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“It’s Always a Combination of Things”: An Intersectional Approach to Post-Migration
Discrimination and Mental Health in Refugee Women

by

Jessica Kumar

Under the Direction of Gabriel Kuperminc, PhD

A Dissertation Submitted in Partial Fulfillment of the Requirements for the Degree of

Doctor of Philosophy

in the College of Arts and Sciences

Georgia State University

2021

ABSTRACT

Refugees face high rates of mental health problems such as posttraumatic stress disorder, depression, and anxiety. Several pre- and post-migration risk factors for negative mental health outcomes have been identified, including discrimination. However, extant literature on the association between discrimination and refugee mental health has rarely attended to additional marginalized identities beyond refugee status, resulting in a limited understanding of individual differences. Guided by intersectionality theory, the goal of the present study is to address this gap with three primary research questions: 1) What are refugee women's experiences of post-migration discrimination? 2) How do intersections of multiple marginalized identities shape these experiences of post-migration discrimination and the way refugee women interpret them? 3) How do discrimination experiences influence refugee women's mental health and well-being? Individual interviews were conducted with six adult refugee women ages 18-40. Quantitative measures of discrimination, psychological distress, and well-being were also administered. Participants' countries of origin included Burma, Democratic Republic of Congo, Iran, and Pakistan; all participants had lived in the United States for at least four years. Qualitative data were analyzed using interpretive phenomenological analysis; quantitative data were analyzed descriptively. Six superordinate themes were identified in the qualitative analysis: discrimination targets multiple marginalized identities, discrimination rooted in perceived superiority, negative emotions, identity conflict, changes in behavior to prevent discrimination, and difficult decisions over how to respond to discrimination. Results indicated that refugee women experience discrimination that targets multiple marginalized identities, primarily their refugee status, ethnicity, race, and religion. Their interpretations of these discrimination experiences were both additive and intersectional in nature. Furthermore, refugee women reported that discrimination

has wide-ranging negative mental health consequences spanning emotional, cognitive, and behavioral domains. Quantitative measures revealed that all women experienced multiple forms of discrimination, and most of the women reported high levels of psychological distress while also maintaining a sense of well-being and hope. This study has important clinical and policy implications to not only ameliorate the psychological distress associated with discrimination, but also reduce the frequency of discrimination itself.

INDEX WORDS: Discrimination, Intersectionality theory, Mental health, Refugee women

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2021

“It’s Always a Combination of Things”: An Intersectional Approach to Post-Migration
Discrimination and Mental Health in Refugee Women

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May 2022

DEDICATION

To my family, near and far, because this dissertation and the many years of school leading up to it would not have been possible without their unwavering support. And particularly to my grandfather, Joseph Krug (1938-2020), for cheering me on throughout my education from report cards in elementary school to acceptance into graduate school. Although I wish he could have seen me complete my Ph.D., I am incredibly grateful for his love and encouragement - and the silver dollars along the way.

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1 INTRODUCTION

According to the United Nations High Commissioner for Refugees (UNHCR), a refugee is someone who “owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion, is outside the country of his nationality, and is unable to, or owing to such fear, is unwilling to avail himself of the protection of that country” (UNHCR, 1951). Currently, over 26 million people fit that definition as a result of current and historical conflicts spanning multiple regions (UNHCR, 2021). The global refugee crisis has reached record numbers and continues to grow.

As the number of refugees has increased, so has research on refugee health outcomes. Multiple studies have shown that refugees face elevated rates of mental health problems, including posttraumatic stress disorder (PTSD; e.g., Alpak et al., 2015; Fazel et al., 2005; Silove et al., 1997), depression (e.g., Jamil et al., 2007; Tekin et al., 2016), and anxiety (e.g., Bhui et al., 2003; Laban et al., 2004). Evidence across studies suggests the prevalence of these psychological disorders in refugee populations is significantly higher than in the general population, even many years after resettlement (Bogic et al., 2015; Lindert et al., 2009).

Although there is extensive variability among refugees and their migration narratives (e.g., country of origin, reason for fleeing, length of displacement), by definition, refugees have experienced significant stress and adversity. These stressful and traumatic experiences can occur across three distinct phases: pre-migration, migration, and post-migration (Orley, 1994; Michultka, 2009); stressors across all three phases can contribute to mental health problems. Before fleeing their country of origin, refugees often suffer trauma, including war, torture, and sexual violence. Much of the literature on refugee health has focused on this pre-migration phase, and the number of pre-migration traumatic experiences has consistently been shown to be

a significant predictor of negative mental health outcomes (Bogic et al., 2015; Steel et al., 2009). However, post-migration stressors such as low social support and unemployment also influence mental health (Li et al., 2016; Schweitzer et al., 2006; Teodorescu et al., 2012). A growing body of research has found that post-migration stress is a significant predictor of mental health after controlling for pre-migration trauma (e.g., Carswell et al., 2011; Schweitzer et al., 2011). In addition, post-migration stress is a stronger predictor than trauma for certain mental health outcomes (Lindencrona et al., 2008; Bogic et al., 2012). For instance, both pre-migration trauma and post-migration stressors were significant predictors of mental health in Eastern European refugees, but the former was a stronger predictor of PTSD, and the latter was a stronger predictor of depression and anxiety (Bogic et al., 2012).

One salient post-migration stressor is discrimination. Discrimination is associated with negative mental health outcomes among refugees (e.g., Mölsä et al., 2017), but there has been minimal attention in this research to the role of additional marginalized identities beyond refugee status. Guided by intersectionality theory, the goal of the present study is to explore the discrimination experiences of refugee women and the influence of these experiences on their mental health and well-being.

1.1 Discrimination

Although refugees experience a variety of post-migration stressors, discrimination may have especially important mental health implications. Discrimination is defined as unfair treatment due to group membership, and there are multiple types of discrimination depending on the group identity being targeted. Examples include racial discrimination, sex discrimination, and religious discrimination, among others. Additionally, discrimination can occur across multiple dimensions: individual, institutional, and cultural. Jones (1997) proposed these dimensions

pertaining to racial discrimination among African Americans but they can also be applied to discrimination against other oppressed groups (Riley et al., 2006; Savigny, 2014). Individual discrimination refers to one person treating another person unfairly because of group membership (e.g., a homophobic slur). Institutional discrimination refers to the implementation of policies that produce or maintain disparities between groups (e.g., sexist and racist hiring policies). Lastly, cultural discrimination refers to the norms of majority culture being considered better than those of minority culture (e.g., promoting White beauty standards, such as straight hair).

