (2005) noted the need to respect others' beliefs and practices. This respect transcends a particular community's beliefs and encompasses other communities whose beliefs and practices benefit the society as well. These include acknowledging the diversity of languages, histories, values, and customs that constitute a society (Bangura, 2005). Unlike individuality as understood from the Western perspective (e.g., separate and independent from others),

respect for *individuality* in the dialogue aspect of *Ubuntu* is the perception that an individual exists in the society in relationships with others (Bangura, 2005; Nafukho, 2006).

Therefore, as these relationships evolve and change, so does the individual's character and attitudes. Within this context, the individual "signifies a plurality of personalities corresponding to the multiplicity of relationships in which the individual in question stands" (Bangura, p. 33). It denotes the "uniqueness" and "otherness" of the person that is beneficial to others' well-being. Central to the individual's existence is "others" and not "separateness" at the expense of others and the community. Within the African context, therefore, life is considered transitional, "from solitary to solidarity, from independence to interdependence, from individuality vis-à-vis community to individuality *a la* community" (p. 33).

Respect for historicity within Ubuntu is an emphasis on the "ongoing-ness" of the individual in relation to others (Bangura, 2005). From the African perspective, human beings are dynamic in nature and thus flexibility but not rigidity is stressed among its members. The perception of the uniqueness or otherness of another human being is not a fixed and closed entity; rather, there are opportunities for adjustment. This notion encourages the other person to continue "becoming." Overall, the basic tenets of *Ubuntology/Ubuntuism* are the foundational base for education and child upbringing among many African societies. Children are taught the holistic view of life and its interrelatedness with different aspects (e.g., spirituality). Although some of the traditional practices are not carried out in the present, the philosophy embedded in *Ubuntu* formed

and is still the basis for some current practices among many African communities, especially regarding children upbringing and well-being.

African Child Rearing Practices, Values, and Beliefs

Ubuntu forms the educational foundation in African communities with a particular emphasis on communal harmony and learning from each other (Nafukho, 2006). From childhood education is an ongoing process. Teachers include parents, brothers, sisters, members of the same age group, extended family members, and the older and skilled persons from the community (Bangura, 2005). Education passed on to children is intentional and goal oriented. From the time the child is born, parents, particularly mothers, are the most important teachers. Besides nurturing children, mothers' responsibilities include encouraging children to walk at the proper age.

Some of the important customs, traditions, and core values unique to each ethnic community are taught to the younger generations of boys and girls by their elders (Bangura, 2005). These customs and values include respect for elders, good eating manners, maintaining virginity until marriage (for girls), and emphasizing the need for courage (e.g., among boys as protectors of the community against outside intrusion). In the education system important skills in all these areas are emphasized and a departure from the established norms, values, and traditions is condemned and discouraged (Bangura, 2005).

Because of the importance of upholding and passing on the community's values and traditions, every member of the community has a responsibility to pass the legacy to younger generations. Therefore it is not uncommon that any older members of the

community (not just immediate and extended family members) discipline a child or adolescent who is found on the wrong doing. This is in stark contrast to the Western view of the role of caregivers in the child's upbringing and overall development, a view that is more individualistic and not collectivistic in children's development.

Although some of the African values are passed on orally, other lessons are accomplished through teamwork of specific age groups of boys and girls participating in various activities (i.e., depending upon the content of the lessons). This is necessary because the curriculum for the younger generation is holistic. It encompasses politics, economics, social relations, biology, geography, and nature study (Bangura, 2005). Interactions of youth are organized to accomplish the responsibilities and attain the skills they need in these areas. For example, in some ethnic communities, boys of the same age group are initiated into adolescence through rites of passage (e.g., circumcision) that are conducted by selected members of the community.

Initiation ceremonies (normally done after youth reached puberty) are used as a means to impart knowledge to adolescents about community values. These include emphasis on the importance of working together as members of the same age group and community (for both boys and girls), the need to support one another, and the courage necessary for their success in future as heads of their own households. On the other hand, girls are taught by older women the virtues of nurturing and caring for the families, cooking, and preparing for marriage. A sense of solidarity and togetherness are emphasized to the young generations through these activities, aspects that enhance the valuation of *otherness* and *uniqueness* of peers as they transition through life. Such an

education also includes the interweaving of religion (art of communication with the ancestors taught to the youth after initiation), warfare, and marriage through ceremonies.

Therefore, while similar to Erikson's (1968) emphasis on the role of peers during different crises of an adolescent, the adolescent within the African cultural context has little room for crisis due to interdependence and togetherness taught from an early age. Besides, the African adolescent has teachers who are ever present and it matters not whether they are related to the child. This constant presence of a support system is a vital aspect of not just their physical growth, but their development in other areas of their lives.

To ensure a holistic education in the development of youth, other areas of education include medicine (e.g., medicinemen and herbalists), carpenters, blacksmiths, military instructors, specialists in making bows and arrows, basket weavers, and fishing equipment (Bangura, 2005). Its aim is threefold: satisfy personal needs, encourage and facilitate growth of individual talents, and provide service to the community an individual came from (Bangura, 2005). Successful passage to young adulthood is determined by the youths' passing of the tests (e.g., mothers pretend to be sick in order for their daughters to take full responsibilities in the home). Boys are tested through their display of courage during encounters with fierce animals (e.g., while out in the fields tending livestock). Therefore, through the concept of *Ubuntu*, the African youth is prepared for life's complexities, learning of skills and responsibilities, the need to take initiative and learn new ways (e.g., change in attitudes through intellectual growth and creativity) in order to deal with new and challenging situations in life (Bangura, 2005).

Among many Africans from different cultural backgrounds today, not all concepts underlying Ubuntu are practiced. Some of the practices such as initiation ceremonies, teachings offered by specialists, structural oral transmission of knowledge from the older to younger generation, tests for graduation from childhood to adulthood, and some gender specific roles are rarely practiced. However, values such as interdependence and a sense of community, support from family and members of the extended family, discipline of children by immediate and extended family members, respect of elders, the importance of peace and harmony, and need to embrace cultural identity are common among many Africans. These values are adhered to even among refugees who may be far from their original countries.

There are some similarities among Erikson's (1968) psychosocial stages of development with some aspects of child and adolescent education within the African cultural context, however, the manner of upbringing and some specific age group tasks markedly differ in both contexts (i.e., the Western and African context). For African adolescent refugees, some of these age specific tasks and responsibilities are interrupted as a result of forced migration from their home countries due to wars.

Impact of Migration on African Adolescent Refugees

Some researchers (e.g., Beiser, Dion, Gotowic, Hyman, & Vu, 1995) have observed that, due to the importance of identity formation during adolescent development, migration during adolescence could be riskier than any other period in an individual's life. More recently, the UNHCR (2006) has recognized the delicate nature of refugee children and adolescents in transition to the extent that at the core of its policy in

guidelines for provision of care and welfare programs are three critical aspects: their *vulnerability, dependability, and development*. It was also noted that because children and adolescents are developing, it can be assumed that the disruption, uprooting, and insecurity inherent in migration adversely affects their physical, intellectual, and social development processes (UNHCR, 2006). This is even more so for African adolescent refugees whose identity formation process during development involves multiple aspects that form the foundation of their individuality as *persons-in-relation* to others.

As a result of forced departure from their countries of origin, African refugee adolescents have to deal with a *dual* form of transition: normative adolescent developmental transition and physical relocation to a new environment. These two experiences obviously make demands on their physical, emotional, social, and even spiritual capacities to successfully handle the challenges that may arise. Due to migration as a result of wars and the resulting political turmoil, the once established support system is disrupted and broken. The adolescents' social fabric (e.g., parents, extended family members, peers, and community), values, customs, and practices that initially guided their development and well-being are lost during the wars and at the time of flight. To some adolescents, the loss of parents may be particularly difficult because parents are considered the immediate caregivers and role models to the youth (Bangura, 2005). Importantly, the culturally-accepted parent-child relationships are disrupted, including the support that is necessary during difficult times.

Additionally, some of the adolescents either lose their peers (e.g., members of the same age-group) to death or they are left behind during flight. Consequently, they are

subjected to loneliness and isolation during their flight to resettlement countries and possibly thereafter. Also, they lose opportunities for the formation and nurturing of peer relationships that are characteristic of many age-group activities in their growth and development. Besides, the stressors in the host environment (e.g., discrimination due to refugee status, language difficulties, and traditional role reversal from adults/parents to youth) also may be detrimental to their successful adjustment. Coupled with these challenges are the different cultural adaptations adolescent refugees encounter. Many Western countries of resettlement (e.g., U.S.) are more individualistic (i.e., value separation, independence) as compared to African refugees who come from a collectivistic (i.e., value for connectedness, interdependence) background.

The transition from a collectivistic to a more independent environment is particularly difficult for adolescents whose support system that was readily available to them may be no longer available. Consequently, it may be safe to assume that African adolescent refugees potentially face enormous challenges during adjustment in the host country as a result of the multiple disruptions and losses. Therefore, the need for a support system to mediate their adjustment in a new environment is understandably urgent. Although research on adjustment of adolescent refugees is scarce, in the few exceptions, researchers have documented psychosocial adjustment as one of the central aspects during resettlement in the host country. For adolescent refugees in resettlement, the process of psychosocial adjustment has been found to be impacted by several other factors, including acculturation and social support.

Psychosocial Adjustment of Refugees

Psychosocial adjustment has been identified as one of the central aspects in the resettlement of refugee populations in host countries (Bemak, Chung, & Pedersen, 2003). Psychosocial adjustment is defined as feeling comfortable in and accepted by the new majority culture while retaining pride in one's own cultural origins (Stoll & Johnson, 2007). For refugees, this adjustment may be particularly difficult due to pre-migration (e.g., war trauma, violence) and post-migration (e.g., stressors and challenges arising from immediate needs) experiences. Although refugees' values, customs, and beliefs may differ from one group to another, these similar experiences adversely impact their general adjustment in resettlement. Consequently, the literature on refugee studies has been guided, on the one hand, by an investigation of past traumatic experiences and their deleterious impact on refugees (e.g., trauma-focused or medical model advocates) and, on the other hand, an analysis of the immediate needs/stressors of refugees (e.g., psychosocial approaches) in resettlement. Understandably, these two perspectives have given rise to a prolonged discussion on *what* ought to be the urgent focus in the interventions for refugees in resettlement.

Proponents of psychosocial approaches (e.g., Miller & Rasmussen, 2010; Ryan & Dooley, 2008) have advanced the overarching goal of eventual psychosocial adjustment and overall well-being of refugee populations. To achieve this goal, their main focus is

on the stressful social and material conditions caused or worsened by armed conflict/wars-conditions such as poverty, malnutrition, displacement into overcrowded and impoverished refugee camps, strife and divisions within communities, the destruction of *social networks* and the resulting *loss of social* and

material *support*, the ostracism and struggle for survival of groups such as former child soldiers, widows, sexual assault survivors, orphans, and people with war-related disabilities (Miller & Rasmussen, 2010, p. 7, italics added).

Psychosocial advocates (e.g., Barenbaum et al., 2004; Miller & Rasmussen, 2010; Ryan, Dooley, & Benson, 2008; Summerfield, 1999; Watters, 2001) do not downplay the impact of past war traumatic exposure. Rather, they believe that present and immediate stressors in resettlement are more urgent and equally important, unlike war trauma that may have occurred in the distant past (e.g., months, year/s) and may not be a present threat to the individual. Therefore, for refugees resettled in developed countries, including the U.S., issues such as lack of social support from family and friends, housing, cultural differences, and the need to learn new skills for survival may be more salient. It is argued that these issues hold far much greater weight in causing stressors and eventual distress than past traumatic experiences which are not experienced on a daily basis (Miller & Rasmussen, 2010; Ryan, Dooley, & Benson, 2008). These difficult experiences eventually impact the adjustment and well-being of refugees. Notably, as a result of these ongoing experiences during resettlement, refugees' coping resources (e.g., mental, social, emotional) may significantly diminish with time, an occurrence that may threaten and delay their psychosocial adjustment.

Against this background, psychosocial advocates propose that interventions with refugee populations that are more focused on their psychosocial functioning and well-being may have a far greater impact than clinical treatment of past trauma. That is, while trauma-focused proponents view the solution within the reduction of PTSD and distress

symptoms as having greater promise in coping with resettlement stressors, psychosocial advocates argue that

altering those stressful conditions is likely to improve people's mental health, while also fostering their inherent capacity to recover with adequate social support and the passing of time- from the lingering effects of exposure to war-related violence and loss (Miller & Rasmussen, 2010, p. 7).

Additionally, other researchers (e.g., Amone P-O'lak, 2007; Lustig et al., 2004) also have observed that some refugees (i.e., both young and adults) have exhibited resiliency in the wake of war and its aftermath and survived war-trauma experiences. Other refugees may have been caught between the cross fires of wars but not necessarily encountered the resulting violence. In the resettlement, these refugees may not identify with the trauma-focused clinical interventions provided for refugees. Rather, post-migration stressful experiences may be even more traumatic and depressive and thus negatively impact refugees' adjustment process more than past traumatic experiences. That is, immediate needs and stressors in the host environment, if not equal to pre-migration war trauma, may be even greater predictors of the difficulties and subsequent outcomes (e.g., mental health problems) that negatively affect psychosocial adjustment (Miller & Rasmussen, 2010).

On the contrary, advocates of the *trauma-focused/medical* model/approach to the study of refugees focus on past traumatic experiences and the interventions that are targeted towards reducing the outcomes (e.g., Posttraumatic Stress Disorders/symptoms, depression, anxiety, and distress). That is, "the critical factor is direct exposure to the violence and destruction of war..." (Miller & Rasmussen, 2010, p. 7). Trauma-focused

approaches and subsequent diagnoses as understood from Western countries (e.g., North America, Europe, Australia, Canada, and United Kingdom) have its foundation in the aftermath of the Vietnam War. The approach was used to determine the extent of the impact of traumatic events on returning veterans during the war, events that were characteristically uncontrollable for the veterans. Thus, for proponents of the trauma model, it seemed fitting that refugees, who have encountered numerous traumatic and violent experiences in their countries of origin and during flight, most likely would present or manifest PTSD and/or symptoms, distress, and all other accompanying symptoms similar to war veterans (Miller & Rasmussen, 2010).

Furthermore, because war stories from war veterans and refugees appeared to be a salient issue, it was believed that refugees' exposure to violence and destruction due to war were primary causes of the high levels of distress they exhibited in the resettlement countries. Against this background, researchers with refugee populations have concentrated mainly on the assessment of PTSD (e.g., Ellis et al., 2006; Ferren, 1999; Kia-Keating & Ellis, 2007; Jaranson et al., 2004; Mghir et al., 1995; Murray et al., 2008; Smith et al., 2002). This focus also is commonly known as the "*dose-effect*,"

a relationship between direct war exposure and psychopathology, primarily PTSD symptom levels... and also depression, anxiety, and functional impairment...with the emphasis on examining the extent to which degree of war exposure predicted or accounted for severity of PTSD symptoms or a likelihood of receiving a diagnosis of PTSD (Miller & Rasmussen 2010, p. 10).

The consistent evidence and findings of PTSD and/or PTSD symptoms over a period of time among refugees exposed to war and the violence thereof is undeniable (e.g., Ellis,

Charney, & Cabra, 2006; Jaranson et al., 2004; Robertson et al., 2006). However, because of the salience of immediate post-migration needs, challenges, and stressors that may cause distress among refugees in resettlement, psychosocial advocates have posited that a focus on treatment of past war-related trauma and symptoms (e.g., PTSD, anxiety, depression) may be very narrow and not sufficient in addressing the urgent needs (Miller, 1999; Silove, 1999). From a review of the literature, researchers have observed that the trauma-focused model is

overly simplistic conceptual model that has unfortunately led trauma-focused advocates to overestimate the magnitude of the direct effects of direct war exposure in explaining distress within refugee communities...this in turn has contributed to an emphasis on trauma-focused interventions aimed at alleviating war-related PTSD in situations where greater attention to daily stressors may have yielded greater benefits (Miller & Rasmussen, 2010, p. 8).

In addition, it has been observed that the narrow focus on treating trauma and its symptoms may represent the interests of community mental health providers (e.g., assumption of mental health problems and need for clinical treatment) as compared to the refugees' perceptions of their own immediate needs (Barenbaum et al., 2004; Miller et al., 2004; Miller & Rasmussen, 2010; Summerfield, 1999). Therefore, for successful transition and adjustment of refugees in resettlement, psychosocial intervention approaches may have greater promise in alleviating some of the immediate needs and stressors that heavily tax their emotional well-being (Miller & Rasmussen, 2010).

In the interventions, psychosocial advocates propose that alleviating and addressing immediate needs may positively enhance refugees' emotional and /or mental health, which are necessary to their overall well-being. This emotional equilibrium is needed in

the process of forming new social support ties and eventually better psychosocial functioning. Other researchers (e.g., Barenbaum & Betancourt, 2004) have found that improving refugee environments, such as reduction of daily post-migration demands and needs and improvement of their emotional well-being would create some level of safety and facilitate the process of dealing with past war experiences and losses. Thus, provision of clinical diagnostic treatment interventions may be minimized and only targeted to individuals who may not be positively impacted by the psychosocial interventions (Miller & Rasmussen, 2010).

Researchers have documented on war trauma and violence, PTSD, and depression with refugee young and adult populations (e.g., Berthold, 2000; Ehntholt et al., 2005; Ellis et al., 2006; Ferren, 1999; Halcon et al., 2004; Jaranson et al., 2005; Layne et al., 2001; Mghir et al., 1995; Montgomery & Foldspang, 2007; Robertson et al., 2006; Rousseau et al., 2007; Rousseau et al., 2005; Smith et al., 2002). In these studies, researchers consistently have found the prevalence of PTSD symptoms and other mental health problems among refugees. However, as posited by psychosocial advocates, the ultimate impact of immediate needs (which are critical to refugees in resettlement) is not accounted for in trauma-focused model.

The psychosocial model provides avenues in determining the extent to which availability and/or accessibility to some of the more urgent needs may positively impact adjustment. Clearly, providing for these needs or alleviating the stressors may improve the well-being of refugees in countries of resettlement, a critical aspect to their psychosocial adjustment. Interestingly, the literature on psychosocial adjustment of

refugees in general is rare, with a few important exceptions (Kovacev & Shute, 2004; Stoll & Johnson, 2008). In these studies, social support has been identified as an important aspect in psychosocial adjustment of adolescent and adult refugees. Additionally, acculturation (e.g., Bemak, Chung, & Pedersen, 2003; Kovacev & Shute, 2004) also has been documented as being closely linked with social support and psychosocial adjustment. To date, there has been only one empirical study (e.g., Kovacev & Shute, 2004) investigating the three constructs (acculturation, social support, and psychosocial adjustment) with adolescent refugees. In the study, the researchers created and utilized the multicultural acculturation model that has its underpinnings in the psychosocial model/approach to the study of refugees. A discussion of acculturation, social support, and psychosocial adjustment is provided.

Acculturation

The concept of acculturation was first used within the field of anthropology, defined as the process of change and adaptation that results from continuous contact between members of different cultures (Redfield, Linton, & Herskovits, 1936). Two main theories of acculturation have been advanced in the literature: one that proposes an assimilative, “bipolar,” or unidimensional model (e.g., Gordon, 1964); the other, a culturally, plural bidimensional model (e.g., Berry, 1980).

The unidimensional model has been depicted as an assimilative, zero-sum process where minority individuals acquire behaviors and values of the host society (Franco, 1983; Rogler, Cortes, & Malgady, 1991). In the unidimensional acculturation approach, it

is assumed that individuals within a new culture experience a linear progression in changing their identities from their original culture to the mainstream culture. In so doing, it is posited that continuous involvement with the mainstream culture leads to “the disappearance of the ethnic group as a separate entity and the evaporation of its distinctive values” (Gordon, 1964, p. 81). At the core of the disappearance of the original culture is time. That is, as individuals continually immerse in the mainstream culture, aspects of the original culture that distinguished them from others eventually become nonexistent. Over time, individuals become more culturally identified with those from the mainstream culture, an outcome that renders their original cultural values extinct.

The bidimensional model is more inclusive and accommodating of both the original and mainstream cultures. It is believed that individuals are free to be involved in both original and mainstream cultures because people’s values and self-identity may differ across cultures (Celano & Tyler, 1990; LaFramboise, Coleman, & Gerton, 1993). The assumption in the model is that individuals may choose to identify themselves with either culture or, for others, none at all. In the literature, one of the most widely used bidimensional approaches is Berry’s (1997) acculturation framework. Berry (1997; 1995; 1980) defined acculturation as the changes in cultural attitudes, values, and behaviors that result from intercultural contact. As people from different cultures interact with those from the mainstream culture and share their cultural identities, the outcome may be a combination of some aspects of both cultures being adapted or, in some instances, total rejection of the mainstream or original culture.

Berry conceptualized that at the core of an individual's level of acculturation are two fundamental questions: (1) how much of one's culture is valued and retained and (2) to what extent positive relations with the dominant culture are sought (Bemak, Chung, & Pedersen, 2002; Nguyen & Eye, 2002; Pedersen et al., 2003; Ryder, Alden, & Paulhus, 2000). These questions lead to four distinct acculturation responses: integration, assimilation, separation, and marginalization (Berry, 1997; Bemak, Chung, & Pedersen, 2003; Sam, 1995). *Integration* involves maintaining one's cultural heritage while endorsing intergroup relations; *assimilation* involves relinquishing one's individual cultural heritage and adopting the beliefs and behaviors of the new culture; *separation* is the maintenance of one's heritage culture without intergroup relations, and *marginalization* involves nonadherence to either one's heritage or the new culture (Berry, 1980; Ryder, Alden, Pahlhus, 2000).

The study of acculturation and adaptation of immigrant adolescents in resettlement is well established (e.g., Birman & Taylor-Ritzler, 2007; Neto, 2002; Oppedal, Roysamb & Heyerdahl, 2005; Pisarenko, 2006; Pfaferrot & Brown, 2006; Virta, Sam, & Westin, 2004). As observed by Berry (1980), empirical evidence from these studies has indicated integration to be the best mode of adjustment in a new cultural environment. Conversely, marginalization has been found to provide the least adaptive way for many adolescents. Also, other researchers have reported the endorsement of assimilation as being related to lower self esteem among foreign-born adolescents in the United States (Phinney et al., 1992). Furthermore, researchers have found that separation provides some temporary

protection in the short-term (e.g., LaFromboise, 1993); however, this option may have long-term risks if an individual fails to interact and be involved with the host society.

In the literature, studies investigating acculturation and psychosocial adjustment with adolescent refugees are minimal. Kovacev and Shute (2004) is a notable exception. They found acculturation and social support to be closely intertwined in the overall psychosocial adjustment of adolescents. Studies targeting African adolescent refugees are even scarcer. Therefore, using Kovacev and Shute's multicultural acculturation model, this study will investigate acculturation, psychosocial adjustment, and social support among African adolescent refugees resettled in the US. It could be that this focus may yield similar findings (e.g., as with adolescent refugees from former Yugoslavia and immigrant adolescents from different cultural contexts) in the resettlement.

