

# Refugee Council USA

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## **Increasing Congolese Refugee Arrivals: Insights for Preparation**

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### **EXECUTIVE SUMMARY**

With the number of Congolese arrivals to the USRAP expected to increase, RCUSA members seek to work with ORR, PRM and other stakeholders to ensure sufficient resources for the integration of Congolese arrivals. This paper presents an analysis of data from both overseas and domestic service providers, including survey responses by 43 local resettlement agencies (RAs) that have recently resettled Congolese refugees. Its main findings and recommendations are as follows:

1. Nearly all responding offices noted **physical and mental health** needs among the Congolese. Congolese refugees would benefit from new approaches to domestic mental health screenings, given the limited information on mental health available from overseas, and the high levels of trauma and extreme violence experienced during persecution and flight.
2. Many local offices have experience working with female clients who are rape survivors. Congolese women are reluctant to report **sexual and gender-based violence (SGBV)** overseas, and are often forced into abusive relationships because of limited economic opportunities. SGBV counseling will assist women and girls to recover from past traumas avoid coercive relationships in the US.
3. Many Congolese adults will arrive with limited formal **employment** experience and will benefit from orientation to the US workplace for up to one year after arrival. Extended case management will facilitate the **self-sufficiency** of vulnerable Congolese, including female-headed households.
4. **Housing** challenges, including finding affordable housing and clients managing rent payments, are linked to large family sizes and maintaining employment. Single mothers are particularly vulnerable if childcare and subsidized housing are not available. Extended orientation on home hygiene will be useful, as larger family units continue to arrive.
5. Survey responses noted a low level of **education** among many Congolese refugees, and underscored the importance of access to English and literacy classes for this population. Additional ESL learning contact hours will be needed for many to move toward self-sufficiency.
6. More than half of Congolese refugees in the overseas pipeline are age 17 or younger, and outreach to local **schools**, health providers and **youth services** is paramount. Congolese children will benefit from extended orientation to the US classroom environment; many will require enrichment activities, e.g., tutoring or afterschool programs, to integrate to age-appropriate grade levels.
7. Resettlement agencies should **mobilize stakeholders, strengthen information-sharing** and **document lessons**, among each other and with ORR and PRM, to ensure effective division of labor and efficient use of resources for Congolese integration.

## I. INTRODUCTION

The current Congolese refugee crisis is a product of nearly two-decades of armed conflict in the Democratic Republic of the Congo (DRC). The eastern provinces of North Kivu and South Kivu experienced some of the most brutal violence during the civil wars of 1996-1997 and 1998-2003, and have continued to be plagued by armed conflict since the second Congo War officially ended in 2003. The ongoing insecurity and violence in these regions – including forced labor, forced recruitment into armed groups, and mass rape and sexual violence against civilians – generated new refugee outflows in 2012 and make it impossible for refugees who had fled the DRC during the civil wars to return home.<sup>1</sup>

The US Refugee Admissions Program (USRAP) has provided durable solutions to Congolese refugees for over a decade, with more than 10,000 Congolese arriving from throughout Sub-Saharan Africa since 2001. The last four fiscal years (FY 09-12) have accounted for two-thirds (7,149 individuals) of all Congolese refugees in the last twelve years. The vast majority of these arrivals have been from countries of asylum in Sub-Saharan Africa.<sup>2</sup>

Table 1: Congolese Refugee Arrivals from Sub-Saharan Africa, FY 08-12

FY 08	FY 09	FY 10	FY 11	FY 12	Total
709	1,118	3,150	947	1,799	7,723

Source: RSC Africa

Currently, USRAP applicants from the DRC come from North Kivu and South Kivu in the eastern part of the country. The majority of cases are located in the Great Lakes region of East Africa, with half in either Uganda or Rwanda; a smaller percentage of cases are located in Southern and West Africa.<sup>3</sup> UNHCR is taking a regional approach to increasing Congolese referrals to the US, with the first significant increase coming from Rwanda. A P-2 group in Rwanda was established in late 2012 for survivors of the 1997 Mudende camp massacres, and is expected to comprise around 10,000 individuals, whose cases would be processed over three to four years. The first set of referrals via this P-2 group, for just over 1,000 individuals, was made in late December 2012.

With the number of Congolese applications to the USRAP expected to increase over the next few years, particularly from East Africa, RCUSA members seek to work with ORR, PRM and other stakeholders to ensure sufficient planning and resources are in place to support the reception, placement and integration of Congolese arrivals. This paper seeks to inform this preparation by analyzing information collected from both domestic and overseas service providers.

This paper draws on findings from a survey administered to local resettlement agencies through RCUSA, to which 43 local offices responded from 28 cities in 19 states. These offices combined served a total of 4,058 Congolese arrivals during the period FY08 to FY12, or just more than half of all Congolese who

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<sup>1</sup> See RCUSA *Backgrounder on Challenges Faced by Displaced Congolese*, 2012, for additional discussion of the causes and impact of forced displacement from the DRC. <http://www.rcusa.org/uploads/pdfs/RCUSA%20Congolese%20Displacement%20Backgrounder%20September%202012.pdf>.

<sup>2</sup> RPC and RSC Africa data. Out of the 7,149 Congolese arrivals from FY 09-12, 98 percent have come from Sub-Saharan Africa – these arrival figures are shown in Table 1.

<sup>3</sup> RSC Africa data, January 2013.

entered through the USRAP in those five years.<sup>4</sup> The survey, administered by email in November 2012, was open-ended and allowed the domestic network participants to elaborate on a variety of topics. It consisted of 17 open-ended questions on population profile, the impact of this profile on resettlement, host community resources, and successes and challenges in assisting Congolese.

The paper also draws on data from RSC Africa and information provided by UNHCR and NGO service providers working in Rwanda's Gihembe and Kiziba camps.<sup>5</sup> The intent is to compare the needs of refugees in the current and future pipeline with those whom resettlement agencies have been assisting in recent years.