A vast body of literature has revealed a positive association between discrimination and poor psychological outcomes among several marginalized populations, including racial, ethnic, sexual, and gender minorities (Pascoe & Richman, 2009; Gee et al., 2006). For example, Tummala-Narra and Claudius (2013) found that experiencing discrimination from adults and peers predicted higher depressive symptoms in immigrants. Understanding the association between post-migration discrimination and mental health for refugee populations is particularly timely because of strong prejudice (i.e., negative attitudes toward someone based on group membership; Dovidio & Gaertner, 2010) directed toward refugees in recent years. For example, survey research revealed that 61% of people across 22 countries believed terrorists are posing as refugees (IPSOS, 2016). Additionally, 40% of people worldwide thought their country should not participate in refugee resettlement, with similar numbers found in survey data limited to people living in the United States (IPSOS, 2016; Pew Research Center, 2018). Esses and colleagues (2017) proposed various factors that may contribute to these negative attitudes, including dehumanization of refugees in politics and media, perceived economic competition, and perceived threat to national ingroup identity.

Although negative attitudes themselves do not constitute discrimination because discrimination is inherently behavioral (Allport, 1954), extant research has demonstrated that holding negative attitudes about a group predicts discrimination toward that group (Dovidio et al., 1996). Applying this finding to refugee populations, this means prejudice against refugees may lead to unfair treatment based on their refugee status. Indeed, research findings have shown support for the idea that refugees face post-migration discrimination due to their refugee identity. For example, refugees resettled in Australia reported experiencing discrimination in multiple contexts (e.g., housing, employment, education), and they attributed this discrimination in part to their refugee status (Butcher et al., 2006). Although prevalence rates vary, several studies have found that approximately half of resettled refugees report experiencing some form of post-migration discrimination (Fozdar & Torezani, 2008; Hadley & Patil, 2009; Um et al., 2015).

1.2 Discrimination and Refugee Mental Health

Scholars have recently begun to study the effect of post-migration discrimination on refugee mental health. Refugee participants in these studies originate from a variety of geographic regions, including Africa, East Asia, Southeast Asia, Eastern Europe, Latin America, and the Middle East. The countries where refugees currently live also varied in these studies, although most research has been conducted with refugees resettled in the United States or Australia. Studies have investigated both negative mental health outcomes (e.g., psychological distress, depression, anxiety, and PTSD) and positive mental health outcomes (e.g., happiness, life satisfaction, and subjective well-being).

1.2.1 Negative Mental Health

Quantitative research has repeatedly demonstrated that discrimination is a significant predictor of negative mental health in refugee populations, including psychological distress (e.g.,

Alemi & Stempel, 2018; Montgomery & Foldspang, 2007), depression (e.g., Celebi et al., 2017; Ellis et al., 2008), PTSD (e.g., Kira et al., 2010; Mölsä et al., 2017), and anxiety (e.g., Baranik et al., 2018; Kim, 2016). For example, Mölsä and colleagues (2017) studied the influence of post-migration discrimination on mental health among elderly Somali refugees resettled in Finland. Results revealed that Somali refugees who experienced more discrimination had higher levels of both depression and PTSD symptoms. Similar results have been found with Somali refugee youth resettled in the United States, as discrimination was positively associated with both depression and PTSD (Ellis et al., 2008). Additionally, discrimination explains significant variance in mental health outcome variables after controlling for traumatic experiences, demonstrating that this effect holds even after accounting for the influence of pre-migration trauma (Baranik et al., 2018; Ellis et al., 2008; Ellis et al., 2010; Mölsä et al., 2017).

Labys and colleagues (2017) explored the influence of discrimination on psychological distress using qualitative methodology, and findings provide in-depth information on refugees' experiences of discrimination. Zimbabwean and Congolese refugees living in South Africa described experiencing multiple symptoms of psychological distress, including hopelessness, worry, and suicidal ideation. They explicitly linked this distress to experiences of overt and covert discrimination. Some refugee participants offered a specific example of the association between discrimination and psychological distress, such as having suicidal ideation while being physically assaulted because of their refugee status. Other refugees described the connection more broadly, noting that repeatedly being treated unfairly leads to negative emotions and a sense of helplessness. Taken together, quantitative and qualitative results suggest that refugees who experience more discrimination are at greater risk for mental health problems.

1.2.2 Positive Mental Health

Studies exploring the association between discrimination and positive mental health outcomes (e.g., happiness, life satisfaction, and subjective well-being) among refugees revealed mixed results. Findings in one study indicated that refugee youth resettled in Australia who experienced discrimination reported lower levels of happiness eight years after resettlement than those who reported no discrimination (Correa-Velez et al., 2015). However, in this same study, discrimination was not a significant predictor of happiness during the first three years of resettlement (Correa-Velez et al., 2010). Other studies with refugee youth and adults have also failed to find a significant association between discrimination and positive mental health outcomes, such as life satisfaction and well-being (Fozdar & Torezani, 2008; Murray, 2010).

Qualitative findings from mixed-methods studies provide more nuanced information about how refugees' experiences of discrimination influence their well-being (Fozdar & Torezani, 2008; Murray, 2010). Examples of discrimination were many and were particularly prevalent in employment and housing domains, such as a Muslim woman being informed that she was rejected for an employment position because of her traditional Islamic dress (Fozdar & Torezani, 2008). Participants reported that discrimination lowered their happiness and well-being because they sensed a lack of belonging in majority culture. These qualitative results indicate that discrimination may affect positive mental health in ways that are not captured in the existing quantitative findings.

1.3 Intersectionality Theory

Some refugees may be at increased risk for discrimination given that they often have additional marginalized identities beyond refugee status, including race, ethnicity, gender, and religion. There are significant demographic differences in discrimination rates within refugee

populations, with women, Africans, and Middle Easterners more likely to experience discrimination than other groups (Dhalimi et al., 2018; Hadley & Patil, 2009; Ziersch et al., 2020). Although this provides preliminary evidence for the importance of investigating multiple minority identities when studying refugee discrimination, much of the research in this area has failed to consider these intersections of identity.

It is well-documented that people with multiple marginalized identities (e.g., racial minority and sexual minority) often experience multiple types of discrimination (e.g., racism and heterosexism; Bowleg, 2003; Szymanski & Sung, 2010). These multiple types of discrimination can help to explain why people who hold multiple marginalized identities are at increased risk for mental health problems, as the experience of multiple types of discrimination has been found to partially mediate this association (Grollman, 2012; 2014). However, multiple marginalized identities do not only have an additive effect. Intersectionality theory suggests that multiple marginalized identities are experienced simultaneously, and these intersections have unique implications that are missed when only considering each identity separately (Bowleg, 2008; Cole, 2009). Intersectionality was developed by Black feminists who argued that “Black women are sometimes excluded from feminist theory and antiracist policy discourse because both are predicated on a discrete set of experiences that often does not accurately reflect the interaction of race and gender” (Crenshaw, 1989, p. 140). In other words, Black women do not only experience the racism that Black men experience plus the sexism that White women experience, but instead experience a unique form of oppression at the intersection of their race and gender.

Intersectionality theory has since been applied to other multiple minority populations. For example, Asian American sexual minority adults did not only report experiencing general heterosexism and racism, but specific events that were linked to their intersections of identities.