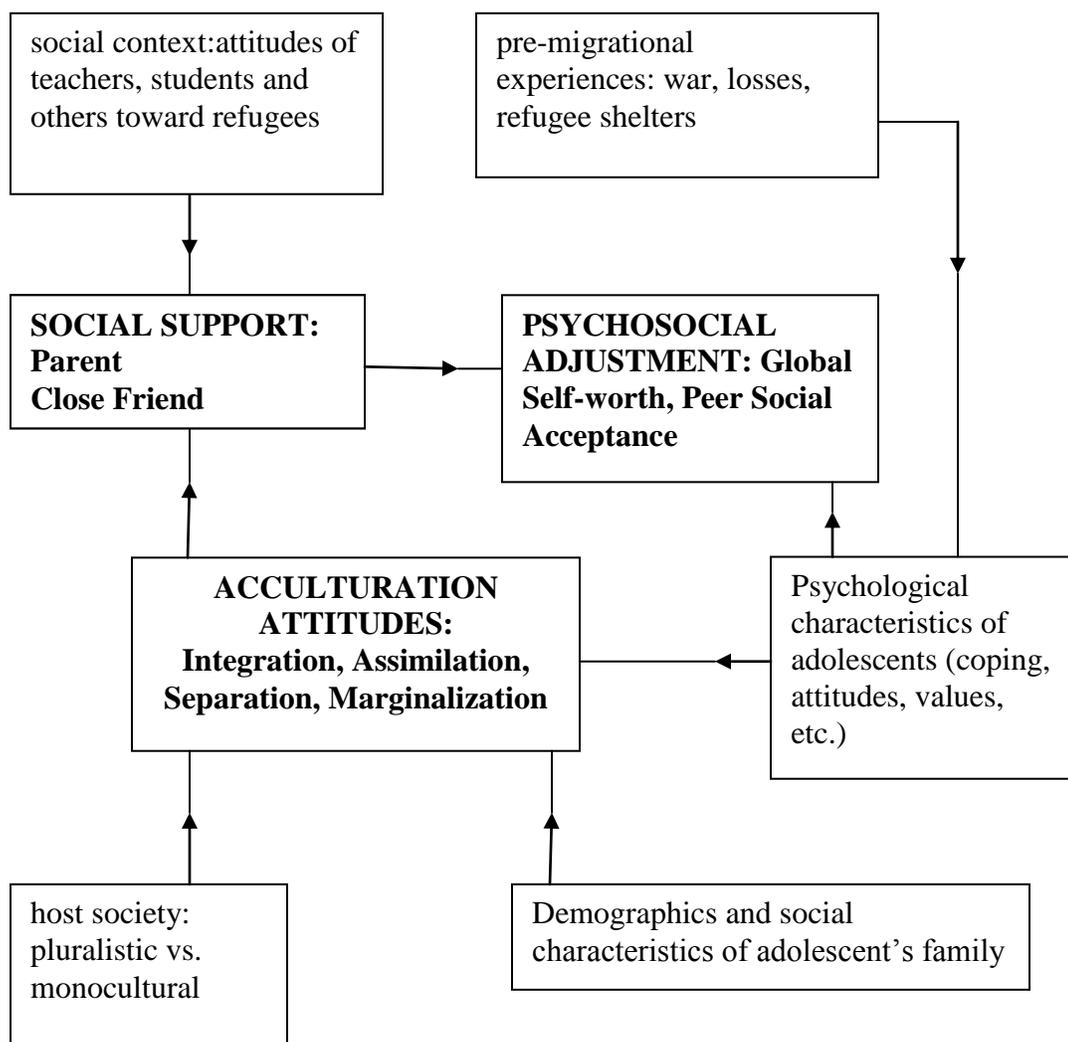
The Multicultural Acculturation Model

In the study on the psychosocial adjustment of refugee adolescents from former Yugoslavia resettled in Australia, Kovacev and Shute (2004) used the multicultural acculturation model to identify the factors that influenced psychosocial adjustment. In the model, they proposed that social support from parents, classmates, and close friends was influenced by an individual's social context. This context includes attitudes of teachers, students, and other people within the community towards refugees in general. For example, adolescent refugees who perceive positive attitudes from people in their environments (i.e., school and community) may be able to experience successful psychosocial adjustment. On the contrary, adolescents who perceive negative attitudes

potentially could encounter difficulties that may hinder or delay their psychosocial adjustment. Importantly, based on a review of the literature, acculturation attitudes (i.e., integration, assimilation, separation, and marginalization) developed in the host country were seen as important predictors of psychosocial adjustment. In the model, integration was thought to lead to positive outcomes in adjustment followed by assimilation. Separation and marginalization were thought to yield negative adjustment outcomes, especially for individuals who preferred marginalization (see model below).

Figure 2

Kovacev and Shute's (2004) Conceptual Model of Adolescent Psychosocial Adjustment



It also was suggested in the model that acculturation attitudes are influenced by a host of factors, including adolescents' pre-migrational experiences (i.e., war and losses), coping mechanisms, attitudes and values, the nature of the prevailing host society, demographic factors (i.e., age, gender, time spent in the host country) and social characteristics of the adolescent's family (e.g., socio economic status). In relation to the

host society, a “pluralistic” society (i.e., that provided different options to refugees for adapting in a new environment) would be favorable in determining the level of acculturation and eventual adjustment. Such a society may be open to refugee involvement and participation in mainstream activities such as social networks provided through refugee centers in the country. This would be in contrast to a “monolithic” society that fosters exclusion and creation of boundaries between the members of the host culture and new comers (Kovacev and Shute, 2004). Overall, it was proposed that acculturation attitudes determined the level of social support adolescents received and/or perceived from their peers and parents which then influenced successful adjustment or negative maladjustment in the resettlement (Kovacev & Shute, 2004). In the model, psychosocial adjustment was measured by global self-worth and peer social acceptance.

Using this model in their study, Kovacev and Shute (2004) mainly focused on parental and peer social support. Findings indicated that adolescents with more close friends/peers had better adjustment levels than those who did not. Also, parents were important in the lives of young refugees and contributed to their adjustment; however, the majority of adolescent refugees seemed to favor peer over parental support. In the literature, acculturation and social support have been identified as two important aspects in psychosocial adjustment of refugees (Bemak, Chung, & Pedersen, 2003; Stoll & Johnson, 2008).

Social Support

The concept of social support has been researched within different conceptual and methodological contexts (e.g., psychological, psychiatric, physiological, and mental health) with both young and adult populations. In the literature, social support has been addressed with different terminologies, such as social bonds, companionship, social networks, presence of confidants, and meaningful social interactions (Brown et al., 1975; Cassel, 1976; Henderson, 1977, Mueller, 1980). There has been little consensus regarding the definition of social support by different researchers and theorists due to the various individual meanings attached to the concept, and also the different cultural backgrounds of individuals.

Harter (1985) defined social support as the acceptance or positive regard an individual receives from others (e.g., family members, peers, and members of the community). Warren, Jackson and Sifers (2009) conceptualized social support as

a multidimensional construct that consists of relationships, perceptions, and transactions that help individuals master emotional distress, share tasks, receive advice, learn skills, and obtain material assistance (p. 107).

Thus, despite the lack of agreement on a specific definition, at the core of all the conceptual underpinnings and differences in meanings is the central role of human relationships and interactions and their importance in the midst of difficult or stressful situations (Turner, Frankel, & Levin, 1983). For example, early research with general adult populations at work and patients with psychiatric conditions indicated that social support had a mediating effect in the wake of life stresses (e.g., Hirsch, 1980; Turner,

1981). It also has been found to be an important resource for individuals undergoing difficult life events, depression, and chronic life stressors (Pearlin et al., 1981). Harter's (1988) definition of social support will be utilized in this study because the need to be accepted and positively regarded by others are critical aspects during adolescent development, perhaps even more so for refugee adolescents undergoing life changing transitions in a new environment.

Social Support and Adolescent Adjustment

In general, the salience of social support in adolescents' adjustment and development, particularly during and/or after stressful events has been established in the literature. During such stressful times, social support has been closely linked with adolescents' well-being and overall adaptation. For example, in a study to examine social support provisions in relation to negative life events, Warren et al. (2009) used a sample of 103 ethnically diverse inner city youths (ages 11-14). Results from the study indicated that differences in the social support provisions accounted for different adaptive outcomes in boys and girls. Amongst boys, it was observed that availability of guidance (e.g., from caregivers and authority figures) and general information highly predicted their adaptability outcomes.

During negative life events, it seems important that, for boys, the need for trustworthy persons to reach out to them (e.g., to obtain advice, secure answers to questions, and provide guidance in decision-making process) becomes urgent. In relation to girls, it was found that reliability of caregivers and reassurance of worth strongly predicted their adaptive outcomes. Essentially, central to the adaptive outcomes among girls was the

knowledge that there were people they could rely on whenever they needed any form of help, and also that their social support network was comprised of persons who appreciated them and encouraged them to believe in themselves.

Moscardino et al. (2010) used a sample of 171 adolescents to investigate the role of social support, sense of community, collectivistic values, and depressive symptoms among adolescent survivors of the 2004 Beslan terrorist attack in Russia. The researchers stated that the terrorist attack "...represents a particularly *traumatizing event*, as it was specifically directed at children and occurred in one of the most important developmental settings, the school" (Moscardino et al., 2010, p. 27, Italics added). Bronfenbrenner's (1986) ecological theory of human development was utilized in the study. Central in the model was the need to consider individual characteristics such as gender and the adolescents' interactions with friends, family members, and significant others.

Furthermore, the role of the larger community in terms of members' sense of connectedness and values such as collectivism were identified as important aspects in determining the adolescents' responses to the traumatic event. It was proposed that social support would mediate the relationship of sense of community and collectivism with depressive symptoms. Additionally, it was predicted that adolescents who had a higher sense of community and identified with collectivistic values would report higher social support from friends and family. By extension, the availability of these social support systems was related to lower depressive symptoms.

Results indicated that endorsement of collectivistic values was highly related to family support for both boys and girls; therefore, the adolescents experienced less

depressive symptoms. However, differences among boys and girls were observed in the “susceptibility to” and significance of sources of social support. That is, boys had a wider range of sources of social support compared to girls, and they received and reported higher levels of support from their friends than did girls. Additionally, for boys, a sense of community had a positive effect on depressive symptoms through support from friends. As boys strongly identified with their community, they received more support from their peers, which in turn amounted to fewer depressive symptoms. In the same vein, a sense of community had a positive association with collectivism among boys but not girls. Overall findings from the study indicated social support, sense of community, and collectivistic values were integral aspects in the low levels of depressive symptoms among boys.

Although adolescents in these studies (i.e., Moscardino et al., 2010; Warren et al. 2009) were not refugees, the inherent similarities with African adolescent refugees make the need to investigate the construct of social support even more important. Past traumatic events adolescent refugees have experienced are similar to the traumatic events of terrorism in the study with children and adolescents from Russia, and, second, the salience and importance of social support, collectivistic values, and sense of community are characteristic of the African way of life.

Social Support and Adolescent Refugees

Despite the importance of social support in the well-being of individuals undergoing stressful and difficult life-changing events, this concept has rarely been examined with refugee populations. For refugees whose daily livelihoods have been disrupted by war, it

becomes important to examine the role of social support in the midst of difficult encounters in resettlement. Importantly, because a majority of refugees are from collectivistic cultures (e.g., Bemak, Chung, & Pedersen, 2003), the concept of social support becomes even more salient due to the value placed upon family and community interconnectedness for individuals' well-being.

Recently, some researchers have documented an association between the quality of young refugees' peer relationships and their psychosocial adjustment in resettlement. Kovacev and Shute (2004) studied 83 refugee adolescents, aged between 12 and 19, from former Yugoslavia to examine the different acculturation attitudes and perceived social support in relation to refugee adolescents' psychosocial adjustment. In the study, the following were hypothesized: (1) acculturation would predict a young person's psychosocial adjustment but the strength and direction of the relationship would vary depending on the type of acculturation (e.g., acculturation through integration would have the strongest positive correlation coefficient and marginalization the strongest negative correlation); (2) acculturation would predict peer social acceptance (PSA), however, the strength and direction of the relation between acculturation and PSA would vary depending on the type of acculturation; (3) social support (i.e., parent, classmate, and close friends support) would be positively correlated with global self-worth and peer social acceptance, and higher levels of perceived support would be associated with higher psychosocial adjustment.

Furthermore, it was expected that acculturation attitudes would influence the amount of social support an individual developed, which in turn was to influence psychosocial

adjustment. Psychosocial adjustment was operationalized as Global Self Worth and Peer Social Acceptance. To assess Global Self Worth, the Adolescent Self-Perception Profile (“*What I am Like*,” Harter, 1988) was used in the study. Peer Social Acceptance was measured using the *Social Acceptance* scale of the Adolescent Self-Perception Profile (Harter, 1988). Social support was assessed using the Social Support Scale for Children (Harter, 1985) with separate subscales of sources of positive regard from parents, classmates, close friends, and teachers. Acculturation was measured by the Acculturation Attitude Scale (AAS, Sam 1995). The scale consists of 10 items scored 1-5, with 5 representing the *strongest agreement* and 1 the *strongest disagreement* with the statement.

Results from the study indicated moderate to strong correlations, especially between global self worth and classmate support. It was observed that adolescent refugees greatly invested in their classmates. For example, being regarded favorably by their peers (i.e., both from mainstream and original culture) was an integral aspect in the manner they perceived themselves. Correlations between social support and peer social acceptance indicated strongest correlations with classmate support. This outcome suggested that refugee adolescents who perceived themselves having supportive peers also perceived themselves as valuable, of significance to their peers, and able to easily interact with others. With the acceptance from their peers, young refugees found themselves popular and able to establish relationships as peers (Kovacev & Shute, 2004), which then led to positive psychosocial outcomes.

Consistent with past research findings on acculturation attitudes and adaptation of immigrant adolescents (e.g., Birman & Taylor-Ritzler, 2007; Liebkind & Jasinskaja-Lahti, 2000; Motti-Stefanidi et al., 2008; Neto, 2002; Pfafferott & Brown, 2006; Pisarenko, 2006; Sam & Berry, 1995; Virta, Sam, & Westin, 2004), Kovacev and Shute (2004) found that adolescent refugees who preferred integration were more well adjusted than their counterparts who identified solely with the original or mainstream culture. That is, integration had a significant positive relationship with psychosocial adjustment as measured in terms of global self-worth and peer social support. On the contrary, marginalization and separation provided negative outcomes in psychosocial adjustment. Adolescent refugees who identified solely with either the host or original culture experienced difficulties adjusting in the host country. Similarly, young refugees who rejected their original culture and embraced the host culture were perceived less favorably by their peers and thus had less support, leading to negative psychosocial adjustment.

A positive relationship between social support and psychosocial adjustment was observed by Kovacev and Shute (2004). The more close refugee adolescent refugees had, the more socially acceptable they found themselves amongst their peers. For future research, the researchers suggested that in order to promote positive adjustment for adolescent refugees, there is need to focus on other issues such as individual characteristics (i.e., coping style) and societal attitudes towards refugees in general.

Overall, the results from this study offer a promising avenue in studying refugee adolescents' psychosocial adjustment without heavily focusing on their distress in the

resettlement. Because this study was carried out in a different setting and with a different group of adolescent refugees, it may be helpful to determine if these findings hold with African adolescent refugees resettled in the U.S. Notably, Kovacev and Shute (2004) stressed that the emphasis of a multicultural policy in Australia (e.g., favorable perception towards new arrivals) may have provided less challenging experiences for the adolescents during adjustment than if it were a monolithic society (i.e., favoring exclusion). Using the same model of adjustment (i.e., Multicultural Acculturation Model), the present study will focus on adolescent refugees from African war-torn countries residing in the U.S. which, similar to Australia, is also considered a multicultural society.

Social Support and African Refugees

Social support has been found to play an important role among individuals undergoing difficult, stressful, and traumatic experiences, especially those from collectivistic cultures (Moscardino et al., 2010). It has been documented that a majority of refugees in countries of resettlement, including African refugees, are from collectivistic countries (Bemak et al., 2003). This makes an investigation of social support among refugees during resettlement even more important. Among African refugees, Stoll and Johnson (2007) used a sample of 164 male adults to investigate the determinants of psychosocial adjustment among Sudanese refugee men resettled in Canada. In the study, the researchers hypothesized that: (1) the breadwinner role and its financial and emotional demands would predict greater psychosocial adjustment difficulties, and (2) religion and more social support were important in the improvement

of psychosocial adjustment. This study a conceptual basis in “role theory” with its emphasis on the “global breadwinner role strain.”

Role strain, defined as “the felt difficulty in fulfilling role obligations” (Goode, 1960, p. 483), was believed to lead to an individual’s emotional difficulties due to the many responsibilities one had to fulfill. It was believed that the efforts by individuals to balance the different role obligations may lead to “conflicts of allocation” that may impact an individual emotionally, psychologically, and physically. For instance, conflicts may arise in fulfilling the traditional roles of men providing for the family financially and women carrying out domestic responsibilities, particularly when individuals from low resource countries resettle in urban centers in host countries (Stoll & Johnson, 2007).

Stoll and Johnson (2007) conceptualized that, for Sudanese male refugees, “role strain” was the outcome of fulfilling the “global breadwinner role” while resettling in a new country. It was found that while “conflicts of allocation” may be mainly financial, the strain from fulfilling the “global breadwinner role” affected an individual emotionally too. That is, in fulfilling their traditional provider role (i.e., for immediate and extended family, relatives), men may encounter challenges in prioritizing and allocating their resources to respective persons. Consequently, this may lead to emotional imbalance and/or difficulties and negatively impact their psychosocial adjustment. The researchers stated that central to the psychosocial adjustment of Sudanese men were the role of social support from the community and family on the one hand, and religion on the other.

Results from Stoll and Johnson (2007) indicated that men who had more financial responsibilities had higher scores on measures for social adjustment difficulties. It was

found that religion was crucial in the lives of men who exhibited resilience in the face of difficulties, particularly in the context of a cohesive community that shared similar cultural norms and expressions of faith. Men who reported being more religious experienced fewer psychological adjustment difficulties. Similarly, respondents who had higher scores on perceived social support showed fewer psychosocial adjustment difficulties. Psychosocial adjustment was mainly facilitated by social support from family and the Sudanese community.

Stoll and Johnson (2007) suggested that findings from this study may have implications for other refugee populations (e.g., those from Somalia, Afghanistan) who face similar stressors in supporting families in their home countries while at the same time adjusting to a new life during resettlement. In a notable conclusion from the results, Stoll and Johnson stated that “our research shows that *social support* from *friends* and *family* and strong religious beliefs are two coping resources that greatly ameliorate the adjustment difficulties of this group of refugees” (p. 637, Italics added). Because research on psychosocial adjustment of refugees in general is rare, it may be important to investigate if similar findings (e.g., importance of social support from friends and family, especially parents) may hold with African adolescent refugees who may encounter similar strain, challenges, and stressors (and therefore negatively impact their psychosocial adjustment) as a result of family role reversals and other immediate demands in resettlement.

Similar findings on the role of social support were found by Whittaker, Hardy, Lewis, and Buchan (2005) in a cross-sectional study to explore individual and collective

understanding of psychological well-being among five young Somali refugee women living in northern England. Three themes were identified in results from individual and group interviews: resilience and protection, identity and beliefs, and concealment, secrets, and distancing. Notably, participants described the importance of social support from family and the community as sources of strength during the period of resettlement. Specifically, the mother was identified as having the ability to offer emotional support through talking, advising, and giving practical help to the participants. Results from this study are similar to other findings (e.g., Adjukovic & Adjukovic, 1993; Locke et al., 1996) in which a mother's ability to cope with refugee displacement had positive impact on refugee children's social adjustment.

Empirical studies of social support and African adolescent refugees are minimal. Using a narrative inquiry, Davies (2008) used a case study method to investigate the characteristics of five Sierra Leonean refugee adolescents and their adaptation in public schools in New York. The major research questions were the following: (1) how did war in Sierra Leone impact the adolescents' lives? (2) what were their self-perceptions? and (3) what were the major influences on their adaptation to schooling in the United States? The results were categorized into those aspects that impeded and those that promoted adaptation and integration. It was observed that poor literacy skill, interrupted formal education or no education at all, low social economic status, illiterate parents, unfamiliar educational system, loss, and trauma were barriers to adaptation and integration. On the other hand, personal resilience, high self-esteem, strong family social support, and perceptions of school were central aspects in the adaptation and integration to schooling

in the U.S. (Davies, 2008). The researcher suggested that while traditional curricular and generic educational policies may not be able to serve the needs of diverse refugee students, the need to promote the small school initiative may be a probable option for refugee students because it may provide more social support.

Summary

The ever increasing numbers of children and adolescent refugees in the U.S. public schools and communities demands an understanding of the different variables that impact their adjustment in a new environment. Adolescent refugees are faced with a host of challenges, difficulties, and stressors compared to adults, partly due to the need to undergo normative developmental processes as well. These challenges range from adjusting to a new culture of the host environment and that of their new friends/peers, learning a new language, navigating a different school system, and challenges that come with taking upon new family roles (i.e., helping their parents and/or caregivers in their adjustment too).

Because of these demands, psychosocial adjustment for adolescent refugees may be a difficult process. This is more so because a majority may have lost their strong social network that was reliable and readily available to them. Psychosocial adjustment is necessary for them to find a balance in a new environment, a balance between their past and present lives as refugees. This process is negatively impacted due to the lack of social and emotional resources that may have been depleted through their past and present realities. For teachers and school counselors in public schools where refugees are

enrolled, it will be helpful to understand the prerequisites that positively impact the adolescents' psychosocial adjustment (e.g., social support and acculturation).

Social support has been identified as an integral construct in the overall adjustment and adaptation of adolescents during and after difficult life events. The inherent nature of social relationships in receiving support from important persons has been documented as leading to positive outcomes in individuals. For adolescent refugees from collectivistic cultural backgrounds with a strong emphasis on community interconnectedness and relationships among members, social support becomes particularly important in a new environment away from home. In the literature, a link has been observed between the role of social support and psychosocial adjustment among refugee adolescents. Because of this, it is worthwhile to investigate its role in adjustment with adolescent refugees from war-torn countries in Africa.

Additionally, psychosocial adjustment and acculturation have been closely intertwined in the well-being of refugees in general. More specifically, Berry's (1987) bidimensional acculturation strategies have been studied extensively in relation to adaptation of immigrant populations. Consistently, it has been found that the integration strategy is favorable in the successful adaptation of new arrivals in a host country while marginalization has provided the least or worst adjustment outcomes. An investigation of this outcome with African adolescent refugees will provide avenues in understanding either the similarities or differences in the preferences for acculturation strategies among boys and girls, and, therefore help teachers as well as community and school counselors in the formulation of strategies to foster these among this population.

The review of the literature has provided evidence of the importance of psychosocial adjustment, social support, and acculturation among immigrants and refugees in resettlement countries. To date, the relationship among these variables; acculturation, psychosocial adjustment, and social support with African adolescent refugees is unknown. Therefore, this study is designed to fill this gap in the literature.

CHAPTER III

METHODOLOGY

In Chapter I, the purpose and need for the study were presented. In Chapter II, the literature review for investigating acculturation, psychosocial adjustment, and the role of social support was provided. In this chapter, the design and methodology of the study are presented. Specifically, the research questions and hypotheses for the study are provided. The population from which the research participants were drawn from as well as the number of participants and a description are described. The variables (i.e., acculturation, psychosocial adjustment, and social support) and assessment instruments are described. The procedures followed for recruiting the participants as well as administrative logistics in conducting the study are explained. The data analyses procedures, initial pilot study, results, and limitations are included and discussed.

Research Questions and Hypotheses

The purpose of this study was to examine the relationships among acculturation and psychosocial adjustment of African refugee adolescents. Specifically, the role of social support in explaining the relationships among acculturation and psychosocial adjustment were investigated. The research questions and hypotheses for testing were presented below:

RQ1. What are the relationships among acculturation, social support (from parents and peers/close friends), and psychosocial adjustment among African adolescent refugees in the United States? (Analysis: Pearson Correlation Product Moment)

H1. There will be a relationship among acculturation, social support, and psychosocial adjustment among African adolescent refugees.

RQ2. Among the four acculturation attitudes, which one is the best predictor of psychosocial adjustment among African refugee adolescents? (Analysis: Univariate Multiple Regression).

H2. Integration strategy will be the best predictor of psychosocial adjustment, followed by assimilation and separation. Marginalization will predict the worst adjustment outcomes.

RQ3. Do acculturation attitudes influence the amount of social support that adolescent refugees have which in turn influences psychosocial adjustment? (Testing Model; Analysis: Multiple Regression/Sobel Test).

H3. Social support that African adolescent refugees have and/or perceive would mediate the relationship between acculturation and psychosocial adjustment.

RQ4. Are there significant mean differences by gender and duration of stay in host country among African adolescent refugees? Secondary/ancillary question (Factorial ANOVA)

H4. There would be significant mean differences by gender and duration of stay in the U.S. among African adolescent refugees.

Participants

The population of interest in this study was African adolescent refugees between ages 13-19 enrolled in grades 7 through 12 in North Carolina. Although seventh grade may be an early stage of adolescence, adolescents at this level potentially may be negotiating identity development processes (e.g., Erikson, 1968) like their older adolescent counterparts in tenth to twelfth grades. The researcher attempted to include adolescent refugees from different African countries of origin as well (e.g., Somalia, Sudan, Rwanda, Burundi, Liberia, and Democratic Republic of Congo) in order to have a balance in country as well as gender representation. Participants were limited to those who had resided in the U.S. for at least one year and no more than ten years. It was projected that this preference for adolescents within this age range and duration lived in the U.S. would be helpful in determining their mastery of English as a second language. Therefore, it was anticipated that they would not encounter too much difficulty in understanding the items on the measures to be utilized in the study.

Instrumentation

Participants completed three instruments to measure the variables in the present study. Acculturation was measured by the Acculturation Attitudes Questionnaire (AAQ, Berry et al., 2000, Appendix B). Psychosocial adjustment was measured by the Peer Social Acceptance and Global Self-Worth subscales of Self-Perception Profile for Adolescents (SPPA, Harter 1988, Appendix B). Social support (i.e., from parents and

close friends) was measured by the Parent and Close Friend subscales of the Social Support Scale for Children (SSSC, Harter, 1985, Appendix B). Although the instrument was initially developed for use with 12 to 14 year olds from sixth through eighth grades, no limitations were found for use with older adolescents, particularly refugees who may be considered a special population group (Kovacev & Shute, 2004). The SPPA (Harter, 1988) and SSSC (1985) scales have been administered to a sample of adolescent refugees. In their study, Kovacev and Shute (2004) administered these measures to adolescent refugees aged between 12 and 18 from former Yugoslavia. In addition, the participants also completed a demographic information form (Appendix A).

Acculturation Attitudes Questionnaire (AAQ, Berry et al., 2006)

The Acculturation Attitudes Questionnaire (AAQ) was developed by a team of international researchers for use in studying acculturation and adaptation among immigrant adolescents from different cultural backgrounds, a project known as The International Comparative Study of Ethno-cultural Youth (The ICSEY). The team was comprised of John W. Berry and Kyunghwa Kwak (Canada), Karmela Liebkind (Finland), Jean S. Phinney (United States), Colette Sabatier (France), David L. Sam (Norway), and Erkki Virta and Charles Westin (Sweden). The questionnaire was developed based on Berry's (1989) bidimensional acculturation model. It is comprised of 20 items intended to measure four acculturation strategies: *integration* (the preference by an individual to engage in both heritage/original culture and mainstream/majority culture), *assimilation* (the outcome of rejecting heritage/original culture in favor of the mainstream culture), *separation* (involves an individual's participation in heritage culture

and rejection of mainstream culture), and *marginalization* (an individual's rejection of both heritage and mainstream culture). The items are scored on a 5-point Likert scale with responses ranging from "strongly disagree" (1) to "strongly agree" (5). Higher scores indicate more endorsement of a particular acculturation strategy.