Finally, the paper offers recommendations to ORR, PRM and national resettlement agencies, based on analysis of the domestic and overseas information. It aims to supplement other resource materials on Congolese refugees for reference by RCUSA members, including RCUSA's *Backgrounder on Challenges Faced by Displaced Congolese* and the Cultural Orientation Resource (COR) Center's *Backgrounder on Refugees from the DRC*, which will include an overview of country of asylum conditions and socio-cultural information (e.g., Congolese refugee cultural norms, family structures, languages and religious beliefs) that are relevant to resettlement agencies and US service providers.<sup>6</sup>

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<sup>4</sup> "Department of State Bureau of Population, Refugees and Migration, Office of Admissions – Refugee Processing Center, Refugee Arrivals, Fiscal Year, as of 31 December 2012"

<sup>5</sup> CWS staff conducted brief assessment visits to these two camps in November 2012. Gihembe camp is home to most of the refugees who will be referred to the USRAP through the Rwanda P-2 group.

<sup>6</sup> Analysis of the living conditions and protection needs of Congolese refugees in Uganda is also included in USCCB's November 2011 report: *Mission to East Africa: Vulnerable Refugee Populations and the Need for Solutions*.

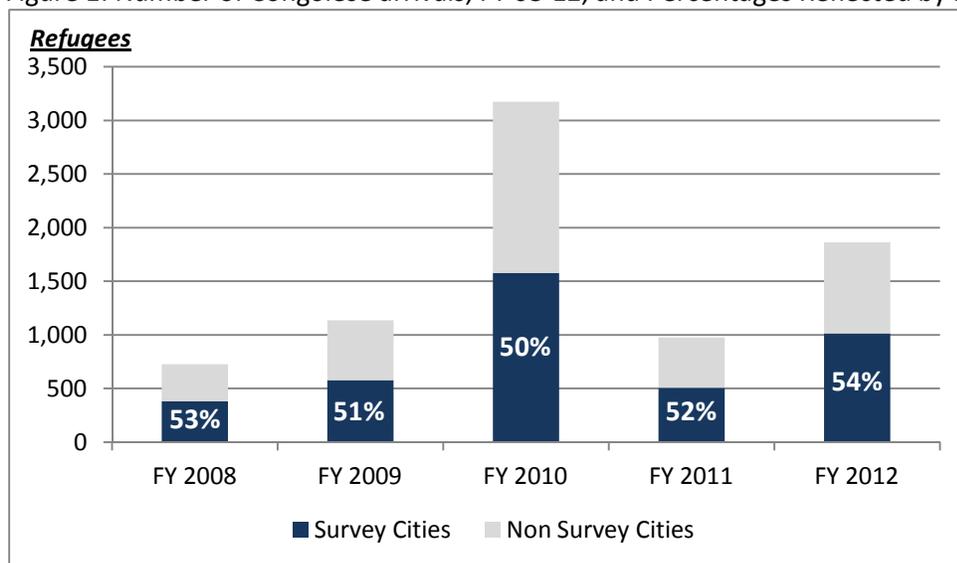
## II. FINDINGS: RECENT EXPERIENCES AND ANTICIPATED NEEDS OF CONGOLESE REFUGEES

This section offers findings from the domestic resettlement agency surveys and overseas data collection, focusing on the following: (a) the geographic distribution of recent Congolese arrivals; (b) language and interpretation needs; (c) physical and mental health; (d) sexual- and gender-based violence; (e) housing; (f) education; (g) employment; and (h) the needs of children and youth, including health and education.

### A. Geographic Distribution of Recent Congolese Arrivals

From FY 2001 to FY 2012, RPC data shows that 10,744 Congolese in total have entered the country through the USRAP. During this 12-year period, they have been resettled to a total of 221 cities in 45 states.<sup>7</sup> The chart below shows the percentage of arrivals in the past five years who were served by local offices that responded to the RCUSA survey, e.g., the 43 responding agencies served 53 percent of Congolese who arrived in FY 08.

Figure 1: Number of Congolese arrivals, FY 08-12, and Percentages Reflected by Survey Responses.



Source: Refugee Processing Center (RPC)

According to RPC data, over the last four fiscal years, Congolese refugees have resettled in 156 cities in 45 states. Texas has received the largest number of Congolese arrivals, 1,245 individuals or 17 percent of total Congolese refugees during that period. Houston was the most active city, receiving 505 refugees or 7 percent of all Congolese arrivals during those four years.

On average there was an intake of 46 refugees per resettlement city from FY09 to FY12. The majority of receiving cities, however, had fewer than 25 refugees during the last four years, as shown in Table 2.

<sup>7</sup> “Department of State Bureau of Population, Refugees and Migration, Office of Admissions – Refugee Processing Center, Refugee Arrivals, Fiscal Year, as of 31 December 2012”