They faced heterosexism from communities of color (e.g., exclusion from their ethnic group because of their sexual identity) and racism from LGBT communities (e.g., racist comments made by White LGBT people), suggesting that the interaction of their marginalized identities affected their experiences of discrimination (Szymanski & Sung, 2010). Both types of discrimination were significant predictors of psychological distress (Szymanski & Sung, 2010).

Researchers have also begun to apply intersectionality theory to refugees with additional marginalized identities. Pittaway and Pittaway (2004) discuss how refugee status interacts with race and gender, noting that “the experiences endured by refugee women are not caused by discrimination against one, or some, or even all of these identities, but by the irreducible oppression caused by the compounded effects of discrimination against them all” (p. 125). Indeed, qualitative research with unaccompanied refugee mothers resettled in Australia revealed that they experience institutional discrimination, in part because policies focus primarily on their refugee identity while overlooking the ways in which their identity as adolescent mothers makes them particularly vulnerable (Vervliet et al., 2013).

Scholars have only recently started to take an intersectional approach to research on the association between discrimination and refugee mental health. Recent findings suggest that refugees’ multiple marginalized identities seem to intersect in important ways that influence their experience of discrimination and their health and well-being. LGBTQ refugees resettled in Europe reported experiencing discrimination targeting both their refugee and sexual identities in multiple settings, such as healthcare and housing (Alessi et al., 2020; Golembe et al., 2020). For example, a transgender refugee woman described being treated poorly by healthcare providers because she did not speak the host language and because her gender expression did not match her documented gender. Recent research has also demonstrated that Muslim refugee women

commonly face discrimination for wearing hijab, which is a visible marker of the intersection of their female and Muslim identities (Ellis et al., 2010; Magan, 2020; Ziersch et al., 2020). Women reported experiencing both verbal and physical harassment, such as being called names in public or being beaten up at school. Refugee participants noted that these intersectional discrimination experiences affect their mental health in various ways, including experiencing symptoms of depression and anxiety (Golembe et al., 2020; Ziersch et al., 2020).

Although these initial considerations of intersectional identity in refugees' experiences of discrimination provide important and novel insights, research in this area is still quite limited. Only a small number of studies have considered intersectional identities, and most of them were conducted with refugees resettled in Europe or Australia. Given that context of reception varies considerably from place to place, it is important to understand more about how refugees resettled in the United States experience intersectional discrimination and its mental health consequences. Furthermore, while several of these qualitative studies used intersectionality theory as a guiding framework, the interview guides that were made available in published manuscripts did not directly ask about identity or multiple marginalized identities of participants and, at times, asked close-ended questions (e.g., "Did you experience discrimination here in Germany?"; Golembe et al., 2020). This means that although there were many times in their discussions of discrimination when participants happened to mention targeted identities, they were not necessarily given an explicit opportunity to discuss their identity and their perceptions of the role it plays in their experiences with discrimination. Asking directly about identity in discussions of discrimination is important because it allows refugee women to voice their own interpretations rather than solely relying on the researcher to interpret their narratives. Additional research is needed to

understand discrimination against refugees from an intersectional approach, as well as how different discrimination experiences influence mental health.

1.4 Present Study

While both quantitative and qualitative findings have revealed that discrimination is associated with negative mental health outcomes among refugees, only a few studies to date have attended to the role of intersectional identities in discrimination, signifying a dearth of research in this area. The current study addresses this gap by exploring the discrimination experiences of refugee women, emphasizing their multiple and intersecting marginalized identities. A focus on female refugees is warranted because in addition to findings that refugee women face higher rates of discrimination than refugee men (Dhalimi et al., 2018), scholars have described the “gendered nature of the refugee experience” (Pittaway & Bartolomei, 2001, p. 22), meaning refugee women face additional challenges because of their identity intersections. Three primary research questions guide the present study: 1) What are refugee women’s experiences of post-migration discrimination?; 2) How do intersections of multiple marginalized identities shape these experiences of post-migration discrimination and the way refugee women interpret them?; 3) How do discrimination experiences influence refugee women’s mental health and well-being? Qualitative methods were selected because of the study’s exploratory nature. Furthermore, the use of individual in-depth interviews will provide an opportunity to empower refugee women to voice their own unique narratives. No specific hypotheses are posited because of the study’s inductive approach.

2 METHOD

The methodology is guided by interpretive phenomenological analysis (IPA; Smith et al., 2009), which was selected because of the focus on refugee participants' lived experiences of post-migration discrimination. IPA has three major theoretical underpinnings. The first is phenomenology, which seeks to understand how individuals experience a specific phenomenon. Grounded in the work of philosophers such as Husserl and Heidegger, phenomenology is a qualitative methodology that focuses on capturing participants' lived experience. Second, IPA is rooted in hermeneutics, or interpretation theory. In IPA, there is an emphasis on the necessity of interpretation for the participant and the researcher. Scholars describe this approach to interpretation as a *double hermeneutic*, in which two interpretations are occurring simultaneously: "The participants are trying to make sense of their world; the researcher is trying to make sense of the participants trying to make sense of their world" (Smith & Osborn, 2015, p. 26). The final theoretical framework that informs IPA is ideography. Ideographic research focuses on particular cases rather than general populations, and the goal is to develop an in-depth understanding of those particular cases. In IPA, a small number of individual participants' experiences are analyzed in such a way to both examine individual participants' perspectives and compare these individual perspectives with one another to examine similarities and differences among them.

2.1 Positionality

In IPA, the researcher plays a vital role in interpreting the lived experiences that participants convey. For this reason, it is essential that researchers acknowledge their own social identities and prior experiences and engage in critical reflection about how these positions may have influenced the research process (Holmes, 2020). Positionality is often framed as insider

(sharing group membership with participants) versus outsider orientations (nonmembers of participants' groups; Merton, 1972). However, more recent work has concluded that researchers are not either insiders or outsiders, as these positions are not mutually exclusive. Instead, researchers are both insiders and outsiders across multiple dimensions, and these insider and outsider positions intersect to create a complex and evolving dynamic between researchers and participants (Merriam et al., 2001; Mercer, 2007). Both insider and outsider statuses can carry advantages (e.g., insiders may have better rapport; outsiders may ask less biased questions) and disadvantages (e.g., insiders may incorrectly assume shared understanding; outsiders may not be fully trusted) throughout the research process (Holmes, 2020).

As the primary researcher for the present study, I am a White, heterosexual, cisgender female doctoral student who was born in the United States and whose native language is English. This means several of my identities and experiences (e.g., race, ethnicity, migration history) are not only different from those of the study participants, but they carry privilege and power that the participants do not share. My privileged identities thus have various implications for study design, data collection, and data analysis; this dynamic is particularly important to reflect on in the present study because identity was central to the research questions.