J.W. Berry (personal communication, January 9, 2010) reported the steps the research team undertook in developing the AAQ. Three methods were followed in the procedure, (1) creation of items for the four acculturation strategies of integration, assimilation, marginalization, and separation; (2) creation of items for the two dimensions (i.e., cultural maintenance and participation in the larger society); and (3) creation of four vignettes that characterized each of the acculturation strategies. The items were then subjected to a judgment procedure using judges familiar with the framework to sort out items into categories, with a high interjudge agreement being an indicator of face validity.

The questionnaire consists of items about marriage, language, cultural traditions, social activities, and friends. For example: "I feel that ethnic (e.g., Sudanese/Somali/Burundian) adolescents should adapt to mainstream (American) cultural traditions and not maintain those of their own" (Assimilation); "I would rather marry a Somali, Sudanese/Burundian than an American" (Separation); "I don't want to have either Sudanese/Somali/Burundian or American friends" (Marginalization); "I prefer social activities which involve both Sudanese/Somali/Burundian and American members" (Integration). In the ICSEY, responses by participants are given on a 5-point Likert scale; total scores for each strategy are then calculated. The measure was used in a

pilot study of about 30 participants to select the best items. It was checked using Cronbach's alpha and factor analysis to establish internal consistencies (see below).

The ICSEY-Project comprised 13 countries (including the U.S.), 32 ethnic groups, and over 7,000 migrant youth and a small sample of some of their parents and peers from the mainstream culture (Berry et al., 2006). The aim of The ICSEY was to examine (1) how immigrant youth live within and between two cultures (i.e., their heritage and mainstream/larger society); (2) how well immigrant youth deal with their intercultural situation (i.e., adaptation), and (3) the pattern of relationship between how adolescents engage in their intercultural relations and how well they adapt (Berry et al., 2006).

Reliabilities reported on the acculturation attitudes were .48 (integration), .58 (assimilation), .64 (separation), and .55 (marginalization). It was concluded that integration provided the best adaptation outcomes compared to a preference for either original or mainstream/national involvement. A principal component analysis grouped the five adaptation variables (i.e., life satisfaction, self-esteem, psychological problems, school adjustment, and behavior problems) into two factors, psychological adaptation and sociocultural adaptation. The first factor included life satisfaction (loading at .79), self-esteem (.89), and psychological problems (-.63). The second factor included school adjustment (-.68) and behavior problems (-.89). Since The ICSEY-Project, the AAQ has been used in studies of immigrant youth from a variety of countries.

Sam (2000) administered the AAQ in a study of 506 adolescent immigrants in Norway. The sample included 50 Chilean, 112 Turkish, 150 Vietnamese, and 194 Pakistani immigrants. Sam reported internal consistencies of integration (.51),

assimilation (.56), separation (.64), and marginalization (.63). In another study, Virta, Sam, and Westin (2004) administered AAQ to Turkish adolescent immigrants in Norway and Sweden. There were variations in the reliabilities for the four acculturation strategies among the two groups. For Turkish adolescent immigrants in Norway, the reliabilities (alpha coefficients) were: .65, .52, .59, and .48 for marginalization, integration, separation, and assimilation, respectively. For the adolescents in Sweden reliabilities of .68, .40, .70, and .61 (in the same order) were obtained.

Although the AAQ scale yielded low reliabilities with the samples used in these two studies and even the ICSEY Project, two of the original authors, J. W. Berry (personal communication, January 9, 2010) and D. L. Sam (personal communication, January 11, 2010) encouraged the use of the AAQ with other adolescent immigrants and/or refugees from other countries for further exploration of its psychometric properties. To date, there has been no documentation regarding the administration of the AAQ with adolescent refugees from any cultural background, including Africa. Therefore, the AAQ was used to measure acculturation strategies/attitudes of African adolescent refugees in the present study.

Self-Perception Profile for Adolescents (SPPA, Harter, 1988)

The Self-Perception Profile for Adolescents (Harter, 1988) was developed to “assess the multidimensional adolescent self-concept...it is used to measure feelings of self-worth in specific domains as well as global self-worth” (Harter 1988, p. 2). The instrument is an extension of Harter’s (1985) Self-Perception Profile for Children (SPPC) which addresses domain-specific judgments of competence and adequacy along six

subscales: scholastic competence, athletic competence, social acceptance, physical appearance, behavioral conduct, and global self-worth. The SPPA contains these six subscales and three more, romantic appeal, job competence, and close friends.

In developing the SPPA, Harter (1988) first interviewed the participants in order to obtain face validity of the item content. This step was followed by statistical procedures to determine factorial validity of the domains included in the instrument (S. Harter, personal communication, January 28, 2010). Each domain is measured by five items, and each item is a representation of two groups of persons who are not similar (i.e., left and right side). The format is designed to decrease responses to items being guided by social desirability. In each item, the adolescent is asked to choose one alternative that is a description of him or her. For example, “Some teenagers are able to make really close friends” BUT “Some teenagers are unable to make really close friends.” Upon making the decision between the two alternatives, the adolescent is then asked to indicate whether the description is “*really true for me*” or “*sort of true for me.*” The items are scored on a 4-point Likert scale with a score of 1 indicating low perceived competence and 4 indicating high perceived competence in the specific domains.

Internal consistency reliabilities for the subscales have been found to be high and acceptable for use with different samples of adolescents. Harter (1988) used four samples from Colorado, 90 percent mainly Caucasian adolescents ranging from lower middle class to upper middle class in designing the instrument. All samples were drawn from different neighborhoods at different grade levels. Sample A included 8th, 9th, 10th, and 11th graders. Sample B comprised 8th graders, Sample C comprised 10th and 11th graders,

and Sample D comprised 9th graders. Reliabilities based on Cronbach's alpha for each sample were as follows: Sample A; Scholastic (.91), Athletic (.90), Acceptance (.90), Close friend (.85), Romance (.80), Appearance (.89), Conduct (Not given), Job Competence (.93), and Self-Worth (.89). Sample B; .81, .89, .81, .79, .83, .85, .58, .55, .80 in the same order respectively. Sample C; .77, .86, .77, .80, .75, .84, .60, .64, .85, Sample D .81, .92, .78, .83, .80, .86, .78, .76, and .88 respectively.

In factor analysis of SPPA, only eight domains were included because it was determined that global self-worth was different from descriptions in each specific domain (i.e., was dependent upon an individual's competence in domains that are important to him or her). Oblique rotation across the four samples revealed that each of the eight domains defined their own factors. Substantial factor loadings for each subscale were found and no cross-loadings greater than .30 were reported. For the four samples, the range of average cross loadings factors was between .08 and .12 and was determined negligible (Harter, 1988). The results indicated that the eight domains could define "distinct factors that provided meaningful and different profiles of self-perceptions for adolescents" (Harter, 1988).

Wichstrom (1995) administered the SPPA to a sample of 11,315 Norwegian adolescents ages 13 to 20 to test reliability and evaluate the construction of SPPA question format. He used a revised version of SPPA (i.e., using only one section of the question format, the left side and omitted the right side portion of the instrument. The original version was administered to a sample of 880 participants while the rest of the sample completed the revised version. Internal consistency coefficients (Cronbach's

alpha) for the subscales in the original and revised versions respectively were Scholastic Competence .60 and .69, Social Acceptance .56 and .76, Athletic Competence .66 and .79, Physical Appearance .76 and .87, Romantic Appeal .65 and .75, Close Friends .75 and .78, and Global Self-Worth .68 and .77. Because of the high reliability and validity findings using the revised version, Wichstrom concluded that it was needless to use the double statement original version of the SPPA because it was time consuming and confusing for use with adolescents. Therefore the revised format will be used in the present study.

Thomson and Zand (2002) administered the original version of SPPA (i.e., two statements for each item) to a sample of 174 African American participants' ages 11-14 years. The purpose of the study was (1) to assess the factor structure and psychometric properties of SPPA, (2) determine the appropriateness of SPPA for African American adolescents, and (3) investigate gender differences in perceptions of self-worth and competence in specific domains. In the findings, two factors replicated Harter's (1988) findings (i.e., Athletic Competence and Physical Appearance). In Factor 1, Friendship and Acceptance comprised of items from of the original Close Friendship items and two other items from the Social Acceptance scale. Factor III was renamed Academic/General Competence and consisted of four items from Scholastic Competence subscale, one item from Romantic Appeal subscale, and one item from Behavioral Conduct subscale. Gender differences were observed on Global Self-Worth, Athletic Competence, and Romantic Appeal factors. Results also indicated high internal consistencies for the different domains examined in the study: Physical appearance and athletic competence

(.78 and .76), behavioral conduct (.67), and global self-worth (.64), Romantic Appeal had the lowest alpha (.46).

In using the instrument with African American adolescents, Thomson and Zand (2002) concluded that the domains in SPPA “may not be entirely representative of all dimensions of the self that are important for African American individuals” (p. 307). Therefore, they suggested that the instrument could be improved with the addition of domains that assess African American adolescents’ racial identity and racial esteem because these are key aspects that represent positive self-evaluations of African American adolescents. Nevertheless, the SPPA “What I am Like” (Harter, 1988) has been used with a sample of adolescent refugees (e.g., Kovacev & Shute, 2004) and thus, it will also be used in this study as a measure of psychosocial adjustment to determine if it yields similar findings or different outcomes with adolescent refugees from a different cultural background (i.e., Africa). Also, boxes that were initially used to check the preferred responses in the original SPPA will be dropped in the present. Participants will instead circle their preferred choices on each statement of the instrument. This change was made after the pilot study because some participants indicated the boxes for each statement were confusing and they were not sure how many needed to be checked. In their study, Kovacev and Shute found an indirect effect of acculturation (i.e., through social support) on psychosocial adjustment. Psychosocial adjustment will be operationalized by global self-worth and peer social acceptance in the present study.

Social Support Scale for Children (SSSC, Harter, 1985)

Social Support Scale for Children (SSSC, Harter, 1985) was developed to assess “perceived support and regard” that children experience from significant others in their lives. It contains four sources of social support: parents, teachers, classmates, and close friends. The instrument was developed for children ages 12 through 14 years who are enrolled in grades 6 through 8. The same procedures followed in the development of SPPA were applied to SSSC. Participants were first interviewed to obtain face validity of the items. This was followed by statistical procedures to determine factorial validity of the domains included in the instrument. *Parent support subscale* contains items that determine the degree of understanding by parents towards their children and generally how much parents care and treat their children as important persons. For example, “Some kids have parents who don’t really understand them BUT other kids have parents who really do understand them.” *Classmate support subscale* involves the likability and level of friendliness a child has with peers. For example, “Some kids have classmates who like them the way they are BUT other kids have classmates who wish they were different.”

The *Teacher support subscale* includes items to show how much teachers are ready to help the child, care about him or her, are fair and are willing to help them be the best they can be. For example, “Some kids don’t have a teacher who helps them to do their best BUT other kids do have a teacher who helps them to do their very best.” Unlike the first three subscales where it is assumed that the parent, classmate, and teacher are available in the child’s life, the *Close friend subscale scale* seeks to find out whether the child has a close friend he or she can turn to for different reasons. These include a close friend

“...who they can tell problems to, who really understands them, who they can complain to about things that bother them, who they can spent time with, and who really listens to what they say” (Harter, 1985, p. 2). For example, “Some kids have a close friend who they can tell problems to BUT other kids don’t have a close friend who they can tell problems to.” The items are scored on a 4-point Likert scale, with 4 indicating the most support and 1 the least support.

The instrument contains 24-items, six items in each subscale. Using elementary (i.e., 3 through 6) and middle school (i.e., 6 through 8) samples, reliabilities for the four subscales were, for elementary school, parent .82, classmate .79, teacher .81, and friend .72; middle school; parent .88, classmate .79, teacher .84, and friend .83 (Harter, 1985). The factor analysis (oblique rotation) indicated a three factor solution for the elementary children and a four factor solution for middle school children. In the elementary group, the two peer scales, classmate and close friend, formed one factor. In the middle school group, classmate and close friend emerged as separate factors. A majority of the sample used in the study were Caucasian children, ranging from lower middle class to upper middle class from different neighborhoods in Colorado.

Kovacev and Shute (2004) administered the SSSC to a sample of adolescent refugees from former Republic of Yugoslavia. In their findings, they reported that adolescents’ psychosocial adjustment was influenced by their perceptions of social support from parents and peers. The Parental and Close friend subscales of SSSC were used to measure social support. In the present study, like in the SPPA, only one statement (the left side) was administered to the participants. The anchors/wording for the ratings also were

different from the original scale, that is, for ratings 1, 2, 3, and 4, the wording *untrue for me*, *somewhat untrue for me*, *somewhat true for me*, and *true for me* were used respectively. Similarly, the boxes will be dropped and participants will circle their choices for each statement.

Demographic Questionnaire

A demographic form (Appendix A) was developed to supplement and obtain more descriptive information about the participants in the study. Participants were asked to state their current age, age of arrival in the U.S, gender, country of origin, whether English was their first language, if they lived with their parents and were enrolled in school grade seven through twelve, whether parents were employed or not, and how long they had lived in the United States.

Procedures

Participants for the study were African adolescent refugees residing in Greensboro, North Carolina. The adolescents were contacted through refugee community resettlement organizations to determine their availability and possibility of participation in the study. The researcher worked in conjunction with the director of two refugee resettlement organizations that provided a good number of participants. Parental consent was obtained through a consent form in several languages spoken by refugee populations (i.e. French and Kiswahili) (Appendix A) to obtain permission before adolescents participated in the

study due to the age level being under 18 (for some of the participants). Adolescent assent (Appendix A) also was obtained.

The consent form had the primary researcher's contact information and a description of the study for the participants and their parents. Confidentiality about the information gathered in the study was stated. The researcher went to the community centers where the adolescents were gathered to administer the instruments. Prior to the date of the administration of the instruments, the director convened a meeting with the adolescents to remind them about the venue (i.e., refugee community meeting hall) where they were to meet. Flyers describing the study and the venue were handed out. Additionally, application and permission to conduct research with human subjects was submitted and approved by The University of North Carolina at Greensboro's Human Subjects Review Board.

Adolescents who returned signed consent and assent forms took the three research instruments: the SPPA, the SSSC, the AAQ, and the demographic questionnaire form (see Appendices). The principal researcher and the director conducted the recruitment (Appendix A) explaining the purpose of the study, the minimal risks and benefits for participation in the study, and instructions for completion of the research instruments. Participants also were reminded that participation was voluntary and they had the option of withdrawing from the study at any time without any penalties. The instrument administration took place in the rooms provided at the community center and it took on average 45 minutes to one hour to complete. The researcher responded to the participants' questions before and during the administration of the instruments and

ensured that all participants were attended to throughout the time of the administration. Participants were given in a random order the three packets of instruments to be completed. Participants who completed all the questionnaires were given a \$5 Wal-Mart gift card.

Pilot Study

A pilot study was conducted by the researcher in order to test and determine the appropriateness of using the instruments in studying acculturation and psychosocial adjustment of African adolescent refugees in the U.S. Participants in the study were African adolescent refugees in Greensboro, North Carolina, who were contacted through two refugee resettlement community agencies (i.e., Glen Haven and Avalon). Participants included adolescents from six African countries; Liberia ($n = 6$), Democratic Republic of Congo ($n = 2$), Sierra Leone ($n = 1$), Nigeria ($n = 1$), Ivory Coast ($n = 1$), and Central African Republic ($n = 1$). Two participants were not included in the data analysis due to failure to fully complete the measures. Ages of participants ranged between 14-18 years ($M = 15.6$ years; $SD = 1.49$). Participants had resided in the United States at least for one year and no more than ten years. Also, as a requirement, they were enrolled in school from grades 7 through 12. Participants' demographic information (See Table 1) as well as the means and standard deviations of measures were analyzed using descriptive statistics (See Table 2).

Table 1

Demographic Descriptors for Pilot Study (N = 12)

Demographic Variables	<i>n</i>	%
Gender		
Female	7	50.0%
Male	5	35.7%
Missing	2	14.3%
Age		
14	4	21.4%
15	7	28.6%
16	2	7.7%
17	2	14.3%
18	2	14.3%
Missing	2	14.3%
Country		
CAR	1	7.1%
DRC	2	14.3%
I. Coast	1	7.1%
Liberia	6	42.9%
Nigeria	1	7.1%
Sierra Leone	1	7.1%
Missing	2	14.3%
Grade Level		
7	1	7.1%
8	1	7.1%
9	4	28.6%
10	3	21.4%
11	2	14.3%
12	1	7.1%
Missing	2	14.3%
Duration of Stay in the U.S.		
1	3	21.4%
1.5	2	14.3%
2	1	7.1%
3	1	7.1%
6	1	7.1%
7	4	28.6%
Missing	2	14.3%

Note: 1) **CAR** = Central African Republic, 2) **DRC** = Democratic Republic of Congo.

Prior to the study, the researcher contacted the director of Glen Haven and Avalon refugee community centers to determine the number of refugees available to participate in the study. Scheduling a venue for the actual instrument administration also was done. Additionally, the researcher attended two meetings at both centers to interact and familiarize herself with the potential participants in the pilot study. Also, the researcher interacted with potential participants as a volunteer in translation during the Refugee Health Day at one of the community centers. Consent forms (See Appendix A) were handed out to the participants one week prior to their participation in the study. The investigator contacted the director two days before administration of instruments to determine if the consent forms had been signed and returned or participants needed more time to do so. All consent forms (except one) had been returned and handed out to the director before the day of administration. One parent brought the consent form on the material day because she had not been available the previous week but she wanted her child to participate in the study. Also, the researcher obtained the participants' assent (see Appendix A) before their participation.

Participants signed two copies of assent forms, they kept one for their records and present the other copy to the investigator. The assent form included (1) the purpose of study, (2) voluntary participation, and (3) emphasis on confidentiality of the information to be gathered- with a few exceptions. After obtaining participants' assent, the researcher provided pencils and handed out the three instruments, the SPPA, AAQ, SSSC, and a demographic form (see Appendix B) for completion. The researcher and the director of

the community center were available to respond to any questions raised by participants during the administration.

Fourteen participants turned up to complete the measures. Among these, two participants' questionnaires were discarded because they did not complete the measures. Some participants also did not respond to some questions. For these participants, the averages of the mean scores were used in the data analysis. Some of the questions that came up included the need for clarity about the boxes to be checked and some words that some participants needed to be explained. Also, some participants were not sure about what they needed to insert in the blank spaces provided on the acculturation attitudes questionnaire. They needed further explanation before they responded. Participants who fully completed all the assessment instruments were given a \$5 dollar Wal-mart gift card.

Data Analysis

The means and standard deviations for all assessment instruments (see Table 2) as well as reliability (i.e., internal consistencies) estimates for each were computed. Reliabilities (i.e., Cronbach's alpha) of all the subscales were computed to determine their internal consistencies. In comparison to the study conducted by Kovacev and Shute (2004), reliabilities in the present study were slightly higher, except for the peer support subscale which was lower in the present study. Reliability coefficients were as follows: psychosocial adjustment subscales: global self-worth $\alpha = .76$ and peer social acceptance $\alpha = .68$; social support subscales; parent support $\alpha = .69$ and peer support $\alpha = .78$; acculturation attitudes for present study were integration $\alpha = .80$, assimilation $\alpha = .74$,

marginalization $\alpha = .79$, and separation $\alpha = .85$ (see Table 3). Data analyses for the pilot study were conducted using the Statistical Package for the Social Sciences (SPSS Version 18). Correlations among scores on the subscale scales used from each assessment instrument (i.e., SPPA, SSSC, and AAQ) were analyzed using correlation matrix (see Table 4).

Table 2

Means and Standard Deviations of Measures for Pilot Study (N = 12)

Study Measures	Minimum	Maximum	<i>M</i>	<i>SD</i>
SPPA_GSW	1.40	4.00	3.16	.742
SPPA_PSA	1.60	4.00	2.85	.753
SSSC_PAR	2.00	3.83	3.04	.599
SSSC_PEER	2.17	4.00	3.16	.677
AAQ_INT	2.00	5.00	4.16	.929
AAQ_ASS	1.25	4.75	3.13	1.207
AAQ_MARG	1.00	4.60	2.78	1.106
AAQ_SEP	1.00	4.40	2.95	1.182

Note: 1) SPPA_GSW = Self-Perception Profile for Adolescents_ Global Self-Worth, 2) SPPA_PSA = Self-Perception Profile for Adolescents_Peer Social Acceptance, 3) SSSC_PAR = Social Support Scale for Children_Parent, 4) SSSC_PEER = Social Support Scale for Children_Peer, 5) AAQ_INT = Acculturation Attitudes Questionnaire_Integration, 6) AAQ_ASS = Acculturation Attitudes Questionnaire_Assimilation, 7) AAQ_MARG = Acculturation Attitudes Questionnaire_Marginalization, 8) AAQ_SEP = Acculturation Attitudes Questionnaire_Separation

Table 3

Reliability Coefficients of Measures for Pilot Study

Measure	Alpha α	No. of Items
SPPA_GSW	.762	5
SPPA_PSA	.687	5
SSSC_PAR	.697	6
SSSC_PEER	.787	6
AAQ_INT	.805	4
AAQ_ASS	.749	4
AAQ_MARG	.798	5
AAQ_SEP	.856	5

Note: 1) SPPA_GSW = Self-Perception Profile for Adolescents_ Global Self-Worth, 2) SPPA_PSA = Self-Perception Profile for Adolescents_Peer Social Acceptance, 3) SSSC_PAR = Social Support Scale for Children_Parent, 4) SSSC_PEER = Social Support Scale for Children_Peer, 5) AAQ_INT = Acculturation Attitudes Questionnaire_Integration, 6) AAQ_ASS = Acculturation Attitudes Questionnaire_Assimilation, 7) AAQ_MARG = Acculturation Attitudes Questionnaire_Marginalization, 8) AAQ_SEP = Acculturation Attitudes Questionnaire_Separation

Table 4

Pearson Product-Moment Correlations of Measures for Pilot Study (N = 12)

	SSSC_ PAR	SSSC- PEER	SPPA- GSW	SPPA- PSA	AAQ- INT	AAQ_ ASS	AAQ- MARG	AAQ- SEP
SSSC_PAR	1.00							
SSSC_PEER	.71**	1.00						
SPPA_GSW	.69*	.48	1.00					
SPPA_PSA	.68	.77**	.69*	1.00				
AAQ_INT	-.45	-.21	-.03	-.19	1.00			
AAQ_ASS	.09	.35	.09	.37	.12	1.00		
AAQ_MARG	.38	.34	-.05	.28	-.34	.66*	1.00	
AAQ_SEP	.33	.52	-.06	.35	-.20	.79**	.92**	1.00

**Correlation is significant at the $p < .01$ level (2 tailed)

*Correlation is significant at the $p < .05$ level (2 tailed)

Note: 1) SSSC_PAR = Social Support Scale for Children_Parent, 2) SSSC_PEER = Social Support Scale for Children_Peer, 3) SPPA_GSW = Self-Perception Profile for Adolescents_Global Self-Worth, 4) SPPA_PSA = Self-Perception Profile for Adolescents_Peer Social Acceptance, 5) AAQ_INT = Acculturation Attitudes Questionnaire_Integration, 6) AAQ_ASS = Acculturation Attitudes Questionnaire_Assimilation, 7) AAQ_MARG = Acculturation Attitudes Questionnaire_Marginalization, 8) AAQ_SEP = Acculturation Attitudes Questionnaire_Separation

Results of Pilot Study

Means and standard deviations for all assessment scores are presented (see Table 2). In comparison to the study conducted by Kovacev and Shute (2004), the means and standard deviations were as follows: global self-worth ($M = 3.07$, $SD = 0.62$), present sample ($M = 3.16$, $SD = .74$), peer social acceptance ($M = 3.01$, $SD = 0.57$), present

sample ($M = 2.85$, $SD = .75$), parental support ($M = 3.38$, $SD = 0.53$), present sample ($M = 3.04$, $SD = .59$), peer/friend support ($M = 3.33$, $SD = 0.66$), present sample ($M = 3.16$, $SD = .67$). For acculturation attitudes, present sample integration ($M = 4.16$, $SD = .92$), assimilation ($M = 3.13$, $SD = 1.2$), separation ($M = 2.95$, $SD = 1.1$), and marginalization ($M = 2.7$, $SD = 1.1$). Means and standard deviations for acculturation attitudes were not compared to those in the study above because a different acculturation measure was used. Means on all assessment instruments in the present study were scored in the median range (see Table 3). For psychosocial adjustment, global self-worth had the highest mean while peer support indicated the highest mean scores among social support subscales. Among acculturation attitudes, integration was highest and assimilation had the lowest mean score. As shown in Table 3, there seems to be more variance in separation and marginalization. Results of the pilot study indicated positive to negative correlations between assessment instruments.