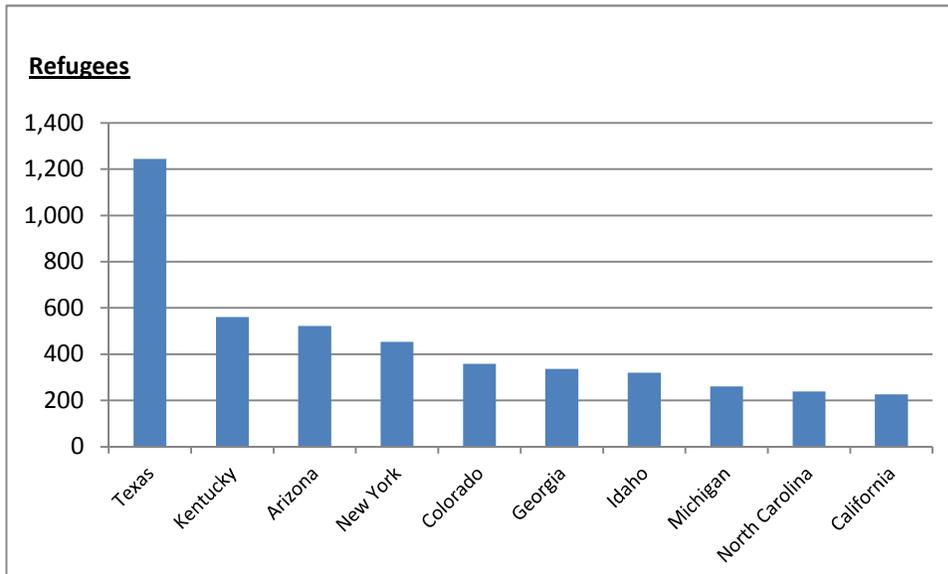
Table 2: Density of Congolese Placement over Past Four Fiscal Years.

Number of Refugee Arrivals (FY 2009-2012)	# of Cities	% of Total Cities
Greater than 500	1	1%
200-499	5	3%
150-199	5	3%
100-149	11	7%
50-99	21	13%
26-49	14	9%
10-25	35	22%
Less than 10	64	41%
<b>Total:</b>	<b>156</b>	<b>100%</b>

Source: RPC

The top 10 receiving states accounted for 4,522 refugees, or 63 percent of all Congolese refugees resettled during the past four years (see Figure 2). The top 10 receiving cities accounted for 2,862 refugees or 40% of all Congolese refugees resettled during the four year period from 2009 – 2012 (see Figure 3).

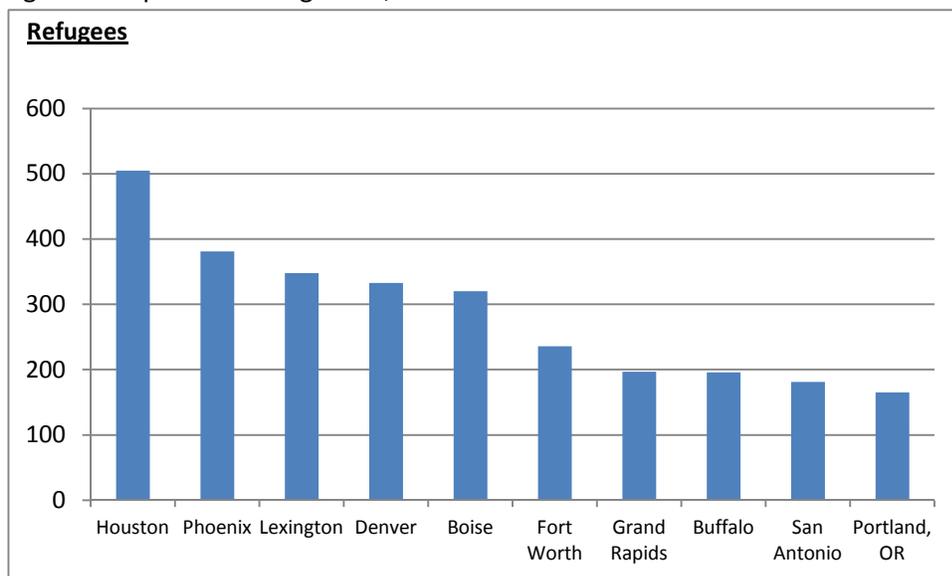
Figure 2: Top 10 Receiving States, FY 09-12



Source: RPC

States and cities with high concentrations of Congolese refugees are a source of valuable insight into resettlement opportunities, because of their varied caseloads as well as their active community outreach networks. As the number of Congolese arrivals increases in the coming years, an opportunity exists to leverage learning to extend best practices to cities with smaller or no Congolese refugee populations.

Figure 3: Top 10 Receiving Cities, FY 09-12



Source: RPC

## B. Language and Interpretation

Among Congolese applicants currently in the pipeline, the most commonly reported first language is Kiswahili at 45 percent.<sup>8</sup> The next most commonly reported languages are Kinyarwanda (28 percent) and Kinyamulenge (six percent).<sup>9</sup> The coming increase in referrals may not precisely mirror this breakdown – about 90 percent of refugees in the P-2 group are identified as Kinyarwanda speakers – but in general it is representative of languages spoken in the eastern DRC, as opposed to Congolese who had fled the western DRC where Lingala and French are more common.<sup>10</sup> Local resettlement agencies and other service providers should be prepared to identify Kinyarwanda and Kiswahili interpreters.

At least one national resettlement network noted that Congolese community organizations, state-wide African groups, and previously resettled refugee groups from neighboring African countries (Burundi, Uganda, etc.) have been particularly welcoming to recently arrived refugees.<sup>11</sup> Expanded contacts with ethnic-based community associations could increase the availability of interpreters to local resettlement agencies, as well as expand the possibility of partnerships on community orientation and integration support activities.

## C. Physical and Mental Health

The resettlement agency survey showed that health-related issues affected nearly all aspects of the resettlement process – including employment, education, housing and youth resettlement. Out of 43

<sup>8</sup> During pre-screening interviews, RSC teams ask refugee applicants to indicate their native language, second languages, and their level of English.