My status as an outsider across multiple identity domains has made community partnerships essential to my research and practice. Throughout my academic career, I have had extensive experience with research and community engagement with refugee populations in Atlanta. As a result, I have developed connections and built relationships with resettlement agencies, nonprofit organizations, and refugees themselves. For the current study, these partnerships became critical, especially for the design process. The study was designed in collaboration with staff at a local refugee resettlement organization to strengthen cultural

appropriateness. For example, community partners proposed adding a phone screen component to the study procedure to confirm English language ability and build rapport with participants prior to asking more sensitive questions in the qualitative interview; this suggestion was implemented.

My positionality also may have influenced data collection in a variety of ways. For example, my identities and understanding of the literature on refugee discrimination experiences could have impacted the way I framed questions when conducting the interviews. To combat this, I focused on asking open-ended questions that did not lead participants in any given direction to maximize the likelihood of obtaining participants' authentic perspectives. Just as interviewer questions can be impacted by positionality, so can participant answers. While each participant in the study provided examples of discrimination experiences perpetrated by White and/or U.S.-born individuals during the interview (suggesting they felt comfortable sharing these things with a White, U.S.-born interviewer), it is possible that they were selective in what they shared or revised these narratives due to identity disparities and power differentials between us. There were also moments when participants appeared hesitant to generalize their discrimination experiences with comments such as "I don't say all Americans." Given that I was born in the United States, participants may have worried about offending me and could have made these comments to protect my feelings. At other times during the interview, our differences provided an opportunity for connection, and rapport seemed to be strengthened because of my efforts to convey cultural humility. Examples included a participant expressing gratitude that I understood the various stages of the refugee resettlement process and a participant expressing happiness that I knew the meaning of a Swahili word without her needing to translate it into English. While on the one hand these interactions demonstrated the unfortunately low standard set for White

Americans, they also seemed to serve as evidence that being intentional about cultural humility stood out to participants and showed genuine care about their experiences.

Finally, it is crucial to consider how my identities and experiences influenced data analysis. My outsider positions may have contributed to me misunderstanding participants or missing nuances that someone with lived familiarity would have detected. There may have also been unconscious biases at play that informed my interpretation of the data, particularly considering that participants discussed facing discrimination from perpetrators who shared some of my social identities. Additionally, having previous knowledge about a topic can contribute to confirmation bias, meaning I could have attended more closely to participant responses that corroborated past research than responses that contradicted it. To increase awareness of and attention to these potential biases, I kept memos during data analysis where I noted my reactions to the data and reflected on my understanding of it. I also sought feedback on my data interpretation and written manuscript from BIPOC and immigrant colleagues to help me consider alternative perspectives from those with different social identities.

2.2 Sociopolitical Context

Just as my positionality may have influenced study findings, so also may have broader contextual factors. Data were collected in early 2021, and it is important to consider the social and political contexts of this time period. First, data collection occurred shortly after the presidential transition from the Trump administration to the Biden administration. The four years of the Trump administration were marked by anti-refugee rhetoric (e.g., Trump's statement equating refugee resettlement with "importing the terrorism;" The American Presidency Project, 2019) and policies (e.g., decreasing the refugee admissions ceiling to historic lows; Pierce & Bolter, 2020) which contributed to substantial changes to refugee resettlement in the United

States. In addition to this underlying political context, there were other major current events happening around the time of data collection, most notably the co-occurring “double pandemic” of COVID-19 and racism (Addo, 2020; APA, 2020).

Although participants rarely mentioned these contextual factors directly in their interviews, it is likely that they still influenced participants’ experiences of discrimination. First, there is evidence of increased rates of discrimination against marginalized groups in recent years, attributed in part to the Trump administration’s rhetoric (often called the “Trump effect;” Newman et al., 2021; Williamson & Gelfand, 2019). Increased discrimination against people with specific marginalized identities has also been documented, such as a rise in anti-Asian hate crimes in 2020 associated with COVID-19’s origin in China (Jeung et al., 2021). Along with rates of discrimination actually increasing, participants may also have had heightened perception of discrimination experiences given increased attention in the media and public discourse to related issues, such as anti-Black police violence.

2.3 Participants

I performed phone screens with eight refugee women, two of whom were excluded from the follow-up qualitative interview because they did not meet study inclusion criteria. One woman was excluded because of limited conversational English ability and the other was excluded because she did not report discrimination experiences. Both women were originally from Burma and had lived in the United States for five years or more.

Qualitative interviews were conducted with six adult refugee women. Participants ranged in age from 18 to 40 years old. The countries of origin represented were Burma ($n = 1$), the Democratic Republic of Congo ($n = 3$), Iran ($n = 1$), and Pakistan ($n = 1$). Four participants had lived in the United States for five years or less, while the other two participants were resettled to

the U.S. at least ten years ago. Participants spoke between two and seven languages, including English. None of the participants spoke English as their first language. All the participants in this study identified as heterosexual. Two participants were married; the rest were single. Four were mothers who had between one and four children. Regarding education, two participants earned a college degree, three earned a high school degree, and one earned a General Educational Diploma (GED). See Table 1 for an overview of each participant's demographic characteristics. Some demographic information (e.g., age, number of children) are not included in the table and are instead only reported aggregately above to protect participant confidentiality. The pseudonyms used in this table and throughout the paper were selected by the participants themselves.

Table 1 Participant Demographics

Participant	Country of Origin	Years in U.S.	Race	Religion	Marital Status
Tiara	Congo	5	Black	Christian	Single
Paw	Burma	12	Asian	Christian	Married
Furaha	Congo	10	Black	Christian	Single
Uwezo	Congo	5	Black	Christian	Married
Star	Iran	4	Asian	Baha'i	Single
Naz	Pakistan	5	South Asian	Muslim	Single

2.4 Recruitment

Research flyers describing an opportunity for refugee women to talk about their experiences living in the United States were distributed to refugee resettlement organizations and refugee nonprofit organizations. However, recruitment proved to be particularly difficult because of the COVID-19 pandemic; many organizations were not offering in-person programming and therefore sent most of the recruitment flyers virtually. Refugees are often understandably hesitant to participate in outside research without a trusted connection (Sulaiman-Hill & Thompson,

2011), and given that virtual distribution of a flyer lacks this trusted connection, additional recruitment strategies were necessary. Recruitment was also conducted through snowball sampling. Each woman who participated in the study was invited to recruit other individuals she knew who met study criteria (Faugier & Sargeant, 1997). Additionally, I contacted refugee women who had participated in another qualitative research project I conducted who also met inclusion criteria for this study to ask whether they were interested in participating in another research study. In total, four participants were recruited from the previous study, one participant was recruited in-person through a refugee nonprofit organization, and one participant was recruited via snowball sampling.