Correlations between psychosocial adjustment subscales (i.e., global self-worth and peer social acceptance) were as follows; global self-worth and peer social acceptance indicated a moderate relationship $r(10) = .69$, $p < .01$. The same moderate relationship was found to exist between global self-worth and one of the social support subscales (i.e., global self-worth and parental support, $r(10) = .69$, $p < .01$. The relationship between peer social acceptance and parental support was moderate, $r(10) = .68$, $p < .01$ while peer social acceptance and peer support indicated a strong relationship $r(10) = .77$, $p < .00$

There was a strong relationship among social support subscales. The correlation between parental and peer support was $r(10) = .71$, $p < .00$. Correlations among

acculturation attitudes subscales indicated moderate to very high relationships. There was a very high relationship between separation and marginalization $r(10) = .92, p < .00$, a strong relationship between separation and assimilation $r(10) = .79, p < .00$, and a moderate relationship between marginalization and assimilation $r(10) = .66, p < .01$.

Results from the pilot study indicated that the adolescent refugee participants tended to favor separation and marginalization in comparison to integration and assimilation attitudes. The adolescents supported separation (i.e., tend to maintain original culture) and marginalization (i.e., lack of involvement in either original or host country culture). This finding was different from research findings which have consistently indicated a leaning towards integration (i.e., participation in both original and host majority culture) and assimilation (i.e., rejection of original in favor of host culture) as the two attitudes providing successful adjustment. Results from the present study may partly be explained by the differences in the sample used in comparison to other studies, where participants have ranged from immigrants vs. refugees and also different cultural backgrounds.

Some limitations of the pilot study included a discrepancy in country and gender representation. Even with the small sample of participants, some countries were more highly represented (e.g., Liberia) than others. Also, other countries the investigator anticipated to be represented were not included in the study due to lack of participants. This may be due to a low representation of some countries of origin of African adolescent refugees in Greensboro. Because of these differences in country and gender representation, the findings need to be interpreted with caution. Correlations among instruments may have been different with a larger sample of participants. Also, some

participants took a longer time to complete the instruments than initially anticipated.

Taking longer time was observed among participants who had resided in the U.S. for one to one and a half years. Participants who had resided in the U.S. for more than two years were able to complete the instruments within the expected time period. Besides, some participants were confused with the number of boxes to be checked on the instruments (see Appendix B). They needed some explanation before they eventually were able to respond.

Also, the instruments administered in the study had yet to be used with an African adolescent refugee sample anywhere. Therefore, there may have been some slight variations in the interpretation of the items on the questionnaires, which then led to some taking a longer period of time. Additionally, some questions on the instruments were challenging and some participants took more time to think about the possible meanings before they responded. Some of the participants wanted to ask questions during the administrations but were afraid to do so (i.e., as evidenced from the brief conversations with the investigator after completion) because they did not want their peers to think they did not understand the questions. Another observation from the director was that there were many adolescents who were not present because of other commitments. She suggested that handing out the instruments individually (i.e., different days and times) may have yielded a much larger sample than those who participated.

Revisions Based on Pilot Study

For the main study, a number of changes were needed. First, the time allocated to complete the instruments needed to be different for participants depending on the duration of residence in the U.S. Those who have resided in the U.S. for less than two years were given more time to complete the instruments. Also, it was necessary to work in collaboration with the directors of the communities from which the sample was derived to determine the participants who might need to complete the instruments individually. This may alleviate the problem of some participants not being available during certain days of the week, and also in case any of them may need to ask questions that they may otherwise not do so in the company of their peers. In addition, because some participants were not sure whether they needed to check one or two boxes, the boxes were dropped. Also, a clear example was given at the top of each instrument for better understanding by participants.

CHAPTER IV

RESULTS

In Chapters I, II, and III, an introduction and purpose of the study, an overview of the literature, and methodology for this study designed to examine the relationship among acculturation, social support, and psychosocial adjustment of African adolescent refugees in the U.S. were presented. In this chapter, the results of the study are presented including descriptive statistics, Pearson Correlation analyses, Multiple and Univariate Regressions, and Factorial ANOVA using SPSS Statistics Version 18.0. First, a detailed description of the participants in the study including demographic information is presented. Descriptive statistics for participants' age, grade level, gender, country of origin, and length of stay in the U.S. are described. General descriptive statistics for study measures showing means and standard deviations are presented.

Additionally, descriptive statistics indicating African adolescent refugees' means and standard deviations on study measures by gender, country/or region of origin, age, and length of stay in the U.S. are presented. Statistical analyses for each of the instruments used in this study are presented. These include presentation and discussion of the reliabilities of each instrument. Correlations among the four subscales (SSSC-PAR, SSSC-PEER, SPPA-GSW, SPPA-PSA, and AAQ-subcales) used in this study are presented. A correction for attenuation correlation matrix also is presented and explained. Also, data analyses used to test the research hypotheses in this study are presented.

Participants in the study were selected from cities in Guilford County, North Carolina. They were invited to participate and informed about the procedures in the study at different times due to different schedules at school and other family commitments. Two weeks after initial contact, a formal presentation was made to participants who were gathered at two local churches in Greensboro. Participants were informed about the purpose and the reason they had been chosen to take part in the research study. Also, they were informed that upon completion of the study measures, they would receive a \$5 Wal-Mart gift card. For those who were under the age of eighteen, they were informed that their parents' permission would be required before they participated in the study. Participants were invited to ask any questions they had about the study at that time and also were informed that they were free to ask any other questions later. After the presentation, two copies of parental consent forms in three languages (i.e., English, Kiswahili, and French) were handed out to each participant who was under 18. They were given 2 weeks within which their parents were to sign both copies and one copy was to be returned to the researcher before they participated in the study.

Copies of one consent form were returned to the researcher at different times ranging from one week to one and a half weeks after they were handed out. After all parental consent forms were collected, participants were gathered again in two churches in Greensboro at different times for completion of study measures. On the day of administration, each participant was given a pencil and assent form to sign to grant permission as participants. Upon completion of signing the forms, each participant was given the following study measures to complete: a demographic questionnaire, Social

Support Scale for Children (12 items), Self-Perception Profile for Adolescents (10 items), and Acculturation Attitudes Questionnaire (20 items). Participants were informed that they were to take thirty to forty five minutes to complete the measures. However, those who wanted more time to complete also were told they would not be penalized for taking longer.

Description of Participants

Participants in this study were a total of 71 African adolescent refugees resettled in Guilford County, North Carolina. After parental consent was provided by participants' parents (as needed) and assent forms from participants, a total of 71 study measures and demographic forms were distributed. Of these total, 70 questionnaires were fully completed (which represented 98% participation). One questionnaire was discarded because the participant only completed the demographic form. Participants were boys and girls enrolled in grades seven through twelve (i.e., middle school through high school). Also, all participants were fluent in English.

As shown in Table 5, participants in this study included fairly equal numbers of girls 54 percent ($n = 38$) and boys 45 percent ($n = 32$). The age range was 13 through 19 years with a mean of 16 years ($SD = 1.88$). The number of participants by age was almost evenly distributed for 16 through 19 year olds. The highest representation was 18 years, 20 percent ($n = 14$), followed by 16 years, 18 percent ($n = 13$), 17 years, 15 percent ($n = 11$), 19 years, 14 percent ($n = 10$), 15 years, 11 percent ($n = 8$), 13 and 14 years 10 percent ($n = 10$) respectively. Participants represented five African countries of origin

(i.e., Burundi, DRC, Rwanda, Somalia, and Sudan). The highest number was from Sudan, 42 percent ($n = 30$), followed by DRC, 31 percent ($n = 22$), Rwanda, 14 percent ($n = 10$), Burundi, 7 percent ($n = 5$), and Somalia 4 percent ($n = 3$). The highest representation of participants from Sudan than any other country was not surprising due to the prolonged war between the Northern and Southern Sudan that has lasted for over a decade. Because of this, at any given time, countries of resettlement (including the U.S.) are always receiving Sudanese refugees either directly from Southern Sudan or from refugee camps in other countries where they have been resettled.

At the grade level, the highest number of participants were in 12th grade, 30 percent ($n = 21$) with an almost equal number of participants in grades 10 and 11, 22 percent ($n = 16$) and 20 percent ($n = 14$); and grades 8 and 9, 10 percent ($n = 7$) and 12.9% ($n = 9$) respectively. The smallest number of participants were in 7th grade, 4.3 percent ($n = 3$). Additionally, participants had to have lived in the U.S. for at least 1 year and no more than 10 years. Table 6 shows the numbers and percentages of the duration lived in the U.S. as follows; the highest number was 10 years, 28 percent ($n = 20$), followed by 2 years, 20.0 percent ($n = 14$), 1 year, 12 percent ($n = 9$), 3 years, 11 percent ($n = 8$), 6 years, 7 percent ($n = 5$), 9 years, 5 percent ($n = 4$), 4 and 7 years tied at 4.3 percent ($n = 3$), and the least were those who have lived in the U.S. for 5 and 8 years, 2 percent ($n = 2$)

Table 5

Demographic Descriptors of Participants for Main Study (N=70)

Demographic Variables	<i>n</i>	%
Gender		
Female	38	54.3%
Male	32	45.7%
Age		
13	7	10.0%
14	7	10.0%
15	8	11.4%
16	13	18.6%
17	11	15.7%
18	14	20.0%
19	10	14.3%
Country		
Burundi	5	7.1%
DRC	22	31.4%
Rwanda	10	14.3%
Somalia	3	4.3%
Sudan	30	42.9%
Grade Level		
7	3	4.3%
8	7	10.0%
9	9	12.9%
10	16	22.9%
11	14	20.0%
12	21	30.0%

Note: 1) DRC = Democratic Republic of Congo

Table 6

Participant Demographic Descriptors (continued)

Demographic Variables	<i>n</i>	%
Duration of Stay in the U.S.		
1	9	12.9%
2	14	20.0%
3	8	11.4%
4	3	4.3%
5	2	2.9%
6	5	7.1%
7	3	4.3%
8	2	2.9%
9	4	5.9%
10	20	28.8%

The following demographic information also was provided by participants: place of residence before arrival in the U.S. (i.e., refugee camp or directly from country of origin), who their friends were (whether they were American girls or boys, from other refugee groups, or from their own cultural background), other languages spoken at home and school, and religion. From the total number of participants, 62 percent ($n = 44$) indicated they had lived in refugee camps in different countries and 37 percent ($n = 26$) said they came directly from their original countries for resettlement in the U.S. Regarding their friends, 28 percent ($n = 20$) indicated they had friends from all the three categories of groups. About a quarter 25 percent ($n = 18$) reported they had both American and African boys and girls as friends, 17 percent ($n = 12$) had Americans only as friends, 15 percent ($n = 11$) had friends from their own cultural background, and 12 percent ($n = 9$) did not respond.

Participants' responses concerning the language spoken at home were divided into two categories: native language or English and native language. From the total number of participants, 42 percent ($n = 30$) spoke their native language, 34 percent ($n = 24$) spoke English and their native language, and 22 percent ($n = 16$) spoke English at home. In relation to their religion, the majority of participants 88 percent ($n = 62$) were Christians, 7 percent ($n = 5$) were Muslims, and 4 percent ($n = 3$) did not indicate any form of religion. Additionally, from the total number of those who indicated Christianity as their religion, many came from Sudan and the rest from Democratic Republic of Congo, Rwanda, and Burundi. This was expected because many refugees from Sudan come from the predominantly Christian Southern region in comparison to the Northern region which is more Islamic.

Descriptive Results of Measures

Table 7 shows possible and actual ranges of scores, means, and standard deviations for the sub-scales administered in the present study as measures of social support, psychosocial adjustment, and acculturation. The results for Social support measures were as follows: SSSC_PAR (possible and actual range of scores 4 to 20, 11 to 24; $M = 19.7$, $SD = 3.4$); and SSSC_PEER (possible and actual range of scores 4 to 24, 13 to 24, $M = 20.5$, $SD = 3.1$). The results for Psychosocial adjustment measures were: SPPA_GSW (possible and actual range of scores 4 to 20, 8 to 20, $M = 16.1$, $SD = 3.0$), SPPA_PSA (possible and actual range of scores 4 to 20, 5 to 20, $M = 16.3$, $SD = 3.0$). For the Acculturation attitudes, the results were as follows: AAQ_INT (possible and actual range

of scores 5 to 25, 7 to 25, $M = 19.6$, $SD = 4.1$), AAQ_ASS (possible and actual range of scores 5 to 25, 5 to 24, $M = 11.7$, $SD = 4.5$), AAQ_MARG (possible and actual range of scores 5 to 25, 5 to 19, $M = 9.6$, $SD = 3.5$), and AAQ_SEP (possible and actual range of scores 5 to 25, 5 to 23, $M = 13.1$, $SD = 3.8$).

As shown in the table, the highest means were found among social support measures (peer support subscale) and the lowest mean scores were in acculturation measures (marginalization). Among acculturation attitudes, integration was more predominant than the other three subscales. The means and standard deviations for all subscales indicated that participants had very high scores on almost all measures: that is, the majority responded with high values (i.e., 4 or 5) on the subscales and very few responded with lower values (i.e., 1) on specific items on measures, yielding a restricted range.

In Table 8, 9, 10, and 11, the ranges of scores, means and standard deviations of participants in the study by age, gender, region/country, and duration lived in the U.S. are presented. Although participants came from specific countries, as already stated, they were grouped into two groups because of the small numbers represented by some countries (e.g., Burundi, $n = 5$, Somalia, $n = 3$). The numbers could have made it impossible to make any comparisons with other highly represented countries such as Sudan ($n = 30$). Therefore, participants were grouped on the basis of regions as represented by their countries; that is, whether those countries were more from the East or Western parts of Africa.

Table 7

Range of Scores, Means, and Standard Deviations of Measures (N = 70)

Study Measures	Possible Range	Actual Range	<i>M</i>	<i>SD</i>
SS				
SSSC_PAR	4 – 24	11 – 24	19.71	3.40
SSSC_PEER	4 – 24	13 – 24	20.57	3.10
PA				
SPPA_GSW	4 – 20	8 – 20	16.15	3.01
SPPA_PSA	4 – 20	5 – 20	16.37	3.06
ACC. ATTS.				
AAQ_INT	5 – 25	7 – 25	19.62	4.12
AAQ_ASS	5 – 25	5 – 24	11.77	4.53
AAQ_MARG	5 – 25	5 – 19	9.61	3.58
AAQ_SEP	5 – 25	5 – 23	13.18	3.85

Note: 1) SS = Social Support, 2) PA = Psychosocial Adjustment, 3) ACC. ATTS = Acculturation Attitudes, 4) SSSC_PAR = Social Support Scale for Children_Parent, 5) SSSC_PEER = Social Support Scale for Children_Peer, 6) SPPA_GSW = Self-Perception Profile for Adolescents_ Global Self-Worth, 7) SPPA_PSA = Self-Perception Profile for Adolescents_Peer Social Acceptance, 8) AAQ_INT = Acculturation Attitudes Questionnaire_Integration, 9) AAQ_ASS = Acculturation Attitudes Questionnaire_Assimilation, 10) AAQ_MARG = Acculturation Attitudes Questionnaire_Marginalization, 11) AAQ_SEP = Acculturation Attitudes Questionnaire_Separation

Table 8

Range of Scores, Means, and Standard Deviations by Age (N=70)

Variables	Possible Range	Actual Range	<i>M</i>	<i>SD</i>
Age				
Middle School (<i>n</i> = 22)				
SSSC_PAR	4 – 24	11 – 24	20.45	3.50
SSSC_PEER	4 – 24	16 – 24	20.54	2.59
SPPA_GSW	4 – 20	12 – 20	17.22	2.40
SPPA_PSA	4 – 20	12 – 20	16.72	2.69
AAQ_INT	5 – 25	7 – 25	18.90	5.68
AAQ_ASS	5 – 25	5 – 24	12.36	4.33
AAQ_MARG	5 – 25	5 – 19	10.00	4.59
AAQ_SEP	5 – 25	5 – 23	13.59	4.07
High School (<i>n</i> = 48)				
SSSC_PAR	4 – 24	11 – 24	19.37	3.34
SSSC_PEER	4 – 24	13 – 24	20.58	3.33
SPPA_GSW	4 – 20	8 – 20	15.66	3.15
SPPA_PSA	4 – 20	5 – 20	16.20	3.22
AAQ_INT	5 – 25	11 – 25	19.95	3.19
AAQ_ASS	5 – 25	5 – 23	11.50	4.64
AAQ_MARG	5 – 25	5 – 17	9.43	3.05
AAQ_SEP	5 – 25	5 – 20	13.00	3.78

Note: 1) SSSC_PAR = Social Support Scale for Children_Parent, 2) SSSC_PEER = Social Support Scale for Children_Peer, 3) SPPA_GSW = Self-Perception Profile for Adolescents_Global Self-Worth, 4) SPPA_PSA = Self-Perception Profile for Adolescents_Peer Social Acceptance, 5) AAQ_INT = Acculturation Attitudes Questionnaire_Integration, 6) AAQ_ASS = Acculturation Attitudes Questionnaire_Assimilation, 7) AAQ_MARG = Acculturation Attitudes Questionnaire_Marginalization, 8) AAQ_SEP = Acculturation Attitudes Questionnaire_Separation

Table 9

Range of Scores, Means, and Standard Deviations by Gender (N=70)

Variables	Possible Range	Actual Range	<i>M</i>	<i>SD</i>
Gender				
Boys (<i>n</i> = 32)				
SSSC_PAR	4 – 24	12 – 24	19.37	3.77
SSSC_PEER	4 – 24	13 – 24	20.21	3.32
SPPA_GSW	4 – 20	11 – 20	16.53	2.61
SPPA_PSA	4 – 20	5 – 20	16.46	3.73
AAQ_INT	5 – 25	8 – 25	19.43	3.99
AAQ_ASS	5 – 25	5 – 24	12.56	4.84
AAQ_MARG	5 – 25	5 – 19	10.40	3.57
AAQ_SEP	5 – 25	5 – 23	13.78	3.90
Girls (<i>n</i> = 38)				
SSSC_PAR	4 – 24	11 – 24	20.00	3.09
SSSC_PEER	4 – 24	14 – 24	20.86	2.91
SPPA_GSW	4 – 20	8 – 20	15.84	3.31
SPPA_PSA	4 – 20	12 – 20	16.28	2.40
AAQ_INT	5 – 25	7 – 25	19.78	4.28
AAQ_ASS	5 – 25	5 – 23	11.10	4.20
AAQ_MARG	5 – 25	5 – 19	8.94	3.50
AAQ_SEP	5 – 25	5 – 21	12.68	3.79

Note: 1) SSSC_PAR = Social Support Scale for Children_Parent, 2) SSSC_PEER = Social Support Scale for Children_Peer, 3) SPPA_GSW = Self-Perception Profile for Adolescents_Global Self-Worth, 4) SPPA_PSA = Self-Perception Profile for Adolescents_Peer Social Acceptance, 5) AAQ_INT = Acculturation Attitudes Questionnaire_Integration, 6) AAQ_ASS = Acculturation Attitudes Questionnaire_Assimilation, 7) AAQ_MARG = Acculturation Attitudes Questionnaire_Marginalization, 8) AAQ_SEP = Acculturation Attitudes Questionnaire_Separation

Table 10

Range of Scores, Means, and Standard Deviations by Region/Country of Origin

Variables	Possible Range	Actual Range	<i>M</i>	<i>SD</i>
Region/Country				
West Africa				
<i>(n = 37)</i>				
SSSC_PAR	4 – 24	15 – 24	20.05	2.55
SSSC_PEER	4 – 24	13 – 24	20.08	3.32
SPPA_GSW	4 – 20	8 – 20	15.94	3.12
SPPA_PSA	4 – 20	5 – 20	15.67	3.36
AAQ_INT	5 – 25	7 – 25	19.89	3.89
AAQ_ASS	5 – 25	5 – 22	11.40	3.66
AAQ_MARG	5 – 25	5 – 17	9.18	2.95
AAQ_SEP	5 – 25	7 – 21	13.02	3.71
East Africa				
<i>(n = 33)</i>				
SSSC_PAR	4 – 24	11 – 24	19.33	4.17
SSSC_PEER	4 – 24	15 – 24	21.12	2.78
SPPA_GSW	4 – 20	9 – 20	16.39	2.91
SPPA_PSA	4 – 20	12 – 20	17.15	2.50
AAQ_INT	5 – 25	8 – 25	19.33	4.42
AAQ_ASS	5 – 25	5 – 24	12.18	5.38
AAQ_MARG	5 – 25	5 – 19	10.09	4.17
AAQ_SEP	5 – 25	5 – 23	13.36	4.06

Note: 1) SSSC_PAR = Social Support Scale for Children_Parent, 2) SSSC_PEER = Social Support Scale for Children_Peer, 3) SPPA_GSW = Self-Perception Profile for Adolescents_Global Self-Worth, 4) SPPA_PSA = Self-Perception Profile for Adolescents_Peer Social Acceptance, 5) AAQ_INT = Acculturation Attitudes Questionnaire_Integration, 6) AAQ_ASS = Acculturation Attitudes Questionnaire_Assimilation, 7) AAQ_MARG = Acculturation Attitudes Questionnaire_Marginalization, 8) AAQ_SEP = Acculturation Attitudes Questionnaire_Separation

Table 11

*Range of Scores, Means, and Standard Deviations by Duration of Stay in the U.S.
(N=70)*

Variables	Possible Range	Actual Range	<i>M</i>	<i>SD</i>
Duration				
More than 4 years				
<i>(n = 36)</i>				
SSSC_PAR	4 – 24	11 – 24	19.33	3.71
SSSC_PEER	4 – 24	13 – 24	21.33	2.89
SPPA_GSW	4 – 20	8 – 20	16.75	2.82
SPPA_PSA	4 – 20	12 – 20	17.61	2.32
AAQ_INT	5 – 25	8 – 25	19.80	4.57
AAQ_ASS	5 – 25	5 – 24	12.16	5.29
AAQ_MARG	5 – 25	5 – 19	9.66	3.74
AAQ_SEP	5 – 25	5 – 23	12.80	4.32
At least 4 years				
<i>(n = 34)</i>				
SSSC_PAR	4 – 24	12 – 24	20.11	3.05
SSSC_PEER	4 – 24	14 – 24	19.76	3.15
SPPA_GSW	4 – 20	8 – 20	15.52	3.12
SPPA_PSA	4 – 20	5 – 20	15.05	3.22
AAQ_INT	5 – 25	7 - 25	19.44	3.65
AAQ_ASS	5 – 25	5 – 17	11.35	3.60
AAQ_MARG	5 – 25	5 – 19	9.55	3.46
AAQ_SEP	5 – 25	7 – 21	13.58	3.31

Note: 1) SSSC_PAR = Social Support Scale for Children_Parent, 2) SSSC_PEER = Social Support Scale for Children_Peer, 3) SPPA_GSW = Self-Perception Profile for Adolescents_Global Self-Worth, 4) SPPA_PSA = Self-Perception Profile for Adolescents_Peer Social Acceptance, 5) AAQ_INT = Acculturation Attitudes Questionnaire_Integration, 6) AAQ_ASS = Acculturation Attitudes Questionnaire_Assimilation, 7) AAQ_MARG = Acculturation Attitudes Questionnaire_Marginalization, 8) AAQ_SEP = Acculturation Attitudes Questionnaire_Separation

Reliability Analyses of Instruments

Reliability analyses for the study measures were performed using Cronbach's alpha coefficient (α) as the index for internal consistency. Table 12 shows the alpha (α) coefficients for measures in the present study and those reported in previous research studies. For Social Support subscales, parental support demonstrated the highest reliability coefficient ($\alpha = .63$) and peer support had the lowest ($\alpha = .52$). For psychosocial adjustment subscales, peer social acceptance had the highest reliability coefficient ($\alpha = .65$) and global self-worth the lowest coefficient ($\alpha = .55$). Also as shown in the table, both Social Support subscales (SSSC_PAR and SSSC_PEER) and one of the psychosocial adjustment subscales (SPPA_GSW) had lower reliabilities in comparison to reliability coefficients reported in a previous study (i.e., Kovacev & Shute, 2004).

Acculturation attitudes subscales showed moderate reliability alpha coefficients for integration and assimilation subscales, AAQ_INT ($\alpha = .71$) and AAQ_ASS ($\alpha = .71$). However, reliabilities for marginalization and separation were somewhat low, AAQ_MARG ($\alpha = .57$) and AAQ_SEP ($\alpha = .45$). The finding was different from a previous study by Berry et al. (2006) in which reliabilities for integration, assimilation, and marginalization were lower in comparison to the present study except for separation, which was higher than the present study. The reliabilities for social support and psychosocial adjustment measures as well as some acculturation attitudes subscales (i.e., marginalization and separation) were below the minimum limit acceptable for social sciences studies (i.e., $\alpha = .70$). Overall, these low reliabilities may affect descriptive

statistics and the relationships among variables in the study. Additional explanations will be provided in Chapter V as a direction for future studies.