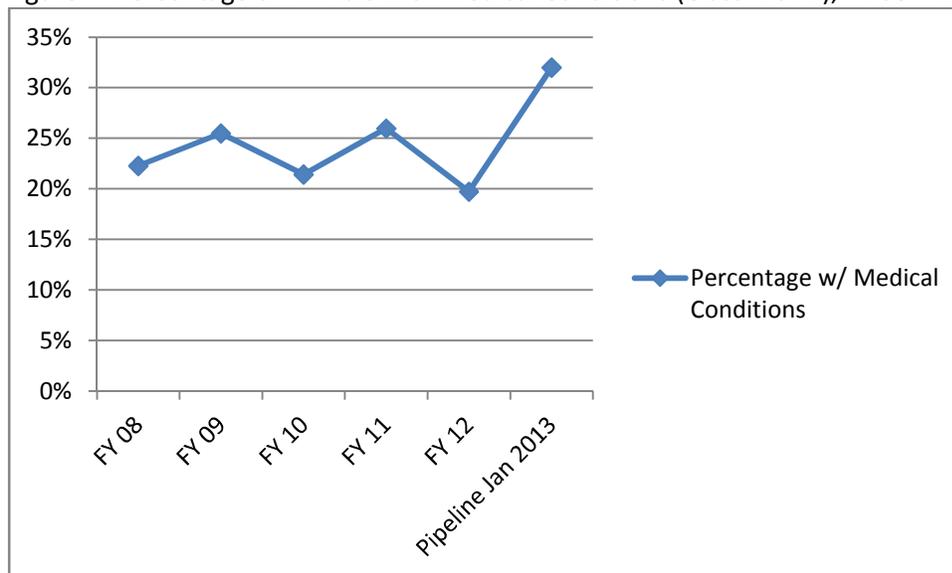
<sup>9</sup> Kinyarwanda and Kinyamulenge are closely related languages.

<sup>10</sup> Lingala and French combined only make up 7 percent of the native language count in the current overseas pipeline; some local resettlement agencies and service providers, though, may be more familiar with Congolese from the western DRC who speak these languages.

<sup>11</sup> USCRI.

survey responses, 38 refer to physical and mental health-related issues. Examples of physical health issues include arthritis, gynecological problems related to female genital mutilation, dental and vision problems and HIV. The chart below shows the percentage of Congolese refugees with Class A or B medical conditions who arrived in the US between FY 08 and FY 12, as well as the percentage of Congolese with Class A or B medical conditions currently in the overseas pipeline (from among those who have completed medical screening):

Figure 4: Percentage of Arrivals with Medical Conditions (Class A or B), FY 08-FY12 and Current Pipeline



Source: RSC Africa

Figure 4 shows a fairly constant percentage of medical cases among Congolese arrivals from FY 08 to FY 12, ranging from 20 percent (FY 12) to 26 percent (FY 11). This proportion increases to 32 percent among cases in the current pipeline, which includes the first thousand individuals referred through the P-2 program in Rwanda – not a large increase, but one worth noting as the overall number of Congolese arrivals grows. The five most frequently recorded medical conditions among refugees in the overseas pipeline are tuberculosis, hypertension, HIV, vision problems and heart disease.<sup>12</sup>

Local resettlement offices also noted a number of mental health issues in their survey responses, including depression and anxiety disorder. Substance abuse and domestic violence were correlated with mental health issues. Affiliates also noted trauma and PTSD resulting from sexual assault, torture, and/or the witnessing murder. The terms “rape,” “violence,” and “trauma” appear individually or together in 35 of the 43 field surveys to describe the physical and mental characteristics of Congolese refugees.

Domestic service providers should be aware that refugees’ overseas access to mental health services, for both diagnosis and treatment, is extremely limited. In Rwanda’s Kiziba camp, for example, one psychological nurse is responsible for services to 16,000 refugees; this included service to refugees with epilepsy, which in the US would likely be treated as a neurological condition rather than a mental health condition. Community health workers have limited capacity to identify mental health needs, and

<sup>12</sup> RSC Africa data, January 2013.

refugees do not generally seek external assistance when experiencing mental health symptoms such as sleeplessness or depression.

Overseas capacity limitations and the assumed prevalence of trauma during persecution and flight make it likely that some Congolese will arrive with mental health needs that have never been identified to the resettlement agency. Developing early assessments for potential mental health needs will be a valuable addition to the post-arrival services. Generally speaking, local caseworkers are not trained to conduct mental health screenings as part of intake assessments, so approaches for early screening would need to be developed in conjunction with other service providers in the community.

The domestic survey responses further suggested that assessing mental health needs and strengthening links to services may be necessary beyond the initial arrival and placement period. One office noted that during the first three-to-six months after arrival, Congolese clients exhibited only mild depressive systems. Past the seventh month, however, many are showing signs of “depression, stress and anxiety.”<sup>13</sup>

At least two challenges were identified in terms of increasing access to mental health services in the US for Congolese: (a) interpretation needs and (b) refusal of services on the client’s part. “Of those that have mental health concerns, less than half agreed to speak with counseling staff,” stated a staff person in Aurora, Colorado.<sup>14</sup> This may be due to the lack of culturally and linguistically appropriate services in some areas.

The faith communities of Congolese refugees could be a potential source of support in meeting mental health needs. One office staff member noted, “in my experience, traumatized women survived by and large due to their faith...”<sup>15</sup> This observation was also made by overseas service providers and RSC Africa staff, who noted that many Congolese sought refuge in churches or received assistance from faith leaders during and after flight. The church is one of the few venues for social activities in refugee camps, and could offer a “safe space” in which individual or group discussions on mental health could take place. Survey responses revealed that most Congolese resettled were Christian and came from many different faith communities, including Catholic, Seventh Day Adventist, Latter Day Saints, Pentecostal and Protestant.

#### **D. Sexual- and Gender-Based Violence (SGBV)**

According to a 2011 study in the *American Journal of Public Health*, an estimated 48 women are raped every hour in the DRC, more than 1,150 women per day.<sup>16</sup> The threat of SGBV is also present in the refugee camp environment, particularly where women and girls must travel on foot outside the camps to collect firewood – this exposes them to harassment, rape and other abuses. Service providers in Rwanda notes that limited work opportunities forces some women and girls into abusive relationships or to engage in “survival sex”, i.e., coerced sex in exchange for temporary access to food, shelter or

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<sup>13</sup> CWS/EMM Lexington.