2.5 Procedure

The Georgia State University Institutional Review Board approved all study procedures. Data were collected in two parts: a phone screen and a video interview. Phone screens were scheduled after confirming that participants met basic study inclusion criteria. At the beginning of the phone screen, participants provided verbal informed consent. Then, the demographic questionnaire was verbally administered, and they were asked several questions modified from the spoken portion of the International English Language Testing System to assess English language ability (e.g., “Tell me about the kind of home you live in? How long have you lived there?”). Next, the Everyday Discrimination Scale (EDS; Williams et al., 1997) was verbally administered. When participants had difficulty understanding certain words or items on the questionnaire (e.g., “courtesy”), I explained their meaning with a synonym or paraphrase (e.g., “politeness”). All participants who completed the phone screen were compensated with a \$10 gift card, which was sent via mail to participants’ home addresses along with a copy of the informed consent form.

Participants who had adequate English language skills and endorsed experiencing at least two different discrimination experiences on the EDS (Williams et al., 1997) at least “a few times a year” were invited to participate in a follow-up interview. This follow-up interview was scheduled at the end of the phone screen for another date within the next two weeks. Interviews were virtual rather than in-person because of the COVID-19 pandemic. I conducted all interviews via Microsoft Teams. Interviews were semi-structured with open-ended questions on the following topics: 1) experiences of discrimination, 2) targeted identities in discrimination experiences, and 3) impact of discrimination on mental health and well-being. The interview schedule is in Appendix A. All interviews were between 90 and 102 minutes. At the end of each interview, the remainder of the quantitative measures were verbally administered, including the Refugee Health Screener-15 (Hollifield et al., 2013), Satisfaction With Life Scale (Diener et al., 1985), and Adult Hope Scale (Snyder, 1991). Participants were given an additional \$25 gift card as compensation for completing the video interview, which was sent via mail to participants’ home addresses. Following the interviews, recordings were transcribed and then deleted.

2.6 Measures

To supplement data from qualitative interviews, participants completed brief quantitative measures (see Appendix B for all quantitative measures). All measures were administered verbally, but I shared my screen with participants for the quantitative measures administered during the video interview so they could see the questions and response choices.

2.6.1 Discrimination

The Everyday Discrimination Scale (EDS; Williams et al., 1997) was used to assess experiences of discrimination. This scale contains nine items, each of which addresses a different discriminatory event (e.g., “People act as if they are afraid of you;” “You are called names or

insulted”). Participants were asked to rate how often they experience each event in their daily life on a 6-point scale ranging from *never* to *almost every day*. The total score is the sum of individual item scores, with higher scores representing more discrimination. For each question with which a participant responds with “a few times a year” or greater, they were asked a follow-up question assessing the perceived reason(s) for discrimination (e.g., ethnicity, gender, race, etc.), with an option to choose as many reasons as apply. The EDS has demonstrated sufficient reliability in refugee populations ($\alpha = .76 - .81$; Celebi et al., 2017; Ellis et al., 2008).

2.6.2 Psychological Distress

Psychological distress was measured using the Refugee Health Screener-15 (RHS-15), a 15-item mental health screening tool designed to assess symptoms of depression, anxiety, and PTSD in refugee populations (Hollifield et al., 2013). The first 13 questions ask about the degree to which specific symptoms (e.g., “too much thinking or too many thoughts”) have bothered the participant over the past month. Responses are on a 5-point Likert-type scale ranging from 0 (*not at all*) to 4 (*extremely*). The final two questions assess overall coping ability and general distress. The RHS-15 produces two scores: 1) The sum of the first 14 items and 2) The number reported on the final general distress item. Higher scores indicate higher levels of psychological distress for both scores. The RHS-15 has demonstrated strong internal consistency ($\alpha = .95$; Hollifield et al., 2016).

2.6.3 Well-Being

The Satisfaction with Life Scale (SWLS) was administered as a measure of well-being (Diener et al., 1985). Participants were asked to rate their level of agreement with each of five items (e.g., “The conditions of my life are excellent”) on a 7-point Likert-type scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). The sum of scores on all items is the total life

satisfaction score, with higher scores representing greater life satisfaction. The SWLS has been administered to refugees in previous research and has demonstrated good reliability ($\alpha = .83$; Sleijpen et al., 2016).

The Adult Hope Scale (AHS; Snyder et al., 1991) was administered as another measure of well-being. The 12-item scale is composed of two subscales assessing the two components of Snyder's cognitive model of trait hope: agency (i.e., goal-directed determination) and pathways (i.e., planning to achieve goals). The agency and pathways subscales each have four items, and example items include "I energetically pursue my goals" and "There are a lot of ways around any problem," respectively. The remaining four items are filler items. All items are on an 8-point scale ranging from 1 (*definitely false*) to 8 (*definitely true*). Each subscale score is the sum of the four items on that subscale, and the total hope score is the sum of the two subscale scores. The four filler items are not counted. Higher scores indicate higher levels of trait hope. The AHS has demonstrated good reliability in refugee populations ($\alpha = .86$; Ai et al., 2007).

2.6.4 Demographics

Participants also completed an open-ended demographic questionnaire to provide information about their social identities. The demographic questionnaire was developed for this study; it included eleven open-ended questions that allowed refugee women to self-identify within a variety of categories (e.g., "What is your racial identity?").

2.7 Data Analytic Plan

2.7.1 Qualitative Data Analysis

Qualitative data were analyzed using interpretive phenomenological analysis (Farr et al., 2018; Semlyen et al., 2018; Rosbrook & Schweitzer, 2010; Smith et al., 2009). First, I *read the transcripts* in detail several times to center the participants in the analysis by becoming familiar

with their words and ideas. Next, I conducted an in-depth analysis of each transcript individually. This analysis started with *initial noting*, during which detailed notes were taken on the transcript to provide commentary on the participant's remarks. The notes taken at this stage included descriptive comments, linguistic comments, and conceptual comments. After detailed notes were taken, the next step was to *develop emergent themes*, where notes related to one another were combined to create themes that encapsulate the broader ideas that the participant conveyed. Once a list of themes was established, I worked to *connect the themes*, where related themes were clustered together to demonstrated associations among them. The next step was to *repeat this entire process for all transcripts*, allowing new themes to emerge for each participant where appropriate.

The final step of data analysis was to *look for patterns across cases*. The goal was to identify the commonalities among participants while preserving the distinctive characteristics of each. This final stage synthesized study results, providing insight into participants' lived experiences of discrimination, their interpretations of the role of intersectional identities, and their perspectives on how discrimination influences their mental health.

2.7.2 Quantitative Data Analysis

Quantitative data were analyzed descriptively to contextualize the qualitative data. Given the small sample size for this study, each participant's total score for all four quantitative measures is reported. These scores supply additional information on participants' experiences of discrimination and positive and negative mental health using measures that have been previously validated with refugees. Data from the demographic questionnaire were used to provide a more comprehensive picture of participants' identities and basic information about their context, which was useful for understanding the experiences they described in the interviews.