Table 12

Reliability Alpha Coefficients of Instruments

Instrument	Alpha (α) Present Study ($n = 70$)	Kovacev & Shute (2004) ($n = 83$)	Berry et al., (2006) ($n = 700$)
SSSC_PAR	.63	.68	
SSSC_PEER	.52	.86	
SPPA_GSW	.55	.71	
SPPA_PSA	.65	.63	
AAQ_INT	.71		.48
AAQ_ASS	.71		.58
AAQ_MARG	.57		.55
AAQ_SEP	.45		.64

Note: 1) SSSC_PAR = Social Support Scale for Children_Parent, 2) SSSC_PEER = Social Support Scale for Children_Peer, 3) SPPA_GSW = Self-Perception Profile for Adolescents_Global Self-Worth, 4) SPPA_PSA = Self-Perception Profile for Adolescents_Peer Social Acceptance, 5) AAQ_INT = Acculturation Attitudes Questionnaire_Integration, 6) AAQ_ASS = Acculturation Attitudes Questionnaire_Assimilation, 7) AAQ_MARG = Acculturation Attitudes Questionnaire_Marginalization, 8) AAQ_SEP = Acculturation Attitudes Questionnaire_Separation

Research Question One

What are the relationships among acculturation, social support, and psychosocial adjustment for African adolescent refugees in the U.S.?

Hypothesis one. Hypothesis one stated that there would be a relationship among acculturation, social support, and psychosocial adjustment for the sample. To examine this hypothesis, Pearson Product-moment correlations among all the subscales and

measures were calculated for all the participants. Table 13 shows the results of the correlation matrices. First, findings from the correlation matrix indicated significant positive relationships among some of the social support and psychosocial adjustment subscales: SSSC_PAR and SPPA_GSW $r(68) = .37, p < .00$, SSSC_PEER and SPPA_PSA $r(68) = .34, p < .00$. There were no relationships between SSSC_PAR and SPPA_PSA $r(68) = .10, p < .36$, and SSSC_PEER and SPPA_GSW $r(68) = .18, p < .11$.

Second, there were no relationships between acculturation attitudes and psychosocial adjustment; SPPA_GSW with AAQ_INT $r(68) = .17, p < .14$, AAQ_ASS $r(68) = .06, p = .57$, AAQ_MARG $r(68) = -.01, p = .88$, and AAQ_SEP $r(68) = -.09, p < .46$. SPPA_PSA with AAQ_INT $r(68) = .06, p < .60$, AAQ_ASS $r(68) = .15, p < .20$, AAQ_MARG $r(68) = -.02, p < .87$, and AAQ_SEP $r(68) = .00, p < .99$. For social support and acculturation attitudes, there were only partial relationships found. Parental support (i.e., SSSC_PAR) showed no relationships with AAQ_INT $r(68) = .08, p < .48$, AAQ_ASS $r(68) = -.05, p < .67$, AAQ_MARG $r(68) = -.05, p < .67$, and AAQ_SEP $r(68) = .06, p < .58$. Similarly, peer support had no relationships with all acculturation attitudes subscales with the exception of a significant relationship with integration; SSSC_PEER with AAQ_INT $r(68) = .29, p < .01$, AAQ_ASS $r(68) = -.16, p < .16$, AAQ_MARG $r(68) = -.15, p < .19$, and AAQ_SEP $r(68) = -.12, p < .36$.

Therefore, the hypothesis as stated was only partially supported by the data in the present study. Positive relationships were only observed among parental support and global self-worth, as well as peer support and peer social acceptance. No relationships were found among parental support and peer social acceptance; peer support and global

self-worth were extremely low. Also, among acculturation attitudes subscales, the only significant relationship was found among peer support and integration. Tables 14, 15, and 16 show a comparison of correlations among study measures in the present and a previous study.

Table 17 shows disattenuated correlations among the measures. These correlations can be interpreted as the level of association you might see if there were no measurement errors. With observed variable, the correlation between two variables is reduced due to errors in the measurement of both variables. Disattenuation of the correlation helps to see what the maximum correlations between the variables would be if they could be measured without error. These correlations for disattenuation have little significance in the present study (i.e., they were not used in the analyses). The numbers of participants in the study were large to enable the finding of significant relationships. Therefore, any major decisions about interventions with the sample may be made with caution based on the very low correlations in .20s and .30s. Implications of these findings will be further discussed in Chapter V for future research.

Table 13

Pearson Product-Moment Correlation of Instruments (N=70)

	SSSC_ PAR	SSSC- PEER	SPPA- GSW	SPPA- PSA	AAQ- INT	AAQ_ ASS	AAQ- MARG	AAQ- SEP
SSSC_PAR	1.00							
SSSC_PEER	.35**	1.00						
SPPA_GSW	.37**	.18	1.00					
SPPA_PSA	.10	.34**	.49**	1.00				
AAQ_INT	.08	.29*	.17	.06	1.00			
AAQ_ASS	-.05	-.16	.06	.15	-.31**	1.00		
AAQ_MARG	-.05	-.15	-.01	-.02	-.48**	.31**	1.00	
AAQ_SEP	.06	-.12	-.09	.00	-.17	.12	.21	1.00

**Correlation is significant at the $p < .01$ level (2 tailed)

*Correlation is significant at the $p < .05$ level (2 tailed)

Note: 1) SSSC_PAR = Social Support Scale for Children_Parent, 2) SSSC_PEER = Social Support Scale for Children_Peer, 3) SPPA_GSW = Self-Perception Profile for Adolescents_Global Self-Worth, 4) SPPA_PSA = Self-Perception Profile for Adolescents_Peer Social Acceptance, 5) AAQ_INT = Acculturation Attitudes Questionnaire_Integration, 6) AAQ_ASS = Acculturation Attitudes Questionnaire_Assimilation, 7) AAQ_MARG = Acculturation Attitudes Questionnaire_Marginalization, 8) AAQ_SEP = Acculturation Attitudes Questionnaire_Separation

Table 14

Comparison of Correlations between Social Support and Psychosocial Adjustment

Measures	Present Study ($n = 70$)		Kovacev & Shute (2004) $n = 83$	
	SPPA_GSW	SPPA-PSA	SPPA_GSW	SPPA-PSA
SSSC_PAR	.37**	.10	.51**	.40**
SSSC_PEER	.18	.34**		
Classmate Support			.72**	.63**
Close Friend Support			.59**	.55**

**Correlation is significant at the $p < .01$ level (2 tailed)

*Correlation is significant at the $p < .05$ level (2 tailed)

Note: 1) SSSC_PAR = Social Support Scale for Children_Parent, 2) SSSC_PEER = Social Support Scale for Children_Peer, 3) SPPA_GSW = Self-Perception Profile for Adolescents_Global Self-Worth, 4) SPPA_PSA = Self-Perception Profile for Adolescents_Peer Social Acceptance.

Table 15

Comparison of Correlations between Acculturation Attitudes and Psychosocial Adjustment

Measures	Present Study ($n = 70$)		Kovacev & Shute (2004) $n = 83$	
	SPPA_GSW	SPPA-PSA	SPPA_GSW	SPPA-PSA
AAQ_INT	.17	.06	.22	.14
AAQ_ASS	.06	.15	-.21	-.30**
AAQ_MARG	-.01	-.02	-.39**	-.41**
AAQ_SEP	-.09	.00	.08	.01

**Correlation is significant at the $p < .01$ level (2 tailed)

*Correlation is significant at the $p < .05$ level (2 tailed)

Note: 1) AAQ_INT = Acculturation Attitudes Questionnaire_Integration, 2) AAQ_ASS = Acculturation Attitudes Questionnaire_Assimilation, 3) AAQ_MARG = Acculturation Attitudes Questionnaire_Marginalization, 4) AAQ_SEP = Acculturation Attitudes Questionnaire_Separation

Table 16

Comparison of Correlations among Acculturation Attitudes and Social Support

Measures	Present Study ($n = 70$)		Kovacev & Shute (2004) $n = 83$		
	SSSC_PAR	SSSC-PEER	SSSC_PAR	SSSC_PEER CF	SSSC_PEER CM
AAQ_INT	.08	.29**	.18	.08	.25*
AAQ_ASS	-.05	-.16	.07	-.26*	-.23
AAQ_MARG	-.05	-.15	-.16	-.36**	-.29**
AAQ_SEP	.06	-.12	-.06	.13	-.04

**Correlation is significant at the $p < .01$ level (2 tailed)

*Correlation is significant at the $p < .05$ level (2 tailed)

Note: 1) AAQ_INT = Acculturation Attitudes Questionnaire_Integration, 2) AAQ_ASS = Acculturation Attitudes Questionnaire_Assimilation, 3) AAQ_MARG = Acculturation Attitudes Questionnaire_Marginalization, 4) AAQ_SEP = Acculturation Attitudes Questionnaire_Separation, 5) SSSC_PAR = Social Support Scale for Children_Parent, 6) SSSC_PEER = Social Support Scale for Children_Peer, 7) CF = Close Friend, 8) CM = Classmate.

Table 17

Disattenuated Correlations of Measures (N=70)

	SSSC_ PAR	SSSC- PEER	SPPA- GSW	SPPA- PSA	AAQ- INT	AAQ_ ASS	AAQ- MARG	AAQ- SEP
SSSC_PAR	1.00							
SSSC_PEER	.61	1.00						
SPPA_GSW	.64	.35	1.00					
SPPA_PSA	.16	.59	.82	1.00				
AAQ_INT	.12	.47	.28	.09	1.00			
AAQ_ASS	-.07	-.27	.10	.22	-.44	1.00		
AAQ_MARG	-.08	-.28	-.03	-.03	-.76	.49	1.00	
AAQ_SEP	.12	-.25	-.18	.00	-.31	.22	.42	1.00

Significance added from Table 13

Note: 1) SSSC_PAR = Social Support Scale for Children_Parent, 2) SSSC_PEER = Social Support Scale for Children_Peer, 3) SPPA_GSW = Self-Perception Profile for Adolescents_Global Self-Worth, 4) SPPA_PSA = Self-Perception Profile for Adolescents_Peer Social Acceptance, 5) AAQ_INT = Acculturation Attitudes Questionnaire_Integration, 6) AAQ_ASS = Acculturation Attitudes Questionnaire_Assimilation, 7) AAQ_MARG = Acculturation Attitudes Questionnaire_Marginalization, 8) AAQ_SEP = Acculturation Attitudes Questionnaire_Separation

Research Question Two

Among the four acculturation attitudes, which one is the best predictor of psychosocial adjustment?

Hypothesis two. Hypothesis two stated that integration would be the best predictor of psychosocial adjustment, followed by assimilation, separation, and marginalization would predict the worst adjustment outcomes. This hypothesis was tested by performing

a multiple regression analysis. The results showed no significance among acculturation attitudes and psychosocial adjustment subscales, that is, none of the acculturation attitudes were significantly predicted by SPPA_GSW, $F(4, 65) = .992, p = .418$ and SPPA_PSA; $F(4, 65) = .638, p = .637$. Thus, acculturation attitudes could not significantly predict psychosocial adjustment. For SPPA_GSW, the proportion of variance accounted for by acculturation was only 6% and for SPPA_PSA it was 4% (See Table 18).

Table 18

Multiple Regression Analysis of Acculturation Attitudes and Psychosocial Adjustment

Model	B	Std. Error	β	t	p
1					
AAQ_INT	.176	.103	.242	1.713	.091
AAQ_ASS	.087	.086	.130	1.006	.318
AAQ_MARG	.065	.119	.077	.541	.591
AAQ_SEP	-.063	.097	-.080	-.647	.520
Dependent Variable: SPPA_GSW					
Model	B	Std. Error	β	t	p
1					
AAQ_INT	.083	.106	.122	.783	.436
AAQ_ASS	.133	.088	.197	1.507	.137
AAQ_MARG	-.024	.123	-.028	-.197	.845
AAQ_SEP	.002	.099	.002	.020	.984
Dependent Variable: SPPA_PSA					

Note: 1) AAQ_INT = Acculturation Attitudes Questionnaire_Integration, 2) AAQ_ASS = Acculturation Attitudes Questionnaire_Assimilation, 3) AAQ_MARG = Acculturation Attitudes Questionnaire_Marginalization, 4) AAQ_SEP = Acculturation Attitudes Questionnaire_Separation, 5) SPPA_GSW = Self-Perception Profile for Adolescents_Global Self-Worth, 6) SPPA_PSA = Self-Perception Profile for Adolescents_Peer Social Acceptance

Research Question Three

Among the social support measures, which one is the best predictor of psychosocial adjustment? (Additional Research Question in Chapter IV)

Hypothesis three. Hypothesis three stated that parental support would be the best predictor of psychosocial adjustment followed by peer support. This hypothesis was tested by performing a multiple regression analysis and it was supported in the findings; parental support significantly predicted global self-worth, $SSSC_PAR$, $F(2, 67) = 6.01$, $p = .004$, and peer support significantly predicted peer social acceptance, $SSSC_PEER$, $F(2, 67) = 4.63$, $p = .013$. However, parental support failed to significantly predict peer social acceptance and similarly peer support failed to predict global self-worth. The model summary indicated that for global self-worth, the proportion of variance accounted for by parental support was 15% and for peer social acceptance, peer support accounted for 12% of variance (See Table 19).

Table 19

Multiple Regression Analysis of Social Support and Psychosocial Adjustment

Model	B	Std. Error	β	<i>t</i>	<i>p</i>
1					
SPPA_GSW	.487	.146	.431	3.329	.001
SPPA_PSA	-.116	.144	-.104	-.805	.424
Dependent Variable: SSSC_PAR					
Model	B	Std. Error	β	<i>t</i>	<i>p</i>
1					
SPPA_GSW	.136	.136	.022	.164	.870
SPPA_PSA	.134	.134	.337	2.560	.013
Dependent Variable: SSSC_PEER					

Research Question Four

Do acculturation attitudes influence the amount of social support that adolescent refugees have which in turn influence psychosocial adjustment?

Hypothesis four. Hypothesis Four stated that that the amount of social support adolescent refugees have and/or perceive would mediate the relationship among acculturation and psychosocial adjustment. This hypothesis was not tested because the conditions for a mediation analysis were only partially met in hypothesis one and hypothesis three but and no significant relationships were found in hypotheses two. According to Baron and Kenny (1989), for a mediating relationship to occur in data analysis, three conditions have to be met. First, there must be evidence of a significant relationship between the independent variable and the mediator variable. In the present study, that means a significant relationship between acculturation attitudes and social support. Second, there must be a significant relationship between the mediator (social

support) and the dependent variable (psychosocial adjustment). Finally, there has to be a significant relationship between the independent (acculturation) and the dependent (psychosocial adjustment) variables.

In order to meet the conditions by Baron and Kenny (1989), evidence of a mediating relationship could have occurred only if the mediator variable (social support) and independent variable (acculturation) simultaneously predicted the dependent variable (psychosocial adjustment). The result of this could have been a reduced or non-significant path/relationship between the independent (acculturation) and dependent (psychosocial adjustment) variables. As stated, results from the first hypothesis showed only minimal significant relationships (between parental support and global self-worth; peer support and peer social acceptance) and the other measures were insignificant. Therefore, due to the lack of these significant relationships among social support and acculturation attitudes, as well as acculturation attitudes and psychosocial adjustment measures, it was impossible to perform a mediation relationship as hypothesized. More on this will be discussed in Chapter V.

Research Question Five

Are there significant mean differences in psychosocial adjustment by gender and duration lived in host country among African adolescent refugees? (Secondary/or Ancillary question).

Hypothesis five. Hypothesis five stated that there would be significant mean differences in psychosocial adjustment by gender and duration lived in the U.S. This hypothesis was tested by performing a Factorial ANOVA. The total means and standard

deviations by gender and duration lived in the U.S. on SPPA_TOTAL are presented in Table 20. Factor ANOVA results did not indicate main effect by gender, $F(1, 66) = .027$, $p = .871$, $eta = .000$, power = .053 but indicated main effect by duration lived in the U.S.; $F(1, 66) = 9.91$, $p = .002$, $eta = .131$, power = .873. Results showed that, overall, for both boys and girls, time spent in the US was associated with higher scores. The scores went from $M = 30.58$, $SD = 5.4$ for those who had lived in the U.S. for at least four years to $M = 34.36$, $SD = 4.4$ for those who had lived in the U.S. for more than four years, this was one standard deviation better.

Table 20

Factorial ANOVA Results for Duration of Stay in the U.S. and Gender (N = 70)

Length	Gender	<i>M</i>	<i>SD</i>	<i>N</i>
More than 4	Boys	34.66	4.41	21
	Girls	33.93	4.54	15
	Total	34.36	4.42	36
At least 4	Boys	29.81	6.82	11
	Girls	30.95	4.74	23
	Total	30.58	5.42	34
Total	Boys	33.00	5.75	32
	Girls	32.13	4.83	38
	Total	32.52	5.27	70

Note: 1) Dependent Variable: SPPA_TOTAL

Summary

In this chapter, results of the analyses conducted for the present study were presented. Demographic description of participants including gender, age, regions/countries of origin, duration of stay in the U.S., and grade levels were described. Descriptive statistics of study measures and reliabilities were analyzed. Data analyses for study hypotheses

were presented. Results from the analyses indicated that social support and psychosocial adjustment were only partially correlated; that is, peer support had a significant correlation with peer social acceptance but no relationship was found between peer support and global self-worth. Similarly, parental support had a significant correlation with global self-worth but no relationship was found with peer social acceptance. Also, among social support measures, parental support had no correlations with acculturation attitudes; however, peer support had a significant correlation with integration but no correlations were found with assimilation, marginalization, and separation. Additionally, between acculturation and psychosocial adjustment measures, peer support positively correlated with integration but no correlations were found with assimilation, marginalization, and separation subscales.

In terms of predictor variables, there was no significance between acculturation and psychosocial adjustment measures. However, significance was observed between some social support and psychosocial adjustment measures. Because of the partial relationships and lack of positive significant relationships among some measures as stated above, the mediation model could not be analyzed in the study. Finally, on differences in adjustment by gender and time lived in the host country, results showed participants well-being increased due to lived in the U.S., $F(1, 66) = 9.91, p = .002, \eta^2 = .131$), but not by gender. An integration of the findings with the literature review, limitations of the study, implications for counselors and service providers, and directions for future research are discussed in Chapter V.

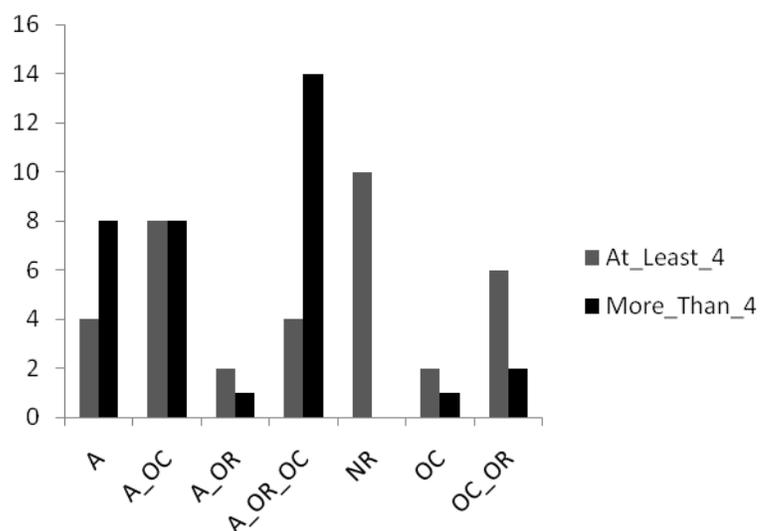
Follow-up/Exploratory Tests

On the demographic questionnaire, participants also were asked to state who their friends were (i.e., whether they were American boys and girls, from other refugee groups, or their own cultural background). The overall findings for all participants were as follows: American culture, other refugee groups, and their own culture, 28 percent ($n = 20$), followed by American culture and their own culture, 25 percent ($n = 18$), American culture, 27 percent ($n = 12$), original culture, 15 percent ($n = 11$), and no response, 12 percent ($n = 9$). There were some differences in the choices of friends by participants' country of origin although these differences were based on very small numbers for some countries and were not tested statistically and thus should be taken with great caution. From Burundi, a girl had no friends from other refugee groups. However, from Democratic Republic of Congo, the trend was reversed with boys showing no friendships from other refugee groups. Girls from Democratic Republic of Congo indicated more friendships with Americans and their own culture than from other refugee groups. For boys from Rwanda, they had no friendships from the other groups except Americans while the girls indicated they had friendships from all the groups.

Somali had the least number of participants, with one boy indicating having American friends and the two girls showed friendships from their own culture and other refugee groups. The highest number of participants from all categories of friends was recorded by boys from Sudan. The majority of participants from Sudan had friends from the American and their own cultural background.

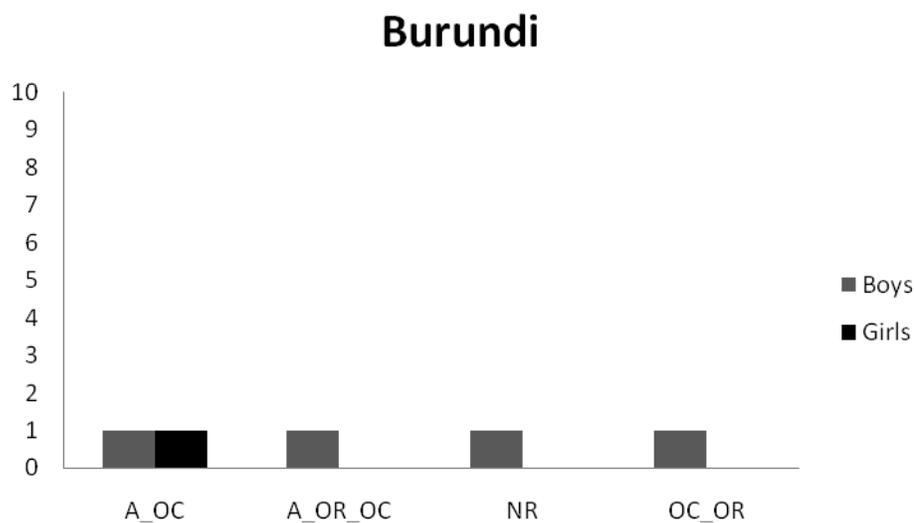
Figure 3

Type of Friends and Duration of Stay in the U.S. (N=12)



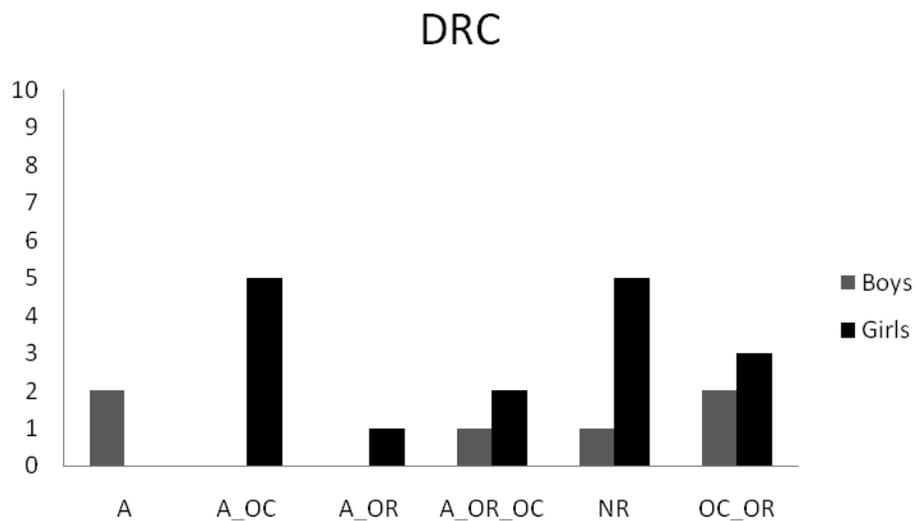
Note: 1) **A** = American, 2) **A, OC** = American and Own Culture, 3) **A, OR** = American and Other Refugees, 4) **A, OR, OC** = American, Other Refugees, and Own Culture, 5) **NR** = No Response, 6) **OC** = Own Culture, 7) **OC, OR** = Own Culture and Other Refugees

Figure 4

Burundi

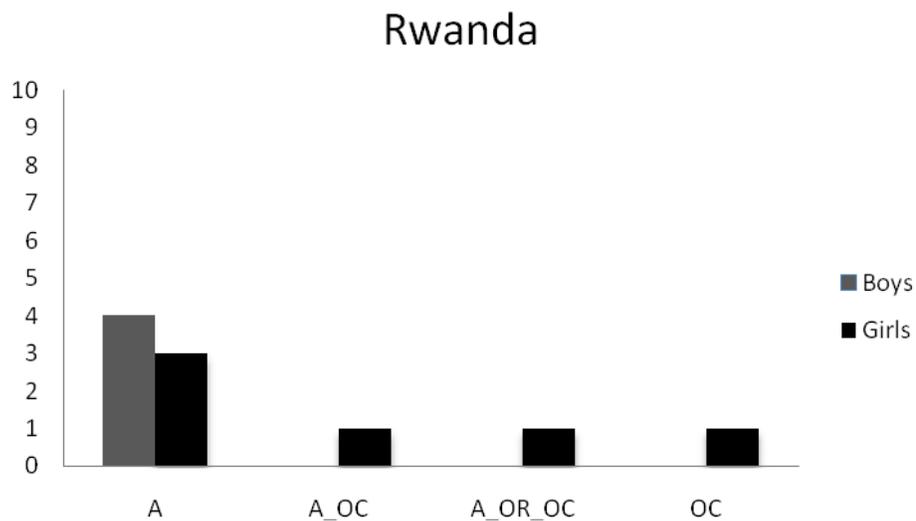
Note: 1) **A** = American, 2) **A, OC** = American and Own Culture, 3) **A, OR** = American and Other Refugees, 4) **A, OR, OC** = American, Other Refugees, and Own Culture, 5) **NR** = No Response, 6) **OC** = Own Culture, 7) **OC, OR** = Own Culture and Other Refugees