<sup>14</sup> WR Aurora.

<sup>15</sup> IRC Baltimore.

<sup>16</sup> Amber Peterman, Tia Palermo, and Caryn Bredenkamp. Estimates and Determinants of Sexual Violence Against Women in the Democratic Republic of Congo. *American Journal of Public Health*: June 2011, Vol. 101, No. 6, pp. 1060-1067.

protection, and that overcrowded living conditions also expose girls to sexual abuse within the household.

Basic counseling for SGBV survivors is available to Congolese in Rwanda, and some NGOs in the camps conduct community awareness activities on gender equality, reproductive health and SGBV, using drama and music, focus group discussions, and home visits. Service providers reported, though, that there is a reluctance to speak publicly about SGBV incidents, and that refugees tend not to report incidents to local authorities. Given the frequency and severity of SGBV among Congolese refugees, both during periods of persecution in the DRC and during their stay in Rwanda, it is likely that additional counseling and support will be necessary for new arrivals and during the early integration process. This may include assistance to women who continue to face abusive or coercive relationships in the US.

The table shows that Congolese arrivals over the past five years have become increasingly female, with women and girls now making up a slight majority. This trend is likely to continue, as UNCHR figures indicate that 57 percent of the Mudende survivors P-2 group are female.<sup>17</sup>

Table 3: Women and Girls as Percentage of Total Congolese Arrivals, FY 08-12

Fiscal Year	FY08	FY09	FY10	FY11	FY12
Women and Girls as Percentage of Total Congolese Arrivals	39%	40%	41%	47%	51%

Source: RSC Africa

The word “rape” was mentioned in at least 17 domestic survey responses, all in conjunction with female clients. One local office director estimated that 90 percent of all Congolese women her office served were survivors of rape.<sup>18</sup> While the surveys did not indicate male clients as survivors of SGBV, overseas service providers indicated that men and boys may also be targets of rape and SGBV in the DRC and in refugee camps, but are even less likely than women and girls to report such incidents. Overseas service providers also suggested that both men and women would be more likely to discuss SGBV incidents with a female staff person or counselor than they would with male staff members or service providers.

## E. Housing

Safe, sanitary and affordable housing is a pillar of successful refugee resettlement. It is essential to refugees feeling “at home” in their new country of residence. Nearly all the local offices noted the larger case size among the Congolese caseload.<sup>19</sup> Some referenced nuclear families of 10 individuals (mother, father and 8 children), and noted the challenge in finding affordable housing for families that large.

Beyond availability, local offices noted the following domestic compliance issues:

1. *Maintaining the living space according to US customs and expectations.* Home hygiene was cited as a challenge, as was child safety within the home. Local offices stated that additional time and

<sup>17</sup> UNHCR Rwanda Briefing Note on Upscale of the Resettlement of Congolese, November 2012.

<sup>18</sup> CWS/EMM Lexington.

<sup>19</sup> Congolese applicants to the USRAP have an average travel group size of six individuals, including hard cross-references, according to RSC Africa data (December 2012).

attention was needed to address housing hygiene and childcare for this population, which they did with extended community orientation and mentoring.

2. *Managing Housing Expenses.* The major challenge in this area was simply paying rent on time. For local offices this can have broader implications, as they must maintain relationships with landlords in order to ensure housing for future arriving groups. As stated by one local RA, “A rental company our office works closely with has, at this point, evicted almost everyone from this group due to late rent and hygiene issues.”<sup>20</sup> Employment and financial literacy challenges were noted as the main reasons for rent payments being made late. Some young adults were reported to prioritize education over employment, to the point of refusing to pay rent and contribute to the household.<sup>21</sup> Throughout the survey responses, housing challenges generally were linked to finding and maintaining employment.

Survey responses suggested that single Congolese mothers are particularly vulnerable to homelessness, as childcare needs tend to lengthen the road to self-sufficiency for female-headed households. The lack of available subsidized housing in some areas makes it difficult for single mothers with multiple children to maintain decent housing standards.

The survey responses identified several practices as helpful in offsetting these challenges, including: (a) using R&P Direct Assistance flexible funds to cover housing costs during the first 90 days; (b) registering clients for public housing early; and (c) offering extended housing orientation and conducting multiple home visits – 3-4 during the R&P period.

On a positive note, out-migration was listed by local offices as very low among the Congolese (with the exception of single men in their twenties). In at least one location, larger families took advantage of Habitat for Humanity services to build and own their own homes.<sup>22</sup>

## **F. Education**

A significant percentage of Congolese adults who arrive through the USRAP will not have had access to education. The graph below shows the percentage of Congolese over 18 years of age who have completed secondary education, considering arrivals from FY08 to FY12 and those in the overseas pipeline as of January 2013.

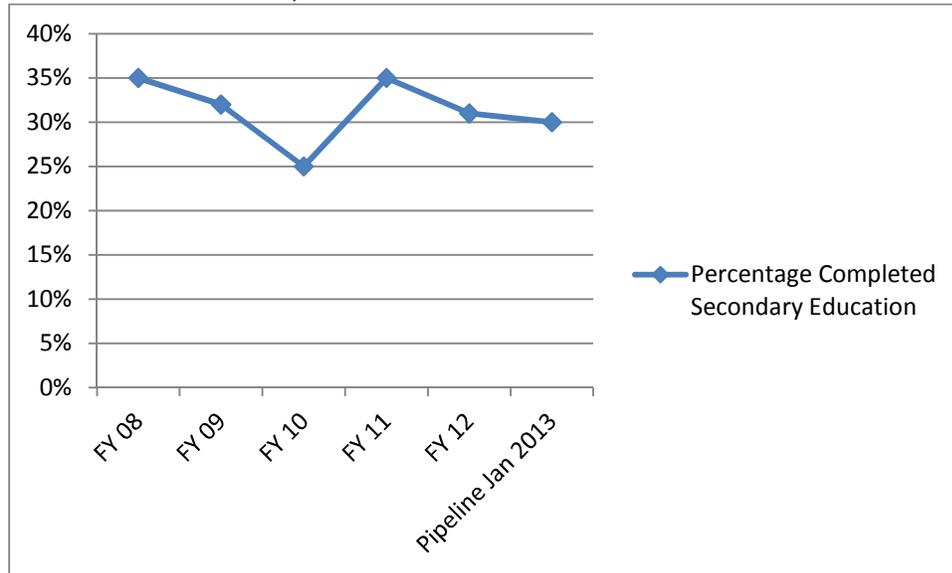
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<sup>20</sup> IRC Baltimore.