Some of the quantitative data were also used aggregately. Overall frequencies on the Everyday Discrimination Scale were reported for each type of discrimination experience and the perceived reasons for these experiences to examine which discrimination experiences were most common for this sample, as well as which identities were perceived to be targeted most often. Data were also used to indicate the number of refugee women in this sample who experienced an elevated level of psychological distress according to the cut-off scores on the RHS-15: total scores greater than or equal to 12 and/or distress thermometer scores greater than 5 indicate a positive screen.

3 RESULTS

Quantitative and qualitative results are described below. Narrative summaries provide an overview of each of the six participants' individual identities and discrimination experiences. Additionally, six superordinate themes and several subordinate themes were identified from analyzing patterns that emerged across participants. Quotes in the results are written as participants said them except for the removal of filler words (e.g., like, um, so) to improve reading ease and flow. Given that English is not the participants' first language, there are several grammatical errors and vocabulary errors which were kept verbatim to minimize researcher modifications to the data.

3.1 Descriptive Statistics

Overall, refugee women in the sample experienced high levels of discrimination. Three of the six participants reported facing discrimination "almost every day;" others reported facing discrimination anywhere from "a few times a year" to "at least once a week." On average, participants reported experiencing seven of the nine discrimination events assessed on the EDS at some point in their lives. Every item on the EDS was endorsed by at least three participants. Additionally, all six participants endorsed item seven ("People act as if they're better than you"), with frequencies ranging from "a few times a year" to "almost every day." Figure 1 depicts the number of participants who endorsed each item on the EDS. The most common identities reported as perceived reasons for discrimination on the EDS were national origin, race, refugee status, and physical appearance. Sexual orientation and physical disability were the only two identities listed as choices that none of the participants endorsed as reasons for discrimination. See Figure 2 for the frequencies for all perceived reasons for discrimination.

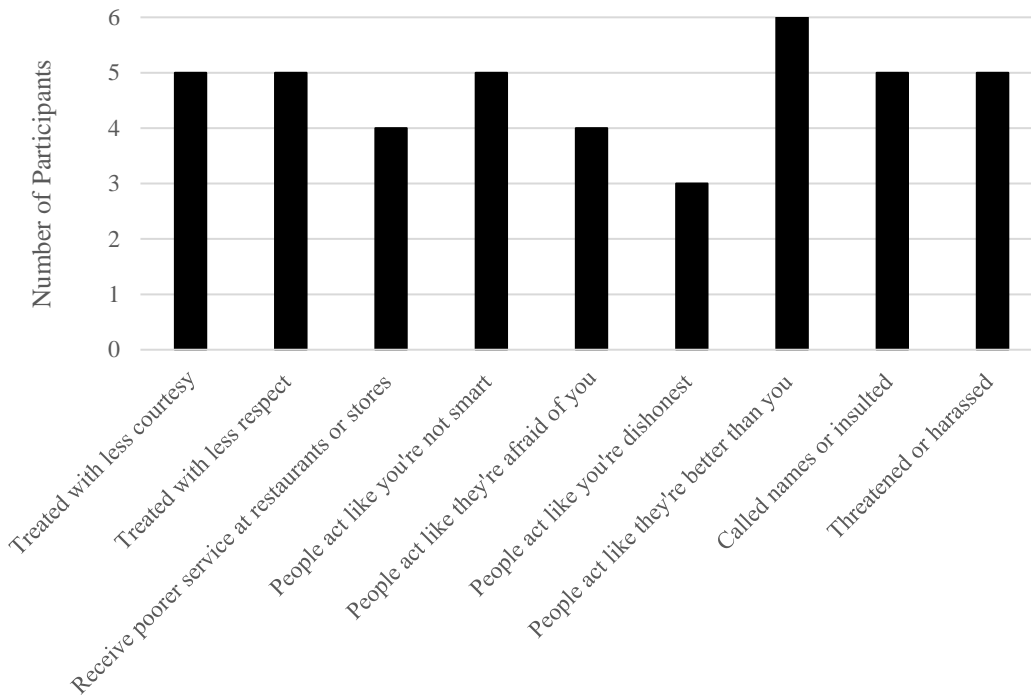


Figure 1 Items Endorsed on the Everyday Discrimination Scale. Items are counted as endorsed if the participant selected a frequency of “less than once a year” or more.

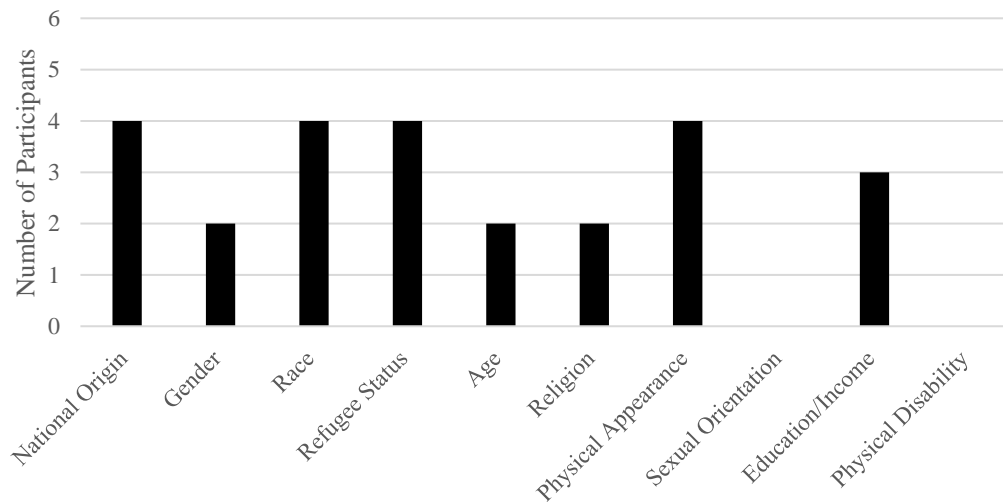


Figure 2 Perceived Reasons for Discrimination Endorsed on the Everyday Discrimination Scale. Reasons for discrimination are counted as endorsed if the participant selected that reason at least once across the nine items.

Individual participants' scores on measures of mental health and well-being are reported in Table 2. Four of the six participants had a positive screen on the RHS-15, indicating clinically significant psychological distress (Hollifield et al., 2013). Two of these participants reported that all nine of the general mental health symptoms were at least "moderately" bothersome in the past month. Despite endorsing high levels of distress, all four of the women with positive screens responded to the coping question on the RHS-15 with "able to handle (cope with) anything that comes your way" or "able to handle (cope with) most things that come your way." Regarding well-being scores, four of the six participants reported being generally satisfied with their life (Pavot & Diener, 1993) and five of the six participants reported above the average hope scores reported for overall adult samples ($M = 49$; Snyder, 2002) and another adult refugee sample ($M = 47$; Kroo & Nagy, 2011). Participants tended to score higher on the pathways subscale than the agency subscale, suggesting that refugee women in the study have an easier time developing plans to accomplish their goals than maintaining the goal-directed energy and motivation necessary to act on those plans.