Figure 5

DRC

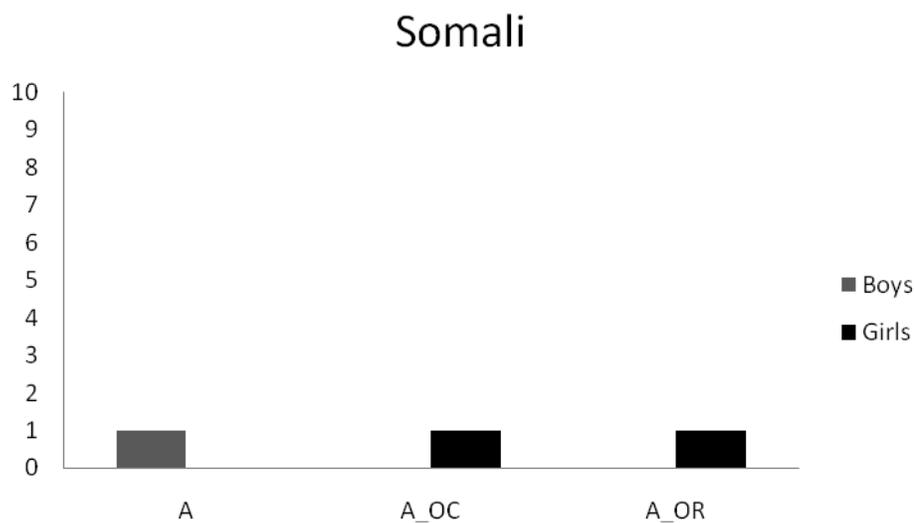
Note: 1) **DRC** = Democratic Republic of Congo, 2) **A** = American, 3) **A, OC** = American and Own Culture, 4) **A, OR** = American and Other Refugees, 5) **A, OR, OC** = American, Other Refugees, and Own Culture, 6) **NR** = No Response, 7) **OC** = Own Culture, 8) **OC, OR** = Own Culture and Other Refugees

Figure 6

Rwanda

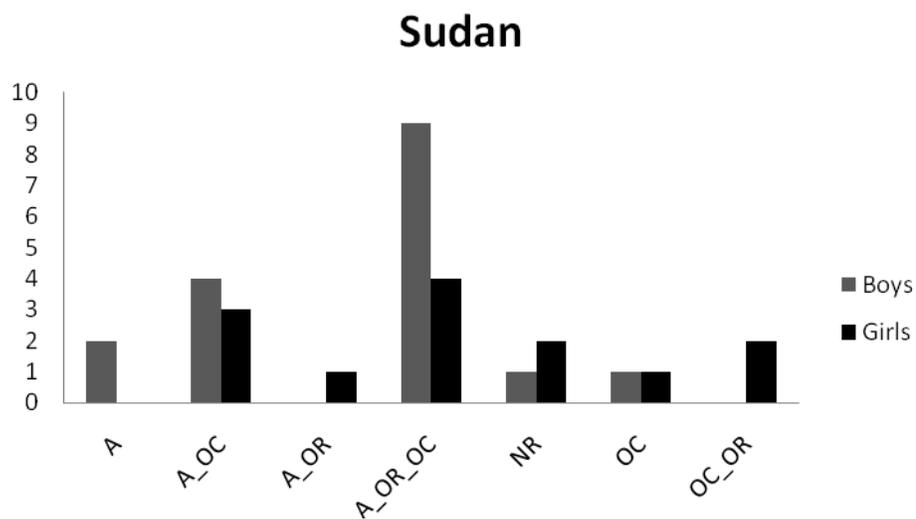
Note: 1) **A** = American, 2) **A, OC** = American and Own Culture, 3) **A, OR** = American and Other Refugees, 4) **A, OR, OC** = American, Other Refugees, and Own Culture, 5) **NR** = No Response, 6) **OC** = Own Culture, 7) **OC, OR** = Own Culture and Other Refugees

Figure 7

Somali

Note: 1) **A** = American, 2) **A, OC** = American and Own Culture, 3) **A, OR** = American and Other Refugees, 4) **A, OR, OC** = American, Other Refugees, and Own Culture, 5) **NR** = No Response, 6) **OC** = Own Culture, 7) **OC, OR** = Own Culture and Other Refugees

Figure 8

Sudan

Note: 1) **A** = American, 2) **A, OC** = American and Own Culture, 3) **A, OR** = American and Other Refugees, 4) **A, OR, OC** = American, Other Refugees, and Own Culture, 5) **NR** = No Response, 6) **OC** = Own Culture, 7) **OC, OR** = Own Culture and Other Refugees

CHAPTER V

DISCUSSION

In this Chapter, a discussion and interpretation of the study findings, limitations of the study, suggestions for future research, and implications for counselors, practitioners, and counselor educators are presented.

Summary of the Results of the Study

The purpose of this study was to examine the relationships among acculturation (i.e., integration, assimilation, marginalization, and separation), social support (i.e., parental and peer support) and psychosocial adjustment (i.e., global self-worth and peer social acceptance) with African adolescent refugees resettled in the U.S. An investigation of the relationships among study variables (i.e., acculturation, psychosocial adjustment, and social support) indicated only partial relationships in terms of expected/hypothesized findings among study measures.

First, among social support and psychosocial adjustment measures, there were positive significant relationships between parental support and global self-worth; and between peer support and peer social acceptance. However, no relationships were found between parental and peer social acceptance, nor between peer support and global self-worth respectively. Second, no relationships were observed between acculturation attitudes and psychosocial adjustment measures. Relationships between social support

and acculturation attitudes indicated a significant relationship between peer support and integration but none with assimilation, marginalization, and separation. Similarly, parental support had no relationships with acculturation attitudes.

In the Multiple Regression model with parental support as the dependent variable, only global self-worth but not peer social acceptance was significant as a predictor variable. Similarly, the Multiple Regression model with peer support as the dependent variable showed peer social acceptance but not global self-worth as a significant predictor. Therefore, a Simple Regression was performed using the significant predictor variables. Results showed that global self-worth accounted for 14 percent ($R^2=.14$) of the variability in parental support and peer social acceptance accounted for 12 percent ($R^2 = .12$) of variability in peer support.

For the question on prediction of adjustment, social support, but not acculturation attitudes predicted psychosocial adjustment. The mediating model for this study (i.e., Multicultural Acculturation Model) was not tested because the key conditions for a mediating relationship were not met. That is, there were only partial significant relationships among acculturation attitudes, social support, and psychosocial adjustment. Also, it is noteworthy that this was the first empirical study to use the Acculturation Attitudes Questionnaire with adolescent refugees in general. Finally, for the ancillary research question, for both boys and girls, duration of time spent in the U.S. yielded higher scores.

Interpretation of Results

It was hypothesized that there would be positive relationships among acculturation, social support, and psychosocial adjustment. Therefore the positive relationship between parental support and global self-worth were expected. This result suggested that parental support, including how positively parents regarded their children, was important in the way African adolescent refugees liked, were satisfied, and were generally happy with the way they were. The finding was consistent with findings from a previous study with adolescent refugees from former Republic of Yugoslavia (Kovacev & Shute 2004) in which researchers found a positive relationship among parental support and global self-worth.

In addition, results in the present study showed a positive relationship between peer support and peer social acceptance, as expected. The result suggested that adolescent refugees who felt supported by their peers had a positive view of themselves and regarded themselves as being popular, valuable, and of significance to their peers. Eventually, these aspects made it possible for them to feel accepted, and therefore easily interact with other peers in their environments, which then positively enhanced their adjustment. This result supported findings from Kovacev and Shute's (2004) study in which they found that peer support (i.e., classmates and close friend) was positively correlated with peer social acceptance. In their conclusion, young people who perceived themselves to be supported by their peers also found themselves popular and easy to get along with. Therefore, the relationships found in the present and previous study suggested

that, also for African adolescent refugees in resettlement, peers played an integral role in their adjustment process.

Results indicating a positive relationship between parental support and global self-worth may be consistent with the important role of parents in young people's lives with African backgrounds. This is because adolescent refugees in this study were from a collectivistic cultural background which has its emphasis in oneness and communal nature of each individual's existence (Bangura, 2005; Nafukho, 2006). Parents are considered key participants in their children's lives and they have specific roles that are guided by African beliefs and values. For adolescent refugees in resettlement who have been forcibly removed from their original countries, and in the absence of a strong community fabric for support, parental support in a foreign environment may become even more important.

As already stated, results of relationships between parental support and peer social acceptance, and between peer support and global self-worth showed no relationships. First, the lack of a relationship between parental support and peer social acceptance showed that adolescent refugees' parents had a very minimal role or none at all in terms of adolescents' popularity within the new environment. The results were different from findings by Kovacev and Shute (2004) in which parental support had a relationship (although somewhat low) with peer social acceptance.

Second, failure of a relationship between peer support and global self-worth suggested that peer support was less important to adolescent refugees with regards to how they liked and viewed themselves, were satisfied, and were happy the way they were as

persons. In a previous study (Kovacev & Shute, 2004), peer support had one of the highest correlations with global self-worth. From their findings, Kovacev and Shute (2004) suggested that adolescent refugees who had close friends to rely on were likely to have a better self-perception and were more socially acceptable. This in turn positively impacted adolescents' adjustment outcomes in their new environment. For the present study, however, this was not so; therefore, it could be that for African adolescent refugees, as already stated, parents had a stronger influence on their self-perception as persons than their peers.

Findings of the relationships between acculturation attitudes and psychosocial adjustment indicated no relationships among the measures. First, the result suggested that acculturation attitudes had no relationship with global self-worth. These findings were different from previous findings by Kovacev and Shute (2004) who used a sample ($n = 83$) of adolescent refugees from former Republic of Yugoslavia. In their study, they only found a significant but low correlation between global self-worth and integration $r(82) = .22$, and a significant negative correlation with marginalization $r(82) = -.39$, but no correlations with assimilation and separation.

Second, the findings also indicated that no relationships were observed between peer social acceptance and acculturation attitudes. This also suggested that the manner of adapting within the new environment had no relationships with adolescent refugees' positive self-perceptions, popularity with their peers, and their significance. In a previous finding (Kovacev & Shute, 2004), peer social acceptance had a strong negative correlation with Marginalization $r(82) = -.41$ and assimilation $r(82) = -.30$, but no

correlations with integration and separation. These results (i.e., present and previous) may be due to a number of factors. Because participants in the two studies were from different backgrounds and resettled in different environments, differences in the manner of responses to study items may have been possible. Also, the duration they had lived in host countries may have contributed to differences in correlations. It may be that identifying with the original, host culture, or none at all were impacted by whether the adolescent was a new arrival, had lived in that country for a short period of time or longer period. In the study by Kovacev and Shute (2004), about a half of the participants ($n = 41$) were new arrivals who had lived in Australia for less than one year. The other participants had lived in Australia between one to seven years.

The second research question was to determine the best predictor of psychosocial adjustment among acculturation attitudes. It was hypothesized that integration would be the best predictor of psychosocial adjustment, followed by assimilation and separation, and marginalization would provide the worst adjustment outcomes. The results indicated that acculturation attitudes (i.e., integration, assimilation, marginalization, and separation) failed to significantly predict psychosocial adjustment (i.e., global self-worth and peer social acceptance).

The findings suggested that adolescent refugee changes in acculturation; including values, attitudes, or behaviors had no impact in terms of their overall adjustment. These results were inconsistent with previous studies with immigrant (e.g., Birman & Taylor-Ritzler, 2007; Motti-Stefanidi et al., 2008; Pfafferrot & Brown, 2006) and adolescent refugees (Kovacev & Shute, 2004) in which acculturation attitudes, mainly integration

best predicted adjustment within a new environment. In the present study, although integration was predominantly endorsed by participants, it was non-significant in relationship to adjustment and thus negligible for any meaningful interpretations.

The third research question was to examine the best predictor of psychosocial adjustment among social support measures. It was hypothesized that parental support would be the best predictor followed by peer support. This was supported in the results, parental support followed by peer support significantly predicted psychosocial adjustment. Results indicated that parental support significantly predicted global self-worth, and peer support significantly predicted peer social acceptance. However, parental support failed to predict peer social acceptance and peer support failed to predict global self-worth. These results also may have been due to the findings of partial significant relationships in the first research question.

In the first research question examining relationships among study measures, positive relationships were found among parental support and global self-worth, peer support and peer social acceptance. Similar findings of significant positive correlations among parental support and global self-worth, peer support and peer social acceptance were observed in the study by Kovacev and Shute (2004) with adolescent refugees from former Republic of Yugoslavia. Therefore, because of these relationships found in the present and previous study, the results showing parental support predicting global self-worth and peer support predicting peer social acceptance were expected. There seems to be consistency in the central role (although at different levels) of both parents and peers in the adjustment of African adolescent refugees. Results from the present study

strengthen the general importance of social support that has been found to contribute to the well-being of adolescents (including the general population, immigrants and refugees alike), even if the sources of social support may vary. These sources of social support may include the ethnic community, broader community, and the family (i.e., Correa-Velez, Gifford, & Barnett, 2010; Davies 2008; Whittaker et al., 2005).

The fourth research question on the mediating role of social support was not conducted. Failure of the mediation model in the present study was unexpected and may be due to a number of factors. First, low reliability coefficients with some study measures contributed to less power in correlations, which may have led to nonsignificant correlations among acculturation and psychosocial adjustment measures. These nonsignificant correlations failed to meet the conditions for a mediating model, which made it inappropriate to perform the analysis. Second, there was a lack of variability in the responses by participants on some measures (i.e., social support and psychosocial adjustment), as indicated in the descriptive statistics, which then provided a more restricted range of scores. The restricted range of scores may have been caused by social desirability responding on the part of participants, which then contributed to nonsignificant correlations among measures.

The fifth (ancillary) research question was to examine differences in psychosocial adjustment by gender and duration of stay in the U.S. Results showed that for both boys and girls, time spent in the US was associated with higher scores. It appeared that participants reported increased well-being based on time lived in the U.S. This may suggest that time could positively impact adjustment outcomes in a new environment as it

has also been suggested in previous findings (e.g., Correa-Velez, Gifford, and Barnett (2010)).

Limitations

Interpretation of results from the present study should be done with consideration of several limitations. First, participants were selected from two cities in one state. Therefore, the results may not be representative of African adolescent refugees resettled in different cities and states in the U.S., especially those areas with large African refugee populations and those with well established refugee support programs. Also, the sample size in the study was fairly small ($n = 70$), with an imbalance in numbers for the countries represented (i.e., the majority of participants came from Sudan, $n = 30$, and very few from Somalia, $n = 3$). The small sample size may have contributed to some of the results in the statistical analyses (such as descriptive statistics, correlations, and reliabilities). A larger sample size of participants and more balanced representation in terms of cities and countries of origin may have provided more information and better comparisons in the responses to measures in the study.

Additionally, the mix of participants from different countries also may have led to some minimal effects in some of the analyses. The sample of participants was complex due to the different countries of origin represented. Therefore, the results in the study may have been affected by these differences (i.e., different manner of responding to items due to country of origin). It could be that the results may have been different if the study was focused on adolescent refugees from a specific country. In addition, there could have

been differences in peer social support due to gender differences. For example, boys may receive support primarily from boys and girls may get their support from only girls; the support they received then could be different. This possibility also may have impacted the results in the present study.

Second, some of the measures utilized in the study required participants' responses about their self-perceptions (i.e., Self-Perception Profile for Adolescents) and, generally, all measures were administered in a self-report format. The likelihood of social bias/social desirability in participants' responses was possible. Besides, some of the participants were directly or indirectly known to the researcher through various community volunteer activities. Although the researcher took precautions (i.e., use of codes instead of participants' names on measures) to reduce social bias, having prior knowledge of the researcher also may have impacted the way participants responded to items on study measures (i.e., rating themselves highly than they should). This also may have caused the restricted range of scores in descriptive statistics.

Third, low reliabilities for study measures may have affected the power, ranging from descriptive statistics and correlations among measures. For example, lack of significant differences in psychosocial adjustment by gender may have been due to random error having too large an influence on some study measures (i.e., acculturation and psychosocial adjustment). Higher reliabilities may have provided more information in the analyses of relationships among measures and differences by gender.

Fourth, accessibility and availability of participants was a challenge. Because all participants were enrolled in schools, they were only available during specific times and

days of the week. The researcher had to go to different community centers as a way of meeting potential participants. Also, some changes had to be made regarding the venue for administration of measures due to other community activities that needed priority. Generally, there may have been more participants if the venues had been closer to their parents' residences.

Overall, this was the first empirical study of acculturation and psychosocial adjustment of African adolescent refugees in resettlement in the U.S. Despite the limitations, the findings set a precedent for future research in examining the relationships among acculturation, social support, and psychosocial adjustment of African adolescent refugees.

Suggestions for Future Research

The sample size for the present study was small. Thus, future researchers may examine the same variables with a larger sample size. Also, the small sample from specific countries of origin may have hindered significant comparisons among the groups. For example, in examining differences in psychosocial adjustment by gender and duration of stay in the U.S., results indicated that in general, time spent in the U.S. was associated with higher scores for both boys and girls. However, there were no comparisons to determine if there could have been any differences by countries of origin due to the small sample size. A larger sample size could have made more credible comparisons for generalization of findings.

In addition, because duration of stay in the host country seemed to contribute to higher scores on measures, future researchers may need to focus on comparing adolescent refugees who have lived in resettlement at different times (i.e., early years and later years of resettlement) to determine some of the contributing factors regarding how well-adjusted or not adjusted they could be in a new country. In particular, researchers might examine at what point of duration adjustment begins to be seen as well as what factors impact initial adjustment and later adjustment, over and beyond those examined in this study (e.g., teacher support, living in neighborhoods with predominantly persons from country of origin vs. host country, coming from country of origin vs. through a refugee camp).

The results also indicated that peer support positively impacted adolescent refugees' adjustment. In the present study, peers were considered as close friends or confidants the adolescents talked to about everything. These peers were either from the mainstream or host culture, original culture (i.e., that of adolescent refugees), and other refugee groups. In the study by Kovacev and Shute (2004) with adolescent refugees from former Republic of Yugoslavia in Australia, peers were divided into two categories; close friends and classmates. In future studies, there may be need to determine which type of friends contributed to African adolescent refugees' acculturation and positive adjustment within the new environment.

Furthermore, adolescent refugees' support may have been influenced by their pre-migration sources of social support. That is, on the demographic questionnaire, some of the participants stated refugee camps as their prior residence before coming to the U.S.

Therefore, it is possible that participants' views about social support may have differed depending on whether they came directly from their original countries or from refugee camps in a different country. For example, those who came from refugee camps could identify more with fellow peers from other countries also resettled in camps while those directly from their countries could identify more with peers from their own cultural background. There are also different expectations from refugee boys and girls by their parents or caregivers. These expectations may range from girls having more responsibilities at home in comparison to boys. Thus, future researchers may need to examine adolescent refugees' adjustment by gender to determine any differences in their support systems.

Some participants also may have defined parental support differently due to pre-migration experiences where they lost their biological parents and are in the care of extended family members (e.g., uncles and aunts). It may be possible that their manner of responding to parental support items differed due to who their caregiver was at the time. Future researchers may need to be more explicit about the definition of a parent.

Additionally, there could be subjective elements from participants that are not considered in a quantitative study. Therefore, an addition of focus groups or structured interviews could provide more information on African adolescent refugees' preferences of peers and in what ways they may contribute to their positive adjustment. These focus groups could be done with individual participants or a group of peers in order to get different perspectives (i.e., as individual adolescent refugees and as a group). Additionally, structured interviews using individual participants or groups could be done

by gender or by specific country. Also, future researchers may include other variables that constitute different environments for African adolescent refugees in resettlement (i.e., the school, other family members, and the ethnic community). These variables may provide other sources of support that were not examined in the present study.

Furthermore, adolescents in the present study reported being well adjusted and supported in their present environments. This supports the arguments by researchers that not all refugees, including adolescent refugees in the present study, are “sick” individuals due to their past traumatic war experiences. Therefore, future researchers could focus more on in depth work through focus groups or structured interviews to determine some of the factors that facilitated their adjustment in host countries.

On a more practical level, the hypothesized model was not analyzed in the present study due to the lack of significant relationships among some of the study measures (i.e., acculturation and psychosocial adjustment) and partly the low reliabilities found in the analyses. In a previous study (Kovacev & Shute, 2004), results showed significant relationships as were hypothesized in the model. However, participants in the study were selected from a metropolitan city unlike the present study in which participants were selected from two cities but not in urban settings. In future studies, researchers may need to use a variety of samples, including participants from more rural, urban and/ or metropolitan areas, to determine if the model applies to adolescent refugees in different settings. Also, during the early stages of research, it could be important to do a pilot study with participants from rural, urban, and metropolitan areas to determine if there may be need for further revision of the instruments for use with African adolescent refugees.

For counselor educators, results from this study points to the need for further research into the development and /or refining of culturally appropriate models and theoretical underpinnings with African adolescent refugees. Research with refugees in general has been tailored around medical models and very rarely on psychosocial elements that enhance adjustment in new environments (e.g., Jaranson et al., 2004; Layne et al., 2002; Murray et al., 2008; Smith et al., 2002). Therefore, it may be that counselor educators need to further examine development of frameworks that are grounded in African adolescent refugees' aspects of psychosocial adjustment.

Finally, although there were minimal cultural community activities that provided potential opportunities to make initial contact with participants, attending these activities helped and made it easier to interact with parents and their children. The settings were informal and provided opportunities to engage in activities with adolescent refugees through song, play, and general discussions. Eventually, parental consent was much easier and faster than expected and participants were more willing to participate in the study. In future research with African adolescent refugees, it would be important for researchers to engage with not only cultural brokers, but, when possible, to immerse into some of the cultural activities in the community through participation or observation. This may alleviate any suspicions of the researcher/s from would-be participants and their parents and/or guardians especially due to cultural differences and past experiences that may lead to a lack of trust for strangers.

Implications for Counselors and Practitioners

This was the first empirical study examining the relationships among acculturation, social support, and psychosocial adjustment of African adolescent refugees in the U.S. In some cities in the U.S., refugee youth are enrolled in preparatory schools (i.e., to learn English language) before joining mainstream American public schools. In both schools, school counselors and teachers need to be aware of the relationship among some of the variables examined in the present study (i.e., parental support and global self-worth; peer support and peer social acceptance). This awareness could lead to involving parents and peers (from mainstream, other refugee backgrounds, and original cultural background) collaboratively in working with adolescent refugees who may be struggling with different issues (i.e., behavioral, academic, and social) in a new school environment.

Because parents play a critical role in the lives of African adolescent refugees, school counselors could identify some of the areas that they could potentially involve them in their children's lives. For example, for adolescent refugees in high school, during the decision-making process regarding choices for colleges and major areas of study, parents' advice among African youth is considered vital. Therefore, school counselors could work with refugee youth and their parents to help them in making decisions about their education.

Teachers also could work with parents through school organizations such as Parent Teachers Association (PTA) and parent, teacher conferences. Parents' resourcefulness about their children's education in their countries of origin that had a different setting and curriculum may be much needed to help teachers in their strategies as they help refugee

youth adapt to a new curriculum in a new environment. Thus, for teachers both in preparatory and mainstream schools, there is need for open communication with adolescent refugees' parents, including communication about their children's past school performance and subject areas that may need greater attention.

School officials, teachers, and school counselors also need to be aware that the passing on of cultural values from parents to their children is an on-going process for refugees with African backgrounds. That is, although refugees could be displaced from their countries of origin, parents are obligated to ensure their children learn important values that are part of their cultural heritage. These values include the strong sense of community/togetherness, respect for older persons, and hard work. Therefore, they need to devise different ways of involving parents in school activities with their children during the school year. This may include setting aside a day during the school year for cultural activities (i.e., song, dance, poems, sports) by refugee youth from various countries of origin. Parents could be invited as guests to observe their children being engaged in these activities. Through this, parents will be empowered more as active participants in adolescent refugees' lives at home and school, and also they will have a continued sense of pride that school officials recognize their contribution in their children's lives.

In community counseling agencies, counselors also need to be aware of the important role of parents in adolescent refugees' adjustment in resettlement. Some refugee youth may be referred by school counselors into the community for counseling on various issues they could be struggling with, either from their past experiences or during their

present adjustment in school. Thus, counselors also could involve parents in counseling sessions or use family counseling approaches in working with adolescent refugees. Through this, counselors could brainstorm and share ideas with parents about their children and how to better serve them in counseling.

Findings in the present study indicated that peer support contributed to adolescent refugees' popularity and feelings of acceptance among their peers. Therefore, school counselors and teachers also need to be aware of the important role peers play in the lives of adolescent refugees during resettlement. Because the school has been found to be an important environment of belonging for adolescent refugees (e.g., Correa-Velez, Gifford, and Barnett, 2010; Kia-Keating & Ellis, 2007), fostering strong peer relationships among adolescents from the mainstream culture and adolescent refugees by school counselors and teachers may provide opportunities for more interaction and establishment of new relationships. This in turn may lead to more opportunities for interaction and engaging in activities that encourage involvement of youth from all backgrounds at school.