<sup>21</sup> IRC Baltimore and CWS/EMM New Haven surveys.

<sup>22</sup> As indicated in four surveys.

Figure 5: Percentage of Adult Congolese Refugees who Completed Secondary Education, FY 08 - FY12 and Current Overseas Pipeline



Source: RSC Africa

The graph shows the secondary completion rate among arriving Congolese adults was generally between 30 and 35 percent in recent years, with FY 10 being the outlier at 25 percent. Overall, 30 percent of adults who arrived between FY 08 and FY 12 reported having a high school diploma or higher level of education. This figure is also 30 percent among Congolese adults in the current overseas pipeline.

The overseas data shows limited exposure to English. As the table below shows, 59 percent of pre-screened applicants (4,943 individuals in total) reported no oral English skills, and even greater percentages reported no ability to read or write in English.<sup>23</sup>

Table 4: Levels of English Skills Reported by Pre-Screened Applicants in Overseas Pipeline

English Skill Set	None	Some	Good	Unknown
Speaking	59%	29%	11%	1%
Reading	65%	23%	11%	1%
Writing	66%	23%	10%	1%

Source: RSC Africa

The domestic survey responses noted the low level of education of many recent Congolese arrivals, and underscored the importance of access to English language and literacy classes for this population. In 16 of the 43 surveys, affiliates recommended English as a Second Language (ESL) or equivalent training.<sup>24</sup> Two responses suggested that Congolese refugees are agile language learners.

<sup>23</sup> RSC Africa data, January 2013. These percentages for English skills do not reflect the first submission of P-2 applicants from Rwanda, whose language abilities will be recorded during RSC pre-screening in 2013.

<sup>24</sup> The survey was open-ended and so did not specifically ask local offices whether ESL was needed. Given this survey format, 16 responses out of 43 can be considered a strong indicator of a broader need for ESL.

Low literacy rates in native languages, as well as the gender disparity in access to education -- women are less educated than men<sup>25</sup> -- suggests that more language-learning contact hours will be needed for many Congolese refugees to move toward self-sufficiency. A staff person at an office in Silver Spring noted that “illiteracy presents many challenges in the job search from completing applications or job interview to communicating with the supervisor and understanding their administrative responsibilities.”<sup>26</sup> The importance of ESL and job readiness classes for adults cannot be overstated. Proficiency in English language is correlated to job readiness, and a lack of written and spoken English is a common theme affecting health access and employment.

Financial and computer literacy training will also be valuable for many newly arriving Congolese refugees. The survey responses suggested that while Congolese are good at managing resources in order to survive on a daily basis, many have had limited experience in a cash economy and struggle to understand the importance of managing their income. One response illustrated this point by noting: “one of the main challenges was with budgeting. [...] In my experience, [being resourceful] meant that [the Congolese refugees] did not seek to understand their budget and [they] consistently believed that there was more assistance and would continue to be more if they pushed.”<sup>27</sup>

Financial literacy should be included as part of extended ESL for Congolese, tailored to the needs and schedules of working adults.<sup>28</sup> For younger adults with a primary or secondary school education, JobCorps may be a suitable educational placement. This government program was mentioned at least five times in the domestic survey responses, and was noted as providing suitable educational opportunities for certain segments of resettled Congolese.

## **G. Employment**

When commenting on the degree to which the Congolese were willing to work in the US, survey responses ranged from “not willing” to “very willing.” Respondents who indicated “less willing” tended to note low literacy levels, mental health issues and rural backgrounds as contributing factors; some responses observed that urban refugees tend to adapt more quickly to their new environment in the US and have a more accelerated road toward self-sufficiency. Overseas service providers noted that inactivity from years spent in refugee camps tends to create a sense of dependency; but they also noted that Congolese refugees generally have a strong work ethic and often express a desire to work. Given that the impending increase in arrivals will largely comprise Congolese coming from protracted stays in refugee camps, further exploration of these employment challenges and opportunities is warranted.

An agency in Phoenix, the second largest Congolese resettlement site in the US, noted in its survey response that Congolese require more case management in order for them to become employable in the US.<sup>29</sup> An Atlanta office echoed this need, giving the following example: “single mothers with more than three children had challenges adjusting to urban environment and maintaining employment.”<sup>30</sup> Particularly in locations with more limited public safety nets, refugees may feel added stress in trying to achieve self-sufficiency, which may re-trigger other trauma or mental health issues; single Congolese

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<sup>25</sup> ECDC Silver Spring.

<sup>26</sup> ECDC Silver Spring.

<sup>27</sup> IRC Baltimore.

<sup>28</sup> IRC Baltimore.

<sup>29</sup> CWS/LIRS Phoenix.

<sup>30</sup> EMM/CWS Atlanta.

mothers and large Congolese families may face this vulnerability. Another office correlates mental health and employment with time: “employment took from 9-11 months (or longer) for those with mental health issues...”<sup>31</sup> In general, health, low literacy/lack of English and child care were all noted barriers to employment within the three-to-six month time frame.<sup>32</sup>

Generally, Congolese refugees found employment in factories and in service industries. For those who did find employment, a different set of challenges presented themselves. Although one office did cite an employment retention rate of 90%,<sup>33</sup> seven others mentioned at least one of the following barriers to employment retention: (a) speaking on cell phones on the job; (b) being late for work; (c) personal hygiene in the workplace; (d) pace or speed of job requirements; (e) substance abuse; (f) domestic violence; and (g) incarceration.