Table 2 Mental Health and Well-Being Scores

Participant	Psychological Distress ^a	Life Satisfaction ^b	Hope ^c		
			Total	Agency	Pathways
Tiara	10	22	53	22	31
Paw	3	28	44	17	27
Furaha	15	26	51	20	31
Uwezo	25	28	58	29	29
Star	30	16	56	26	30
Naz	48	15	61	29	32

Note. ^aScores greater than or equal to 12 indicate a positive screen (Hollifield et al., 2013); ^bScores ranging from 15-19 = slightly dissatisfied, 21-25 = slightly satisfied, and 26-30 = satisfied (Pavot & Diener, 1993); ^cAverage total score is 48; highest total score is 64; highest score for agency and pathways subscales is 32 (Kroo & Nagy, 2011; Snyder, 2002)

Finally, Figure 3 depicts all participants' scores on discrimination and mental health measures. Scores are represented as the percent of maximum possible (POMP), meaning the minimum possible score on each measure is expressed as 0 and the maximum possible score on each measure is expressed as 100 (Cohen et al., 1999). The POMP approach allows for comparison across measures with different scales. A POMP score of 100% on the discrimination measure indicates experiencing all nine discrimination events almost every day, whereas a POMP score of 0% indicates experiencing no lifetime discrimination. A POMP score of 21.4% on the psychological distress measure corresponds to the clinical cut-off of 12 using standard scoring; a POMP score of 53.3% on the life satisfaction measure corresponds to being at least "slightly satisfied" with life; a POMP score of 69.6% on the hope measure corresponds to the mean hope score in other research with adult refugees. This graph demonstrates that the two participants who reported the least discrimination reported the lowest levels of distress, while the two participants who reported the most discrimination reported the highest levels of distress and the lowest levels of life satisfaction.

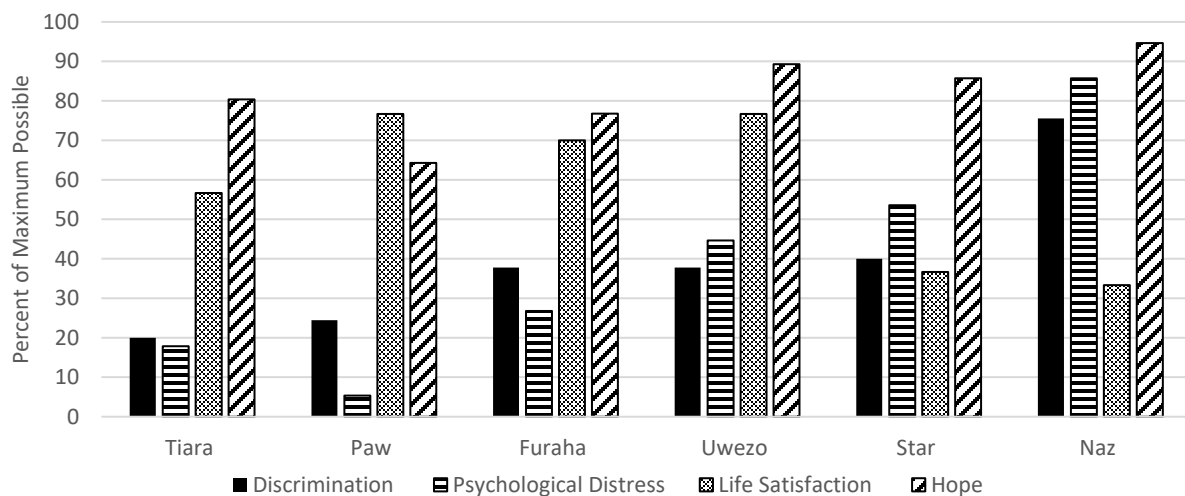


Figure 3 Participant Scores on Discrimination and Mental Health Measures using POMP. Scores are represented using the percent of maximum possible (POMP), meaning the minimum possible score on each measure is expressed as 0 and the maximum possible score on each measure is expressed as 100 (Cohen, Cohen, Aiken, West; 1999).

3.2 Narrative Summaries

Narrative summaries provide a brief integration of each participant's quantitative and qualitative results. Each summary includes the participant's salient social identities, a particularly notable discrimination narrative from her interview, and a summary of her perception of how discrimination impacts her mental health and well-being.

3.2.1 *Tiara*

Tiara is from Democratic Republic of Congo and has lived in the United States for five years. During the interview, Tiara shared that her racial identity is particularly important to her:

I'm just proud being an African-American that I am. I'm just proud about being it because that's who I am and that's my identity. I can't change nothing about it.

This shows that she connects acceptance of her racial identity with racial pride. Notably, Tiara does not include her refugee status as part of her personal identity:

It's not an important part of my identity. I came here as a refugee because I had to. I had to, yes. But then I'm not going to be like, everywhere, "Hey, I'm a refugee." I'm a [U.S.] citizen. So I'm not a refugee no more.

On the EDS, Tiara reported experiencing two of the nine discrimination events at least a few times per year, with race and ethnicity as her perceived reasons for discrimination. These reported reasons for discrimination were consistent with what she shared in the qualitative interview, as she described several examples of discrimination experiences targeting her race and ethnicity in her work context. For example:

So this person comes in and is a guy. And I walked in and it was at night because I used to work a night shift, and then he asked me for water and I give him water in the cup. And then he say, "No, give me in that cup." And I said, "No, we're not allowed to give

any other cup is only this one. If you want to I give you 10 cups of water, but I'm not going to give you with those cups. If you want those cups, you got to pay for it." And the person literally reached his hand and said, "You don't even speak good kind of English and you're trying to talk to me. I don't know who you are." He said, "I think you're African stupid..." He's trying to slap me and hit me. And I had to call the security. Thank God, at night we do have security standing around. I actually yelled and the security came.

On quantitative measures of mental health and well-being, Tiara reported being slightly satisfied with life and reported above average hope. Additionally, her psychological distress screen was negative, indicating that her symptoms did not reach the cutoff for clinical significance. However, during the qualitative interview, she described various emotional, cognitive, and behavioral impacts of discrimination, suggesting that discrimination negatively affected her health in ways not captured by quantitative findings. These emotional, cognitive, and behavioral consequences are discussed in more detail in the themes section of the results.

3.2.2 Paw

Paw has lived in the United States for 12 years. Although Paw is originally from Burma, she does not identify as Burmese:

I'm from Burma but I never consider myself as a Burmese because my ethnic is Karen. My family had to flee the Burmese military. The Burmese military came to our village and burned down everything, so, we had to run. Yeah. So, every time when we say we're from Burma people will assume that we're Burmese, but I never consider myself as a Burmese person... Karen is very important to our family.