Results from this study also indicated that adolescent refugees who had lived in the U.S. longer scored higher on study measures and therefore were better adjusted than those who had lived for a shorter period of time. Thus, school counselors and teachers also need to understand that there could be differences in adjustment among adolescent refugees due to the length of stay in the U.S. Similar findings were reported by Correa, Gifford, and Barnett (2010) who found that time had a positive impact on refugee youth's well-being. Therefore, it may be necessary to involve adolescent refugees who have lived in the U.S. for a longer period in activities with newer arrivals to help them during

adjustment in school. Those adolescents may act as mentors and provide needed advice because they may better understand their peers' cultural background.

Additionally, counselors in community agencies need to be aware of the differences in adjustment that may potentially exist among adolescent refugees who may be recent arrivals and those who have lived in the U.S. for a longer period of time. They need to be sensitive to the different needs that these two groups may present in counseling and therefore tailor their counseling strategies to meet their refugee clients at different levels and not have a general perspective of all African adolescent refugees (i.e., in terms of their needs).

Conclusion

Results from this study provided the first empirical examination of the relationships among acculturation, social support, and psychosocial adjustment among African adolescent refugees in resettlement in the U.S. It was found that there were relationships among social support and psychosocial adjustment; parental support had a predictive relationship with global self-worth and peer support had a predictive relationship with peer social acceptance, respectively. Also, it seems that time, that is, the duration lived in the host country, is an important aspect in the adjustment of adolescent refugees. All these findings are contributions to a better understanding of the needs of African adolescent refugees in resettlement, and they provide avenues for future research and suggestions for counselors and practitioners.

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APPENDIX A

INSTRUCTIONS AND INFORMED CONSENT

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APPENDIX A-1: RECRUITMENT LETTERS

PILOT STUDY

Pilot Study: Recruitment Presentation for Teenagers eligible to Participate in the Study**To be read by Bellah Kiteki on _____**

My name is Bellah Kiteki and today I would like first thank you for coming to be part of the study that I am conducting. The main purpose of this study is to get some information from you about how you like or do not like the way you live here in America. This can include your friends, things you like doing that make you happy, and also how life is with your parents. Because majority of you are students in public schools, results of this study may help school counselors and teachers in their work to help you as you settle to live here and others who may be also come to the United States sometime in future.

Some of you may be thinking why you are the only ones selected to participate in this study and not your friends from other countries. This is because this study is focused on African adolescent/teenage refugees from different African countries. I therefore would like to invite you all who are here as participants. I hope that you will be able to answer some questions about your experiences interacting with your friends and peers at your different schools and also your parents or caregivers at home. On the day you will come to complete the forms by answering questions, I will give you four forms with different questions. The forms will be in three languages; English, French, and Kiswahili so you will choose from one of the languages one that will be easy for you to read. All the forms will take you about one hour to complete. The information you provide will be a secret, no one else will have to read it unless I am asked by law to tell, such as if someone tells me about child abuse. All the information you write on the forms will be destroyed after three years.

You will receive a \$5 Wal-Mart gift card if you return all forms including the form your parent signs, and complete all the research forms. The results from this research study may be helpful to school counselors, teachers, and people who help others solve their problems in the community in helping you and others here in the United States

I know some of you may have fear when you think of writing your names on the forms the time you will be answering the questions. This may cause you to be afraid because you may not want anyone else to know what you think about your friendships or how you live with your parents. Also, some questions may cause some discomfort for you. If you become upset or request help, I will make a referral for you to get counseling. Because of this, I will not ask you to write your names on the forms. Also, I would like to state that your participation in this study is your free choice and you are also free to stop or leave at any time without any punishment. These are some of the things I wanted to let you know before you take the forms to your parents. Do you have any questions for me? It is possible that someone may even have a question later. If so, feel free to call me (phone number: 336-340-1672) or the faculty member helping me Dr. DiAnne L. Boders (phone: 336-334-3425).

APPENDIX A-1: RECRUITMENT LETTERS

MAIN STUDY

Recruitment Letter: Main Study**To be read by Bellah Kiteki on _____**

My name is Bellah Kiteki and today I would like first to thank you for coming to hear about the study that I am conducting. The main purpose of this study is to get some information from you about how you like or do not like the way you live here in America. This can include your friends, things you like doing that make you happy, and also how life is with your parents. Because majority of you are students in public schools, results of this study may help school counselors and teachers in their work to help you as you settle to live here and others who may be also come to the United States sometime in future.

Some of you may be thinking why you are the only ones selected to participate in this study and not your friends from other countries. This is because this study is focused on African adolescent/teenage refugees from different African countries. I therefore would like to invite you all who are here as participants. I hope that you will be able to answer some questions about your experiences interacting with your friends and peers at your different schools and also your parents or caregivers at home. On the day you will come to complete the forms by answering questions, I will give you four forms with different questions. The forms will be in three languages; English, French, and Kiswahili so you will choose from one of the languages one that will be easy for you to read. All the forms will take you about one hour to complete. The information you provide will be a secret, no one else will have to read it unless I am asked by law to tell, such as if someone tells me about child abuse. All the information you write on the forms will be destroyed after three years.

You will be required to complete four questionnaires which include one form asking if you are a boy or a girl, the country you came from, the languages you speak, and the people you live with. The other three forms will have questions about some of the things you like doing here in America, who your friends are (for example are your friends Americans, other refugees from other countries, or from your own country/or culture). Also, when you see questions about parents, it can be your own parents like father or mother or people you live with who are grown-ups. If you have any questions after you begin answering the questions on the forms feel free to ask me and I will answer all of them.

You will receive a \$5 Wal-Mart gift card if you return all forms including the form your parent signs, and complete all the questions on the four forms. The results from this research study may be helpful to school counselors, teachers, and people who help others solve their problems in the community in helping you and others here in the United States. I know some of you may have fear when you think of writing your names on the forms the time you will be answering the questions. This may cause you to be afraid because you may not want anyone else to know what you think about your friendships or how you live with your parents. Also, some questions may cause some discomfort for you. If you

become upset or request help, I will make a referral for you to get counseling. Because of this, I will not ask you to write your names on the forms. Also, I would like to state that your participation in this study is your free choice and you are also free to stop or leave at any time without any punishment. These are some of the things I wanted to let you know before you take the forms to your parents. Do you have any questions for me? It is possible that someone may even have a question later. If so, feel free to call me (phone number: 336-340-1672) or the faculty member helping me Dr. L. DiAnne Borders (phone: 336-334-3425).

APPENDIX A-2: CONSENT FORMS

PILOT STUDY

ENGLISH

INFORMED CONSENT FROM A PARENT/GURDIAN
*THE UNIVERSITY OF NORTH CAROLINA AT GREENSBORO***CONSENT FOR A MINOR TO ACT AS A HUMAN PARTICIPANT: LONG FORM**

Project Title: Acculturation and Psychosocial Adjustment of African Adolescent Refugees in the U.S.: The Role of social support

Project Director: L. DiAnne Borders, PhD., & Bellah Kiteki

Participant's Code: _____

This study involves research with human participants. The purpose of this study is to gain some understanding of the acculturation and adjustment of African adolescent refugees in the United States. Your child will be involved as a participant by responding to questions in the instruments selected for this study. The request for your child's participation is because this study is specifically focused on adolescent refugees ages 13-18 years from African countries. Your child will be asked to complete four questionnaires which will take approximately one hour to complete. He or she will not be required to provide their name on any of the forms and their responses will be kept confidential. If your child chooses at any time not to continue in the study, they will be free to leave without any penalty. There are very minimal risks for your child's participation in the study such as fear of identification by their name. To minimize this, your child's name will not be included on the form.

If you have any concerns about your child's rights, how they are being treated or if you have any questions, want more information or have any suggestions, please contact Eric Allen in the Office of Research Compliance at UNCG at (336)-256-1482. Any questions about this project, benefits, or risks associated with can be answered by Bellah Kiteki (phone number: 336-340-1672 or email: bnkiteki@uncg.edu being in this study).

There are no direct benefits to participants in this study. Results of this study may help school counselors and teachers in understanding how to work with your child and others who may be relocating from Africa to the U.S. in the coming years. There are no costs to you or payments to you or your child as a result of participation in this study. All information required in this study is strictly confidential unless required by law such as reporting abuse.

You have the right to refuse your child to participate or to withdraw him/her at any time without penalty. If your child does withdraw, it will not affect you or your child in any way. If you or your child chooses to withdraw, you may request that any data which has been collected be destroyed unless it is in a de-identifiable state. If any new information relating to the study becomes available which may relate to your willingness to allow your child to continue to participate, this information will be provided to you.

By signing this consent form, you are agreeing that you have read it or it has been read to you, you fully understand the contents of this document and consent to your child taking

part in this study. All of your questions concerning this study have been answered. By signing this form, you are agreeing that you are the legal parent or guardian of the child who wishes to participate in this study described to you by Bellah Kiteki.

Participant's Parent/Legal Guardian Signature

Date

APPENDIX A-2: CONSENT FORMS

PILOT STUDY

FRENCH

**CONSENTEMENT EN VUE DE FAIRE AGIR UN MINEUR COMME
PARTICIPANT****HUMAIN : LONGUE FICHE****UNIVERSITÉ DE LA CAROLINE DU NORD - GREENSBORO**

Titre du projet: Acculturation et adaptation psycho-sociale des adolescents réfugiés
Africains: Le rôle de l'appui social.

Directeur du projet: L. DiAnne Borders, PhD., & Bellah Kiteki

Code du participant : _____

Sur quoi porte l'étude ?

Il s'agit d'une étude de recherche dont le but est de comprendre comment les adolescents Africains aiment ou n'aiment pas le mode de vie ici aux Etats-Unis. Ils seront également interrogés sur leurs amis qui les aident à résoudre les problèmes qu'ils pourraient rencontrer. Votre enfant sera impliqué dans cette étude en tant que participant et sera appelé à répondre à certaines questions liées à l'étude.

Que demandez-vous à mon enfant ?

Votre enfant a été désigné comme participant parce qu'il/elle est adolescent(e) réfugié(e) de l'Afrique vivant aux Etats-Unis.

Que me demanderez-vous de faire si j'accepte participer à cette étude ?

Il sera demandé à votre fils/fille de remplir quatre questionnaires qui prendront environ 30 minutes. Il ne lui sera demandé de porter son nom sur aucune des fiches et personne d'autre que moi et les membres de la faculté qui m'aident dans cette étude ne sera en mesure de voir ou de lire les informations qu'il/elle aurait données.

Quels sont les risques pour mon enfant ?

Il y a très peu de risques liés à la participation de votre enfant à cette étude, tel que la crainte d'être connu au cas où elle porte son nom sur les fiches. Afin d'éviter cela, le nom de votre enfant n'apparaîtra pas sur les fiches. En plus, il y a des questions qui pourraient déranger votre enfant. Si votre enfant s'énerve ou demande de l'aide, je lui suggérerai un conseiller pour l'aide psychosociale. Votre enfant ne court aucun risque en participant à cette étude. Cependant, si vous êtes préoccupé par les droits de votre enfant, la façon dont il est traité ou alors si vous avez une question, souhaitez avoir plus d'informations ou encore si vous avez une suggestion à faire, vous êtes prié de bien vouloir contacter Eric Allen, *Office of Research Compliance*, UNCG, (336)-256-1482. Toute question liée à ce projet, les retombés ou les préoccupations ayant trait à la participation à cette étude pourra être répondue par Bellah Kiteki (numéro de téléphone : 336-340-1672 ; E-mail : bnkiteki@uncg.edu) et Dr. DiAnne L. Borders (numéro de téléphone : 336-334-3425 ; E-mail : borders@uncg.edu).

Y'a-t-il un bénéfice lié à la participation de mon enfant à cette étude ?

Il n'y'a aucun bénéfice immédiat pour un enfant ou pour les autres du fait de leur participation à cette étude.

Y-a-t-il un bénéfice pour la société du fait de la participation de mon enfant à cette étude ?

Les résultats de cette étude pourront aider les conseillers d'écoles et les enseignants dans les écoles à travailler avec votre enfant et les autres qui pourront dans les années à venir quitter l'Afrique pour s'installer aux Etats-Unis d'Amérique.

Mon enfant sera-t-il payé pour avoir participé à cette étude ? Cette étude coutera-t-elle quelque chose à mon enfant ?

Votre enfant recevra une carte *Wal-Mart* d'une valeur de 5 dollars après avoir rempli toutes les fiches nécessaires à cette recherche, cela veut dire après avoir entièrement participé à cette étude.

Comment allez-vous assurer la confidentialité de mes informations ?

Les informations reçues dans le cadre de cette étude seront conservées dans un bureau fermé à clé situé au domicile de l'enquêteur. Aucune information nécessaire à cette étude ne sera révélée sauf si la loi l'oblige, dans les cas de plainte pour mauvais traitement de l'enfant par exemple.

Que se passera-t-il si je souhaite ne plus faire partie de l'étude ?

Vous avez le droit de refuser à votre enfant de participer à cette étude ou de suspendre sa participation à tout moment sans avoir aucun problème. Si votre enfant choisi à tout moment de mettre fin à sa participation à cette étude, il/elle sera libre de quitter. Si votre enfant se retire, cela n'aura aucun effet quelconque sur lui-même ou sur vous. Si vous ou votre enfant choisissez de quitter l'étude, vous pouvez demander que toute information reçue de vous soit détruite sauf si ces informations ne peuvent pas être aisément identifiées.

Et s'il y'a des nouvelles informations/modifications dans l'étude ?

Si une nouvelle information à propos de l'étude est disponible pouvant avoir un lien avec votre volonté de continuer à participer, une telle information vous sera révélée.

Consentement volontaire du participant

En signant cette fiche qui atteste de votre consentement, vous reconnaissez l'avoir lu ou qu'elle vous a été lu, que vous comprenez entièrement ce qui est écrit dans cette fiche et que vous consentez à ce que votre enfant participe à cette étude. Toutes vos questions sur cette étude ont été répondues. En signant cette fiche, vous acceptez que vous êtes le parent ou tuteur légal de l'enfant qui souhaite participer à cette étude qui vous a été décrite par Bellah Kiteki. Vous êtes prié de conserver une copie de cette fiche de consentement dans vos archives.

Signature du parent/tuteur légal du participant

Date

APPENDIX A-2: CONSENT FORMS

PILOT STUDY

KISWAHILI

**IDHINI YA KUMSHIRIKISHA MTOTO KATIKA UTAFITI: FOMU NDEFU
CHUO KIKUU CHA NORTH CAROLINA, GREENSBORO**

Mada ya mradi: Kukabiliana na mabadiliko ya kiutamaduni, kijamii na kisaikolojia kwa vijana wakimbizi wa kiafrika: Nafasi ya msaada wa kijamii.

Mkurugenzi wa mradi: L. DiAnne Borders, PhD. na Bellah Kiteki

Nambari ya mshiriki: _____

Utafiti huu unahusu nini?

Somo hili ni la kiutafiti. Lengo la somo hili ni kuangalia jinsi ambavyo vijana wa kiafrika wakimbizi wanapenda au kutopenda maisha ya hapa Marekani. Pia, vijana hawa wataulizwa maswali kuhusu marafiki wao ambao wanawasaidia kukabiliana na matatizo yanayowakabili. Mtoto wako atahusika kama mshiriki kwa kuombwa ajibu maswali kadhaa katika utafiti huu.

Kwa nini unamuuliza mtoto wangu maswali?

Mtoto wako amechaguliwa kushiriki katika utafiti huu kama mshiriki kwa sababu yeye ni kijana mkimbizi wa kiafrika na anaishi hapa Marekani.

Utamuuliza mtoto wangu kufanya nini ikiwa nitakubali ashiriki katika utafiti huu?

Mtoto wako ataulizwa kujaza hojaji nne ambazo zitachukua kama dakika 30 kumaliza. Hataulizwa kutaja jina lake kwenye fomu zo zote atakazopewa na hakuna mtu mwingine ye yote atakayeona au kusoma watakachokuwa wameandika isipokuwa mimi na mwalimu anayenisaidia kufanya utafiti huu.

Kuna hatari gani kwa mtoto wangu?

Kuna hatari za viwango vya chini sana kwa mtoto wako kushiriki katika sutafiti huu kama vile woga wa kujulikana kama washiriki ikiwa wataandika majina yao kwenye fomu. Kuzuia jambo hili kutokea, jina la mtoto wako halitawekwa kwenye fomu. Pia baadhi ya maswali huenda yasimfurahishe mtoto wako. Ikiwa mtoto wako atahitaji kupata msaada kwa sababu hii, mtafiti atapanga ili apate ushauri. Hakuna hatari yo yote kwa mtoto wako kwa kushiriki katika somo hili. Hata hivyo, kama una wasiwasi wo wote kuhusu haki za mtoto wako, jinsi mtoto wako anavyotendewa/shughulikiwa katika utafiti huu au kama una swali lo lote, unahitaji maelezo zaidi au una maoni yo yote, tafadhili wasiliana na Eric Allen katika Ofisi ya Kukabiliana na Utafiti iliyopo UNCG kwa simu (336)-256-1482. Maswali yo yote kuhusu mradi huu, marupurupu au wasiwasi kwa mtoto wako kushiriki katika mradi huu, wasiliana na Bellah Kiteki (kwenye nambari ya simu: 336-340-1672 au barua pepe: bnkiteki@uncg.edu na Dkt. DiAnne L. Borders (kwenye nambari ya simu: 336-334-3425 au barua pepe: borders@uncg.edu).

Kuna faida yo yote kwa mtoto wangu kushiriki katika utafiti huu?

Hakuna faida ya moja kwa moja kwa mtoto wako au wengine wanaoshiriki katika utafiti huu.

Kuna faida yo yote kwa jamii kutokana na mtoto wangu kushiriki katika utafiti huu?

Matokeo ya utafiti huu yanaweza kuwasaidia washauri na walimu shuleni kujua jinsi ya kufanya kazi na mtoto wako na wengine ambao watakuwa wanatoka Afrika kuishi hapa Marekani miaka ya baadaye.

Mtoto wangu atalipwa kwa kushiriki katika utafiti huu? Je itanigharimu cho chote kwa mtoto wangu kushiriki katika utafiti huu?

Mtoto wako atapewa zawadi ya kadi ya \$5 kutoka Wal-Mart kwa kushiriki na kujaza fomu zote zinazohitajika katika utafiti huu. Haitakughraimu kitu cho chote kwa mtoto wako kushiriki katika utafiti huu.

Je, utahifadhi vipi kwa siri habari zinazomhusu mtoto wangu?

Habari kuhusu utafiti huu zitahifadhiwa kwa siri mahali palipofungwa kwa kufuli nyumbani kwa mtafiti. Habari zote zinazohitajika katika utafiti huu hazitatolewa kwa mtu ye yote isipokuwa kisheria, kama vile kuripoti wakati mtoto anadhulumuwa au kama amekwishadhulumuwa. Habari hii itaharibiwa baada ya miaka mitatu.

Na je, kama mtoto wangu hataki kuendelea kushiriki katika utafiti au kama nitamhitaji asiendele?

Una haki ya kukataa mtoto wako kushiriki katika utafiti huu au kumtoa katika utafiti huu wakati wo wote bila adhabu yo yote. Kama mtoto wako ataamua wakati wo wote kutoshiriki katika utafiti huu, atakuwa huru kufanya hivyo. Kama mtoto wako atajiondoa kwenye utafiti huu, unaweza kuuliza habari zo zote ambazo zimekusanywa kuharibiwa isipokuwa pale ambapo ni vigumu kuzitambua.

Na habari mpya/mabadiliko katika utafiti huu?

Kama habari zo zote mpya kuhusu utafiti huu zitatokea zitakazohusu kuendelea kwako kushiriki katika utafiti huu, utaambiwa.

Idhini ya hiari ya kushiriki:

Kwa kuweka sahihi kwenye fomu hii ya idhini, unakubali kwamba umeisoma idhini hii au imesomwa kwako, unaelewa vizuri kilichoandikwa kwenye fomu hii, na unakubali mtoto wako kushiriki katika utafiti huu. Maswali yako yote kuhusu utafiti huu yamejibiwa. Kwa kuweka sahihi, unakubali kwamba wewe ni mzazi halali au mlezi halali wa mtoto ambaye angependa kushiriki katika utafiti huu ulioelezewa na Bellah Kiteki. Utahifadhi nakala moja kwa ajili ya kumbukumbu zako.

Sahihi ya mzazi wa mshiriki/mlezi halali

Tarehe

APPENDIX A-2: CONSENT FORMS

MAIN STUDY

ENGLISH

UNIVERSITY OF NORTH CAROLINA AT GREENSBORO

INFORMED CONSENT FOR RESEARCH STUDY

CONSENT FOR A MINOR TO ACT AS A HUMAN PARTICIPANT: LONG FORM

Project Title: Acculturation and Psychosocial Adjustment of African Adolescent

Refugees: The role of Social Support

Project Director: L. DiAnne Borders, PhD. & Bellah Kiteki

Participant's Code: _____

What is the study about?

This study is a research study. The purpose of the study is to look at how African adolescents/teenagers like or do not like the way of life here in the United States. Also they will be asked about their friends who help them solve problems they may have. Your child will be involved as a participant by being asked to answer some questions in this study.

Why are you asking my child?

Your child has been selected as a participant because he or she is an African adolescent refugee from Africa living in the United States.

What will you ask my child to do if I agree to let him or her be in the study?

Your child will be asked to complete four questionnaires which will take about 30 minutes to complete. He or she will not be required to provide their name on any of the forms and no one else will be able to see or read what they have said except me and the faculty member helping me in this study.

What are the dangers to my child?

There are very minimal risks for your child's participation in the study, such as fear of being known if they write their names on the forms. To avoid this, your child's name will not be included on the form. Also, some questions may cause some discomfort for your child. If your child becomes upset or asks for help, I will make a referral for him or her to get counseling. There are no dangers to your child by participating in this study.

However, if you have any concerns about your child's rights, how your child is being treated or if you have any questions, want more information or have any suggestions, please contact Eric Allen in the Office of Research Compliance at UNCG at (336)-256-1482. Any questions about this project, benefits, or concerns associated with your child being in this study can be answered by Bellah Kiteki (phone number: 336-340-1672 or email: bnkiteki@uncg.edu) and Dr. L. DiAnne Borders (phone number: 336-334-3425 or email: borders@uncg.edu).

Are there any benefits to my child as a result of participation in this research study?

There are no direct benefits to your child or others for participating in this study.

Are there any benefits to society as a result of my child taking part in this research?

The results of this study may help school counselors and teachers in schools on how to work with your child and others who may be coming from Africa to live in the United States in the coming years.

Will my child get paid for being in the study? Will it cost me anything for my child to be in this study?

Your child will get a \$5 Wal-Mart gift card after they complete all forms needed for this research, which means after they fully participate in this study. You will not pay anything for your child to be in this study.

How will my child's information be kept confidential?

The information from this study will be kept in a locked cabinet at the investigator's house. All information required in this study will not be revealed to any person unless required by law, such as reporting when a child is or has been mistreated. This information will be destroyed after three years.

What if my child wants to leave the study or I want him or her to leave the study?

You have the right to refuse your child to participate or to withdraw him or her at any time without any problems. If your child chooses at any time not to continue in the study, he/she will be free to leave. If your child does withdraw, it will not affect you or your child in any way. If your child chooses to withdraw, you may request that any information which has been collected be destroyed unless it is in not easy to identify.

What about new information/changes in the study?

If any new information relating to the study becomes available which may relate to your willingness for your child to continue to participate, this information will be provided to you.

Voluntary Consent by Participant:

By signing this consent form, you are agreeing that you have read it or it has been read to you, you fully understand what is written in this form, and you agree to your child taking part in this study. All of your questions concerning this study have been answered. By signing this form, you are agreeing that you are the legal parent or guardian of the child who wishes to participate in this study described to you by Bellah Kiteki. You will keep one copy of the form for your records.

Participant's Parent/Legal Guardian's Signature

Date

APPENDIX A-2: CONSENT FORMS

MAIN STUDY

FRENCH

**CONSENTEMENT EN VUE DE FAIRE AGIR UN MINEUR COMME
PARTICIPANT****HUMAIN : LONGUE FICHE****UNIVERSITÉ DE LA CAROLINE DU NORD - GREENSBORO**

Titre du projet: Acculturation et adaptation psycho-sociale des adolescents réfugiés
Africains: Le rôle de l'appui social.

Directeur du projet: L. DiAnne Borders, PhD., & Bellah Kiteki

Code du participant : _____

Sur quoi porte l'étude ?

Il s'agit d'une étude de recherche dont le but est de comprendre comment les adolescents Africains aiment ou n'aiment pas le mode de vie ici aux Etats-Unis. Ils seront également interrogés sur leurs amis qui les aident à résoudre les problèmes qu'ils pourraient rencontrer. Votre enfant sera impliqué dans cette étude en tant que participant et sera appelé à répondre à certaines questions liées à l'étude.

Que demandez-vous à mon enfant ?

Votre enfant a été désigné comme participant parce qu'il/elle est adolescent(e) réfugié(e) de l'Afrique vivant aux Etats-Unis.

Que me demanderez-vous de faire si j'accepte participer à cette étude ?