While the last three on this list suggest broader concerns, the first four could be addressed through job readiness training. This would be particularly useful for refugees coming from camp environments overseas, such as those in the new P-2 group. While legally allowed to work in Rwanda, in practice there are few job opportunities beyond day labor, temporary household work and a limited number of stipended NGO positions for projects in the camp. Many Congolese refugees in Rwanda have farming backgrounds, but land outside the camps is not available to them for cultivation. Individuals with limited or no formal work experience would likely benefit from additional support in understanding US workplace norms and practices – such as the concerns identified above – in order to maximize what overseas service providers described as a strong work ethic.

Domestic survey responses also noted challenges related to the current precarious job market, including reduced hours, low pay, and workplace exploitation.<sup>34</sup> Responses suggested the importance of linking case composition, health and literacy to employment, as they were often cited as barriers. Extended employment orientation and case management, training opportunities, and literacy classes are all part of a holistic approach needed to employ vulnerable segments of this population, and to reduce their dependence on public assistance.

Some responses noted that Congolese refugees who were able to access educational opportunities went on to successful careers in the US, and are now working as business owners or other types of professionals. Local offices also cited the important contributions of Mutual Assistance Associations (MAA) and Ethnic and Community Based Organizations (ECBO). The surveys made mention of over 17 distinct organizations that have already served this population.

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<sup>31</sup> CWS/EMM New Haven.

<sup>32</sup> EMM/CWS Atlanta.

<sup>33</sup> EMM/CWS Denver.

<sup>34</sup> CWS/EMM New Haven and IRC Baltimore both reported that Congolese clients felt they weren't well treated by their supervisor.

## H. Children and Youth

The demographics of Congolese refugees in the overseas pipeline highlight the need for attention to children and youth. More than half (54 percent) of Congolese applicants in the pipeline are age 17 or younger, with an additional 17 percent between 18 and 25 years of age.<sup>35</sup> As of January 2013, there were 52 Congolese unaccompanied refugee minors (URMs) in the overseas pipeline. UNHCR Rwanda has identified approximately 2,000 additional unaccompanied or separated minors for whom Best Interest Determinations (BIDs) are needed, including at least 800 in Gihembe camp from which the bulk of P-2 referrals will be made. Given RSC historical data on the Congolese caseload, many of these children could be expected to be placed in the URM Foster Care Program in the US.

Survey responses also noted that arriving Congolese are a relatively young refugee population. This means that local resettlement agencies and service providers should continue to plan for child and youth services in working with Congolese families, and particularly with larger families. The domestic survey responses noted two key implications of these demographics. First, it is difficult for women or single parents with large families and young children to find employment and access ESL.<sup>36</sup> Second, pre-arrival outreach to local schools and health care providers is paramount. In order to maintain good relationships with these providers, local offices will need to be even more engaged in their liaison role. For example, providing health services for one family unit – with five children, all requiring follow up – could quickly over-burden the local children’s health clinic if not effectively and carefully managed.

The overseas data from RSC Africa shows that 62 percent of Congolese refugee children currently in the overseas resettlement pipeline are of school age have some primary and secondary school education. However, 34 percent have no education whatsoever. Children coming through the Rwanda P-2 group will have had access to primary school and lower secondary classes (the equivalent of middle school in the US); since 2011, schools in Rwanda have used English as the medium of instruction. However, classroom conditions in Rwanda are overcrowded: the teacher-to-student ratio has reached 80:1 in at least one camp location because of space limitations. Refugee children may attend Rwandan high school, but access is limited to those who score highest in lower secondary school and can afford the fees.

Given the limited overseas access to education beyond lower secondary school, it can be expected that many older youth and young adults will not have completed high school and will want to continue their education upon arrival to the US. It should also be expected that younger children will need to be introduced to US classroom etiquette and expectations. Affiliates noted that some Congolese children had experienced gaps in education, ranging from one to four years, which may require additional support for them to reach an age-appropriate grade level.<sup>37</sup>

Domestic survey responses also suggested that the classroom is also a space in which larger mental health issues are being played out. One response noted, “[w]hether from prolonged encampment, dislocation or trauma some Congolese children are showing adjustment and socialization problems.”<sup>38</sup> To address this, resettlement offices recommended: (a) outreach to schools; (b) youth programs, such as soccer leagues, which give children the opportunity to grow; and (c) parenting classes that foster

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<sup>35</sup> RSC Africa data, January 2013.

<sup>36</sup> EMM/CWS/LIRS Chicago.

<sup>37</sup> ECDC Silver Spring.

<sup>38</sup> EMM/CWS Louisville.

parental engagement in children's schooling.<sup>39</sup> These types of programming have resulted in positive outcomes over the long term. One of the top three resettlement locations for Congolese noted: "younger refugees tend to be healthier, graduate from high school and attend college."<sup>40</sup>

The surveys noted two main forms of physical health problems specific to children: malnutrition<sup>41</sup> and physical disabilities affecting mobility.<sup>42</sup> More common were references to behavioral issues, some of which may be indicative of past difficult experiences. One survey response spoke of "profound PTSD."<sup>43</sup> Another stated, "Congolese children exhibit abnormal behavior... that includes stealing and hoarding any items, and one child frequently attempts to bite people."<sup>44</sup> Within the teenage population, this could take more delinquent forms such as girls getting involved with older men,<sup>45</sup> bullying, or gang involvement.<sup>46</sup> Bed wetting was also observed among teenagers at one site, which could be indicative of mental health needs.<sup>47</sup> One response noted violent behavior, namely a child threatening other family members with a knife.<sup>48</sup>

It is not unusual that role conflict exists between parents and children and that parenting issues arise, according to survey responses. These are primarily being addressed through classes and mentoring. One local agency caseworker described the following reoccurring scenario among Congolese refugees resettled over the past few years: "All of them, including those most successful, have gone through family crises in which the oldest of 1-3 siblings have rejected the rest of the family and either moved out or are now one of the active barriers to the family's successful resettlement."<sup>49</sup> It should also be noted that this caseload will include children whose parents were lost overseas and are cared for by a relative in the US such as an older sibling.

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<sup>39</sup> EMM/CWS Buffalo.

<sup>40</sup> CWS/EMM Lexington.

<sup>41</sup> HIAS Buffalo.

<sup>42</sup> IRC Baltimore.

<sup>43</sup> IRC Baltimore.

<sup>44</sup> EMM/CWS Louisville.

<sup>45</sup> CWS/EMM New Haven.

<sup>46</sup> IRC Baltimore.

<sup>47</sup> IRC Baltimore.

<sup>48</sup> CWS/EMM New Haven.

<sup>49</sup> IRC Baltimore. Similar issue also cited by CWS/EMM Lexington.

### **III. RECOMMENDATIONS**

Offices that appeared particularly well equipped to resettle this population tended to have a variety of resources including a medical case manager on staff, staff members who speak Congolese refugees' language, private funds to address emergency housing needs, and contacts within the community including MAAs, ECBOs, churches (both Congolese and American). Connections between new Congolese arrivals and successful members of the Congolese immigrant and refugee community should also be fostered. The following recommendations would support these local-level resources and activities:

#### **1. Expanded Service Delivery for Congolese Refugees**

- a) Resettlement agencies and local service partners should develop the capacity to provide an initial mental health screening to Congolese refugees, both shortly after arrival and at a later point (e.g., after six months) in their integration process. ORR should support a pilot along these lines in one or two locations where it has a technical assistance provider, such as the Center for Victims of Torture. This would allow for building upon existing partnerships.
- b) ORR should fund SGBV services in the top five resettlement locations for Congolese refugees.
- c) ORR should support financial literacy as part of expanded community orientation and ESL for all Congolese arrivals. It should support activities to expand self-sufficiency opportunities for Congolese women, and particularly female heads of household, including through access to child care and ESL. It should expand opportunities for young Congolese adults (e.g., age 18-29) to study ESL, GED or vocational skills as part of economic self-sufficiency programs.
- d) Resettlement agencies and local schools and educational services should provide opportunities for Congolese children to integrate to age-appropriate grade levels, through targeted enrichment programs or summer programs. Local offices should continue to conduct outreach to schools and youth programs to expand opportunities for Congolese children and youth, and develop activities to encourage Congolese parents' engagement in their children's education. ORR should support this through its child welfare technical assistance and through targeted or expanded Refugee School Impact funds.
- e) ORR and PRM should work with the resettlement agencies administering URM foster care programs to ensure sufficient capacity exists to address the needs of this caseload. This would include adequate funds to support an uptick in URMs with special needs.
- f) Resettlement agencies should expand or extend the community orientation sections on home maintenance and hygiene, in anticipation of large family units continuing to arrive. ORR should fund domestic orientation programs extending up to six months post-arrival, and PRM should extend the time for orientation in the R&P program to 90 days. This orientation would also include job readiness, budgeting and financial literacy, and could be done in collaboration with ethnic-based community organizations where appropriate.
- g) ORR should provide additional funding for extended case management (including employment and medical case management) in order to address the longer road toward self-sufficiency that many Congolese refugees may face.

## **2. Multi-Stakeholder Engagement , Coordination and Collaboration**

- a) State Refugee Coordinators, State Refugee Health Coordinators and national and local RAs should mobilize a broad base of stakeholders to prepare for the expected increase in Congolese arrivals. This includes outreach to MAAs, community-based organizations, faith-based groups and social networks, as well as locally elected leaders. Where possible, a division of labor for long-term integration support should be identified within a geographical area, to encourage the effective use of resources.
- b) Local RAs should continue to inform local government stakeholders about refugee flows, including through regular meetings with: TANF/ Medicaid / SNAP employees who will serve this population; local schools officials; health service providers; social security administrators; mayors' offices; and the head of police and fire departments. These meetings should highlight data and lessons relevant to Congolese refugees and provide actionable feedback to local resettlement agencies.
- c) National agencies and local resettlement offices serving Congolese should have regular and frequent communication, and develop systematic ways for identifying and documenting lessons learned and good practices. This would include quarterly updates on local stakeholder meetings regarding Congolese, as described in recommendation 2b. Analysis of local lessons and practices specific to Congolese arrivals should be shared across agencies and, through the RCUSA Resettlement Committee, a written summary update should be provided to ORR on a semi-annual or annual basis.
- d) ORR funded technical assistance should also be made available to specific initiatives in support of Congolese integration. All technical assistance services providers should identify specific contributions towards efforts to integrate Congolese refugees in line with their technical service area of expertise.

## **3. Expanded Overseas Support and Pre-Arrival Coordination**

- a) PRM should support expanded overseas cultural orientation (CO) for Congolese to include CO for children and youth, and additional financial literacy training for adults and older youth (e.g., age 15-17).
- b) Building on lessons from the extended overseas ESL pilot, PRM should support the provision of overseas ESL for Congolese who are approved to enter the US as refugees and who have indicated limited or no English skills.
- c) PRM and RCUSA should facilitate increased exchange of information and coordination of services between overseas and domestic service providers, particularly services for SGBV survivors.
- d) PRM and RCUSA should explore ways to expand mental health services to include mental health screening overseas, and increase possibilities for continuum of care.