Il sera demandé à votre fils/fille de remplir quatre questionnaires qui prendront environ 30 minutes. Il ne lui sera demandé de porter son nom sur aucune des fiches et personne d'autre que moi et les membres de la faculté qui m'aident dans cette étude ne sera en mesure de voir ou de lire les informations qu'il/elle aurait données.

Quels sont les risques pour mon enfant ?

Il y a très peu de risques liés à la participation de votre enfant à cette étude, tel que la crainte d'être connu au cas où elle porte son nom sur les fiches. Afin d'éviter cela, le nom de votre enfant n'apparaîtra pas sur les fiches. En plus, il y a des questions qui pourraient déranger votre enfant. Si votre enfant s'énerve ou demande de l'aide, je lui suggérerai un conseiller pour l'aide psychosociale. Votre enfant ne court aucun risque en participant à cette étude. Cependant, si vous êtes préoccupé par les droits de votre enfant, la façon dont il est traité ou alors si vous avez une question, souhaitez avoir plus d'informations ou encore si vous avez une suggestion à faire, vous êtes prié de bien vouloir contacter Eric Allen, *Office of Research Compliance*, UNCG, (336)-256-1482. Toute question liée à ce projet, les retombés ou les préoccupations ayant trait à la participation à cette étude pourra être répondue par Bellah Kiteki (numéro de téléphone : 336-340-1672 ; E-mail : bnkiteki@uncg.edu) et Dr. DiAnne L. Borders (numéro de téléphone : 336-334-3425 ; E-mail : borders@uncg.edu).

Y'a-t-il un bénéfice lié à la participation de mon enfant à cette étude ?

Il n'y'a aucun bénéfice immédiat pour un enfant ou pour les autres du fait de leur participation à cette étude.

Y-a-t-il un bénéfice pour la société du fait de la participation de mon enfant à cette étude ?

Les résultats de cette étude pourront aider les conseillers d'écoles et les enseignants dans les écoles à travailler avec votre enfant et les autres qui pourront dans les années à venir quitter l'Afrique pour s'installer aux Etats-Unis d'Amérique.

Mon enfant sera-t-il payé pour avoir participé à cette étude ? Cette étude coutera-t-elle quelque chose à mon enfant ?

Votre enfant recevra une carte *Wal-Mart* d'une valeur de 5 dollars après avoir rempli toutes les fiches nécessaires à cette recherche, cela veut dire après avoir entièrement participé à cette étude.

Comment allez-vous assurer la confidentialité de mes informations ?

Les informations reçues dans le cadre de cette étude seront conservées dans un bureau fermé à clé situé au domicile de l'enquêteur. Aucune information nécessaire à cette étude ne sera révélée sauf si la loi l'oblige, dans les cas de plainte pour mauvais traitement de l'enfant par exemple.

Que se passera-t-il si je souhaite ne plus faire partie de l'étude ?

Vous avez le droit de refuser à votre enfant de participer à cette étude ou de suspendre sa participation à tout moment sans avoir aucun problème. Si votre enfant choisi à tout moment de mettre fin à sa participation à cette étude, il/elle sera libre de quitter. Si votre enfant se retire, cela n'aura aucun effet quelconque sur lui-même ou sur vous. Si vous ou votre enfant choisissez de quitter l'étude, vous pouvez demander que toute information reçue de vous soit détruite sauf si ces informations ne peuvent pas être aisément identifiées.

Et s'il y'a des nouvelles informations/modifications dans l'étude ?

Si une nouvelle information à propos de l'étude est disponible pouvant avoir un lien avec votre volonté de continuer à participer, une telle information vous sera révélée.

Consentement volontaire du participant

En signant cette fiche qui atteste de votre consentement, vous reconnaissez l'avoir lu ou qu'elle vous a été lu, que vous comprenez entièrement ce qui est écrit dans cette fiche et que vous consentez à ce que votre enfant participe à cette étude. Toutes vos questions sur cette étude ont été répondues. En signant cette fiche, vous acceptez que vous êtes le parent ou tuteur légal de l'enfant qui souhaite participer à cette étude qui vous a été décrite par Bellah Kiteki. Vous êtes prié de conserver une copie de cette fiche de consentement dans vos archives.

Signature du parent/tuteur légal du participant

Date

APPENDIX A-2: CONSENT FORMS

MAIN STUDY

KISWAHILI

IDHINI YA KUSHIRIKI KATIKA UTAFITI
 CHUO KIKUU CHA NORTH CAROLINA, GREENSBORO
IDHINI YA KUMSHIRIKISHA MTOTO KATIKA UTAFITI: FOMU NDEFU

Mada ya mradi: Kukabiliana na mabadiliko ya kiutamaduni, kijamii na kisaikolojia kwa vijana wakimbizi wa kiafrika: Nafasi ya msaada wa kijamii.

Mkurugenzi wa mradi: L. DiAnne Borders, PhD. na Bellah Kiteki

Nambari ya mshiriki: _____

Utafiti huu unahusu nini?

Somo hili ni la kiutafiti. Lengo la somo hili ni kuangalia jinsi ambavyo vijana wa kiafrika wakimbizi wanapenda au kutopenda maisha ya hapa Marekani. Pia, vijana hawa wataulizwa maswali kuhusu marafiki wao ambao wanawasaidia kukabiliana na matatizo yanayowakabili. Mtoto wako atahusika kama mshiriki kwa kuombwa ajibu maswali kadhaa katika utafiti huu.

Kwa nini unamuuliza mtoto wangu maswali?

Mtoto wako amechaguliwa kushiriki katika utafiti huu kama mshiriki kwa sababu yeye ni kijana mkimbizi wa kiafrika na anaishi hapa Marekani.

Utamuuliza mtoto wangu kufanya nini ikiwa nitakubali ashiriki katika utafiti huu?

Mtoto wako ataulizwa kujaza hojaji nne ambazo zitachukua kama dakika thelathini kukamilisha. Hataulizwa kutaja jina lake kwenye fomu zo zote atakazopewa na hakuna mtu mwingine ye yote atakayeona au kusoma watakachokuwa wameandika isipokuwa mimi na mwalimu anayenisaidia kufanya utafiti huu.

Kuna hatari gani kwa mtoto wangu?

Kuna hatari za viwango vya chini sana kwa mtoto wako kushiriki katika sutafiti huu kama vile woga wa kujulikana kama washiriki ikiwa wataandika majina yao kwenye fomu. Kuzuia jambo hili kutokea, jina la mtoto wako halitawekwa kwenye fomu. Pia baadhi ya maswali huenda yasimfurahishe mtoto wako. Ikiwa mtoto wako atahitaji kupata msaada kwa sababu hii, mtafiti atapanga ili apate ushauri. Hakuna hatari yo yote kwa mtoto wako kwa kushiriki katika somo hili. Hata hivyo, kama una wasiwasi wote kuhusu haki za mtoto wako, jinsi mtoto wako anavyotendewa/shughulikiwa katika utafiti huu au kama una swali lo lote, unahitaji maelezo zaidi au una maoni yo yote, tafadhili wasiliana na Eric Allen katika Ofisi ya Kukabiliana na Utafiti iliyopo UNCG kwa simu (336)-256-1482. Maswali yo yote kuhusu mradi huu, marupurupu au wasiwasi kwa mtoto wako kushiriki katika mradi huu, wasiliana na Bellah Kiteki (kwenye nambari ya simu: 336-340-1672 au barua pepe: bnkiteki@uncg.edu na Dkt. DiAnne L. Borders (kwenye nambari ya simu: 336-334-3425 au barua pepe: borders@uncg.edu).

Kuna faida yo yote kwa mtoto wangu kushiriki katika utafiti huu?

Hakuna faida ya moja kwa moja kwa mtoto wako au wengine wanaoshiriki katika utafiti huu.

Kuna faida yo yote kwa jamii kutokana na mtoto wangu kushiriki katika utafiti huu?

Matokeo ya utafiti huu yanaweza kuwasaidia washauri na walimu shuleni kujua jinsi ya kufanya kazi na mtoto wako na wengine ambao watakuwa wanatoka Afrika kuishi hapa Marekani miaka ya baadaye.

Mtoto wangu atalipwa kwa kushiriki katika utafiti huu? Je itanigharimu cho chote kwa mtoto wangu kushiriki katika utafiti huu?

Mtoto wako atapewa zawadi ya kadi ya \$5 kutoka Wal-Mart kwa kushiriki na kujaza fomu zote zinazohitajika katika utafiti huu. Haitakughairimu kitu cho chote kwa mtoto wako kushiriki katika utafiti huu.

Je, utahifadhi vipi kwa siri habari zinazomhusu mtoto wangu?

Habari kuhusu utafiti huu zitahifadhiwa kwa siri mahali palipofungwa kwa kufuli nyumbani kwa mtafiti. Habari zote zinazohitajika katika utafiti huu hazitatolewa kwa mtu ye yote isipokuwa kisheria, kama vile kuripoti wakati mtoto anadhulumwa au kama amekwishadhulumwa. Habari hii itaharibiwa baada ya miaka mitatu.

Na je, kama mtoto wangu hataki kuendelea kushiriki katika utafiti au kama nitamhitaji asiendelee?

Una haki ya kukataa mtoto wako kushiriki katika utafiti huu au kumtoa katika utafiti huu wakati wo wote bila adhabu yo yote. Kama mtoto wako ataamua wakati wo wote kutoshiriki katika utafiti huu, atakuwa huru kufanya hivyo. Kama mtoto wako atajiondoa kwenye utafiti huu, unaweza kuuliza habari zo zote ambazo zimekusanywa kuharibiwa isipokuwa pale ambapo ni vigumu kuzitambua.

Na habari mpya/mabadiliko katika utafiti huu?

Kama habari zo zote mpya kuhusu utafiti huu zitatokea zitakazohusu kuendelea kwako kushiriki katika utafiti huu, utaambiwa.

Idhini ya hiari ya kushiriki:

Kwa kuweka sahihi kwenye fomu hii ya idhini, unakubali kwamba umeisoma idhini hii au imesomwa kwako, unaelewa vizuri kilichoandikwa kwenye fomu hii, na unakubali mtoto wako kushiriki katika utafiti huu. Maswali yako yote kuhusu utafiti huu yamejibiwa. Kwa kuweka sahihi, unakubali kwamba wewe ni mzazi halali au mlezi halali wa mtoto ambaye angependa kushiriki katika utafiti huu ulioelezwa na Bellah Kiteki. Utahifadhi nakala moja kwa ajili ya kumbukumbu zako.

Sahihi ya mzazi wa mshiriki/mlezi halali

Tarehe

APPENDIX A-3: ASSENT FORM

UNIVERSITY OF NORTH CAROLINA AT GREENSBORO
ASSENT FORM

Project Title: Acculturation and Psychosocial adjustment of African Adolescent in the U.S.: The Role of Social Support

Project Director: Dr. L. DiAnne Borders & Bellah Kiteki

Participant's Code: _____

What is this about?

This study is a research study. The purpose of the study is to look at how African adolescents/teenagers like or do not like the way of life here in the United States. Also you will be asked about your friends who help you solve problems you may have and how you your parents help you. You will be involved as a participant by being asked to answer some questions in this study.

Why me?

You have been selected as a participant because you are an African adolescent refugee from Africa living in the United States.

What if I want to stop?

You do not have to say “yes” if you do not want to take part. We will not punish you if you say “no.” Even if you say “yes” now and change your mind after you start doing this study, you can stop and no one will be angry or mad at you.

What will I have to do?

You will be asked to complete four questionnaires which will take about 30 minutes to complete. You will not be required to provide your name on any of the forms and no one else will be able to see or read what you have said except me and the faculty member helping me in this study.

Will anything bad happen to me?

There are very minimal risks for your participation in the study, such as fear of being known if you write your names on the forms. To avoid this, your name will not be included on the form. Also, some questions may cause some discomfort for you. If you become upset or request help, the investigator will make a referral for you to get counseling. There are no dangers to you by participating in this study. However, if you have any concerns about your rights, how you are being treated or if you have any questions, want more information or have any suggestions, please contact Eric Allen in the Office of Research Compliance at UNCG at (336)-256-1482. Any questions about this project, benefits, or concerns associated with you being in this study can be answered by Bellah Kiteki (phone number: 336-340-1672 or email: bnkiteki@uncg.edu) and Dr. L. DiAnne Borders (phone number: 336-334-3425 or email: borders@uncg.edu).

Will anything good happen to me for taking part in this research study?

There are no direct benefits to you or others for participating in this study.

Will anything good happen to society as a result of me taking part in this research?

The results of this study may help school counselors and teachers in schools on how to work with you and others who may be coming from Africa to live in the United States in the coming years.

Do I get anything for being in the study? Will it cost me anything?

You will get a \$5 Wal-Mart gift card after you complete all forms needed for this research, which means after you fully participate in this study. You will not pay anything to be in this study.

How will you keep my information confidential?

The information from this study will be kept in a locked cabinet at the investigator's house. All information required in this study will not be revealed to any person unless required by law, such as reporting when a child is or has been mistreated. This information will be destroyed after three years.

What if I want to leave the study?

You have the right to refuse to participate or to withdraw at any time without any problems. If you choose at any time not to continue in the study, you will be free to leave. If you withdraw, it will not affect you in any way. If you choose to withdraw, you may request that any information which has been collected be destroyed unless it is in not easy to identify.

What about new information/changes in the study?

If any new information relating to the study becomes available which may relate to your willingness to continue to participate, this information will be provided to you.

Voluntary assent by Participant:

By signing this consent form, you are agreeing that you have read it or it has been read to you, you fully understand what is written in this form, and you agree to take part in this study. All of your questions concerning this study have been answered. You will keep one copy of the form for your records. By signing this form, you are agreeing that you are between 13 years old or between 13 and 19 years of age and are agreeing to participate in this study described to you by Bellah Kiteki.

Signature: _____ Date: _____

APPENDIX A-4: DEMOGRAPHIC QUESTIONNAIRE

Demographic Questionnaire

Are you a Boy _____ or a Girl _____

In what country were you born? _____

How old are you? _____ years.

How old were you when you arrived in the United States? _____ years.

How long have you lived in the United States? _____ years.

Where did you live before coming to Greensboro or Highpoint?

What is your religion? _____

Do you live with your father? Yes _____ No _____

Do you live with your mother? Yes _____ No _____

If you do not live with your father or mother, do you live with grow-ups who take care of you? Yes _____ No _____

Who are your friends? (Are they mostly American girls/boys, from other refugee groups, or boys and girls from your own group/culture/background?)

Do you speak English? Yes _____ No _____

What language do you speak at home? _____

Do you go to school? Yes _____ No _____

What language do you speak at school? _____

What is your grade level at school? _____ grade.

APPENDIX B:
INSTRUMENTATION

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APPENDIX B-1: ACCULTURATION ATTITUDES QUESTIONNAIRE

Acculturation Attitudes Questionnaire (Berry et al., 2006)

Code: _____

Here are some statements about language, culture, friends etc. There are five ways you can answer the statements. Remember this is not a test so there is no right or wrong answer, I just want to know what you think. The way each of you thinks about each statement may also be different, so it doesn't have to be the same. Please show how much you *strongly agree, somewhat agree, you are not sure or/neutral, somewhat disagree, or, strongly disagree* with each statement by placing a circle around the answer that applies best to you.

1. I feel that [Congolese, Rwandese, Somali] should adapt to [American] cultural traditions and not maintain those of their own.

Strongly disagree Somewhat disagree Not sure/neutral Somewhat agree Strongly agree

2. I would rather marry a [Congolese, Rwandese, Somali] than an [American].

Strongly disagree Somewhat disagree Not sure/neutral Somewhat agree Strongly agree

3. I feel that [Congolese, Rwandese, Somali] should maintain their own cultural traditions but also adapt to those of [America].

Strongly disagree Somewhat disagree Not sure/neutral Somewhat agree Strongly agree

4. I would rather marry an [American] than a [Congolese, Rwandese, Somali].

Strongly disagree Somewhat disagree Not sure/neutral Somewhat agree Strongly agree

5. I would be just as willing to marry a [American] as a [Congolese, Rwandese, Somali].

Strongly disagree Somewhat disagree Not sure/neutral Somewhat agree Strongly agree

6. I feel that it is not important for [Congolese, Rwandese, Somali] either to maintain their own cultural traditions or to adapt to those of [America].

Strongly disagree Somewhat disagree Not sure/neutral Somewhat agree Strongly agree

7. I feel that [Congolese, Rwandese, Somali] should maintain their own cultural traditions and not adapt to those of [America].

Strongly disagree Somewhat disagree Not sure/neutral Somewhat agree Strongly agree

8. I would not like to marry either a [Congolese, Rwandese, Somali] or an [American].

Strongly disagree Somewhat disagree Not sure/neutral Somewhat agree Strongly agree

9. It is more important to me to be fluent in [Congolese, Rwandese, Somali] than in [English language]

Strongly disagree Somewhat disagree Not sure/neutral Somewhat agree Strongly agree

10. It is more important to me to be fluent in [English language] than in [Congolese, Rwandese, Somali language].

Strongly disagree Somewhat disagree Not sure/neutral Somewhat agree Strongly agree

11. It is important to me to be fluent in both [American language] and in [Congolese, Rwandese, Somali language].

Strongly disagree Somewhat disagree Not sure/neutral Somewhat agree Strongly agree

12. It is not important to me to be fluent either in [Congolese, Rwandese, Somali language] or [American language].

Strongly disagree Somewhat disagree Not sure/neutral Somewhat agree Strongly agree

13. I prefer social activities which involve both [American] and [Congolese, Rwandese, Somali members].

Strongly disagree Somewhat disagree Not sure/neutral Somewhat agree Strongly agree

14. I prefer to have only [American] friends.

Strongly disagree Somewhat disagree Not sure/neutral Somewhat agree
Strongly agree

15. I prefer to have only [Congolese, Rwandese, Somali] friends.

Strongly disagree Somewhat disagree Not sure/neutral Somewhat agree Strongly agree

16. I prefer social activities which involve [Americans] only.

Strongly disagree Somewhat disagree Not sure/neutral Somewhat agree Strongly agree

17. I prefer to have both [Congolese, Rwandese, Somali] and [American] friends.

Strongly disagree Somewhat disagree Not sure/neutral Somewhat agree Strongly agree

18. I don't want to attend either [American] or [Congolese, Rwandese, Somali] social activities.

Strongly disagree Somewhat disagree Not sure/neutral Somewhat agree Strongly agree

19. I prefer social activities which involve [Congolese, Rwandese, Somali group members] only.

Strongly disagree Somewhat disagree Not sure/neutral Somewhat agree Strongly agree

20. I don't want to have either [American] or [Congolese, Rwandese, Somali] friends.

Strongly disagree Somewhat disagree Not sure/neutral Somewhat agree Strongly agree

APPENDIX B-2: SOCIAL SUPPORT SCALE FOR CHILDREN

Social Support Scale for Children (SSSC, Harter, 1985)
PEOPLE IN MY LIFE

Code: _____

INSTRUCTIONS: I have some sentences here. As you can see at the top of your sheet it says "People in my life." I am interested in several kinds of people in your life. These included your friends and your parents or those people who take care of you. This is not a test, so there is no right or wrong answer. Since you are all different from one another, each of you will be putting down something different. So let me explain how this will be done. There is an example of a sentence marked (a). I will read it out loud and you follow along with me. All of these sentences begin with the word "Some," and this is referring to you and not another kid. What I want you to think about is whether this sentence is *Untrue of you, Somewhat untrue of you, Somewhat true of you, or, True of you*. After you decide which answer you want, place a circle around it. You can only circle one answer, not more than one (Read sentence aloud and ask participants to take time and think about their response). So that was just for practice, now continue and answer the remaining sentences on your own. Remember for each sentence, you only place a circle once, the one you think best describes you.

Example: (a) Some kids like to be at school more than at home.

Untrue of me	Somewhat untrue of me	Somewhat true of me	True of me
1. Some kids have parents who don't really understand them.			

Untrue of me	Somewhat untrue of me	Somewhat true of me	True of me
2. Some kids have a close friend who they can tell problems.			

Untrue of me	Somewhat untrue of me	Somewhat true of me	True of me
3. Some kids have parents who don't seem to want to hear about their children's problems.			

Untrue of me	Somewhat untrue of me	Somewhat true of me	True of me
4. Some kids have a close friend who really understands them.			

Untrue of me	Somewhat untrue of me	Somewhat true of me	True of me
5. Some kids have parents who care about their feelings.			

Untrue of me	Somewhat untrue of me	Somewhat true of me	True of me
6. Some kids have a close friend who they can talk to about things that bother them.			

Untrue of me	Somewhat untrue of me	Somewhat true of me	True of me
7. Some kids have parents who treat their children like a person who really matters.			

Untrue of me	Somewhat untrue of me	Somewhat true of me	True of me
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8. Some kids don't have a close friend who they like to spend time with.

Untrue of me Somewhat untrue of me Somewhat true of me True of me

9. Some kids have parents who like them the way they are.

Untrue of me Somewhat untrue of me Somewhat true of me True of me

10. Some kids don't have a close friend who really listens to what they say.

Untrue of me Somewhat untrue of me Somewhat true of me True of me

11. Some kids have parents who don't act like what their children do is important.

Untrue of me Somewhat untrue of me Somewhat true of me True of me

12. Some kids don't have a close friend who cares about their feelings.

Untrue of me Somewhat untrue of me Somewhat true of me True of me

APPENDIX B-3: SELF-PERCEPTION PROFILE FOR ADOLESCENTS

Self-Perception Profile for Adolescents (SPPA, Harter, 1988)
What I Am Like

Code: _____

INSTRUCTIONS: I have some sentences here. As s you can see at the top of your sheet it says “What I am like.” I am interested in what each of you is like, or, what kind of a person you are. This is not a test, so there are is no right or wrong answer. Since you are all different from one another, each of you will be putting down something different. So let me explain how this will be done. There is an example of a sentence marked (a). I will read it out loud and you follow along with me. All of these sentences begin with the word “Some,” and this is referring to you and not another teenager. What I want you to think about is whether this sentence is *Untrue of you, Somewhat untrue of you, Somewhat true of you, or, True of you*. After you decide which answer you want, place a circle around it. You can only circle one answer, not more than one (Read sentence aloud and ask participants to take time and think about their response). So that was just for practice, now continue and answer the remaining sentences on your own. Remember for each sentence, you only place a circle once, the one that you think best describes you.

Example: (a) Some teenagers like listening to African music during their spare time.

Untrue of me Somewhat untrue of me Somewhat true of me True of me

1. Some teenagers find it hard to make friends.

Untrue of me Somewhat untrue of me Somewhat true of me True of me

2. Some teenagers are often disappointed with themselves.

Untrue of me Somewhat untrue of me Somewhat true of me True of me

3. Some teenagers have a lot of friends.

Untrue of me Somewhat untrue of me Somewhat true of me True of me

4. Some teenagers don’t like the way they are leading their life.

Untrue of me Somewhat untrue of me Somewhat true of me True of me

5. Some teenagers are very hard to like.

Untrue of me Somewhat untrue of me Somewhat true of me True of me

6. Some teenagers are happy with themselves most of the time.
- | | | | |
|--------------|-----------------------|---------------------|------------|
| Untrue of me | Somewhat untrue of me | Somewhat true of me | True of me |
|--------------|-----------------------|---------------------|------------|
7. Some teenagers are popular with others their age.
- | | | | |
|--------------|-----------------------|---------------------|------------|
| Untrue of me | Somewhat untrue of me | Somewhat true of me | True of me |
|--------------|-----------------------|---------------------|------------|
8. Some teenagers like the kind of person they are.
- | | | | |
|--------------|-----------------------|---------------------|------------|
| Untrue of me | Somewhat untrue of me | Somewhat true of me | True of me |
|--------------|-----------------------|---------------------|------------|
9. Some teenagers feel that they are socially accepted.
- | | | | |
|--------------|-----------------------|---------------------|------------|
| Untrue of me | Somewhat untrue of me | Somewhat true of me | True of me |
|--------------|-----------------------|---------------------|------------|
10. Some teenagers are very happy being the way they are.
- | | | | |
|--------------|-----------------------|---------------------|------------|
| Untrue of me | Somewhat untrue of me | Somewhat true of me | True of me |
|--------------|-----------------------|---------------------|------------|

APPENDIX B-4: PERMISSION TO USE MODEL

From: Prof. Rosalyn Shute <ros.shute@flinders.edu.au>
To: Bellah Kiteki <bnkiteki@uncg.edu>
Date: Tue, Sep 29, 2009 at 10:58 PM
Subject: Re: MODEL OF STUDY

Hello Bellah,
I am more than happy for you to reprint the model. I am sure Lydia will be happy also - I will try to locate her and let her know that the paper is proving useful. It will be most interesting to see how it works out with your sample. Please keep me informed.

Best wishes,
Ros
Rosalyn Shute
Adjunct Professor of Psychology
Flinders University

APPENDIX B-5: PERMISSION TO USE ACCULTURATION ATTITUDES
QUESTIONNAIRE

From: David Lackland Sam <David.Sam@psysp.uib.no>

To: Bellah Kiteki <bnkiteki@uncg.edu>

Date: Thu, Oct 8, 2009 at 2:06 AM

Subject: RE: [POST@psyfa.uib.no] INQUIRY

Hi,

There is no problem. You are free to use the acculturation attitude scale. The only condition is that it is duely acknowledged

All the best,

David