In this way, Paw's ethnic identity, Karen, is entirely separate from her country of origin, because she and her family were forced to flee Burma due to persecution from the Burmese military.

Paw reported experiencing three discrimination events on the EDS at least a few times per year, with race, physical appearance, and education/income level being the perceived reasons for this discrimination. During the interview, she discussed additional targeted identities in her experiences of discrimination, including ethnic identity and refugee status. For example, she disclosed being the victim of anti-Asian hate related to the COVID-19 pandemic:

Last time when I went to tax commissioner office, we went...to renew our car sticker...Because of the COVID-19, we had to stay six feet with each person. When we got in line, one person told my brother that you had to stay far away from her because the virus come from China. I was kind of offend. I was offended. Yeah. I think some American people they don't, because maybe they don't know how to tell people are different, especially the Asian people they more assume they're Chinese.

Paw reported being satisfied with her life overall and reported slightly below average trait hope, along with minimal psychological distress. These quantitative scores are consistent with her report during the qualitative interview, because she described that the mental health effects of discrimination are usually short-term for her rather than long-lasting. Additionally, Paw used several avoidant coping skills such as ignoring discrimination (e.g., "I try not to think about it") and downplaying or justifying discrimination (e.g., "They don't know what they're saying"). She found these coping skills to be effective.

3.2.3 *Furaha*

Furaha is from the Democratic Republic of Congo and has lived in the United States for ten years. Like Tiara, Furaha described feeling a strong sense of racial pride:

We used to work with African people, like Black, and the White people...The way they was treating the Black people and White people was different. And I can say some of them are friends. They used to say “I wish I could be White like them. Maybe they should not treating me like this.” That’s why I can say I’m proud to be Black, because even when I’m going somewhere, so if they treat me bad because of my color to be Black I cannot say “I wish I can be this.” No. I’m Black and I wish still to be Black.

Again, similar to Tiara, Furaha tied racial acceptance and racial pride together. Furthermore, she connected her racial pride to her experiences of anti-Black racism, noting that even when she is treated unfairly due to her Blackness, she still values her racial identity.

On the EDS, Furaha reported experiencing five of the nine discrimination events at least a few times a year. She endorsed several perceived reasons for discrimination, including race, gender, refugee status, religion, physical appearance, education/income, and age. During the interview, Furaha primarily provided examples of discrimination experiences that targeted her race and/or ethnicity at work. For example, she shared one story of a time when a former coworker had encouraged her to submit a job application at the former coworker’s current place of employment:

I went to do the application, because when I went there they told me they’re going to phone me after one week. They didn’t call me...Later, she [former coworker] called me and she was like, “We need people here. I don’t know why they didn’t call you. You can come and then ask about your application.” I went there and then she called the manager, so when the manager comes the manager was like “Did you do the application?” I was like, “Yes, it’s like two weeks ago.” He went to the office to find the application. He couldn’t see. He gave me another paper, so I fill out, and I gave to him. He was like “I

will call you next week,” ...The same day at seven the manager called me. He was like, “Hey Furaha, can you come on Tuesday?”...I was like, “Okay, I can be there.” I went there, I fill out everything, and the same day I start working that girl [former coworker] was like, “Do you like it here?” I was like, “Yes, I love it.”...She asked me another question, like “Did they treat you good?” I was like, “Today’s my first day. How can you ask me if they treat me good?”...Actually, I cannot say they was telling me something bad, but the way they were looking at me I just feel maybe something is going on. And the girl she just tells me they didn’t want to hire me. She’s the one that said, “No, no, no. You have to.” They was like, “She’s African, and she doesn’t speak a good English.” That was the reason.

Furaha reported being satisfied with her life and reported above average hope, but she scored a positive screen on the mental health screening measure, indicating clinically significant psychological distress. More specifically, during her interview she described experiencing a lot of fear and anxiety in response to discrimination at work, along with questioning herself and questioning her interpretation of this discrimination.

3.2.4 Uwezo

Uwezo is originally from the Democratic Republic of Congo and has lived in the United States for five years. Uwezo identified as a refugee, but she also acknowledged the ways in which this identity was given to her by others:

It means I’m refugee because I just come from another country to come here. They brought me here as refugee. Yeah. I can’t deny that. I know that I’m refugee.

Uwezo reported experiencing three discrimination events on the EDS at least a few times a year, with ethnicity, refugee status, and physical appearance as her perceived reasons for this

discrimination. She elaborated on this during the interview, sharing multiple examples of times she was targeted for being a Congolese refugee. For instance:

Sometimes they laugh on us, and they used to laugh. One day I was so mad. I was looking for job at work here to [a retail store]. They called me to do interview... They started to ask us the questions. When the Africans starts to talk, you know we have different pronunciation. The Americans started to laugh our pronunciation. Sometimes they don't understand.

Similar to Furaha, Uwezo also reported clinically significant distress, overall life satisfaction, and above average hope. Uwezo described wide-ranging effects of discrimination on mental health during the qualitative interview, including negative emotions, lack of belonging, rumination about discrimination, trouble sleeping, difficulty trusting Americans, and intrusive memories of past trauma.

3.2.5 Star

Star is originally from Iran and has lived in the United States for four years. She shared that her Iranian and Bahá'í identities are both particularly important to her. Star tied the salience of her religious identity to its minority status in Iran and the United States. For example, she stated, "I'm Bahá'í, not Muslim" and then went on to say:

My religion is Bahá'í, we have Bahá'í in every countries in the world, but a lot of people, they didn't heard about Bahá'í because they think all Iranian, they are Muslim. But that is not true. The most of them, yes, but we have Jewish, we Christians, we have Bahá'ís, we have a non-religion. We have everybody in Iran.

In this way, Star appeared to conceptualize her religious identity not only by what religion she practices, but also by what religion she does not.

On the EDS, Star reported experiencing seven of the nine discrimination items at least a few times a year. She endorsed national origin and refugee status as the perceived reasons for discrimination on all seven of those items. Throughout the interview, she provided examples of being targeted at work because of her identity as an Iranian refugee. In particular, she spoke at length about a pattern in her company of non-U.S.-born employees not being promoted. This pattern has affected her personally as well:

For example, they don't say direct in your face, "You don't get the position because you are not American" never ever. They don't say. They say always, "Good job, good job, you're great associates." But they don't let you raise up because you are not American...In my shift, in second shift, the most of people there, we all refugee. A lot of them, they are very smart. They are educated. They know the job better than the supervisor and manager. They have experience, but the company doesn't want to give them the chance to improve their self...For example, for me that was almost one and a half years ago. I applied for a position and I did the interview with the other American [applicant], that was one lady. She did the interview on Monday. I did on Tuesday. The lady didn't have experience. I trained her in their department...The other lady, American, she got the training. I didn't get the training. I asked my supervisor what is happening, why she has started and I didn't start. And she told me, "Yeah, wait. The manager is in vacation. She's back, I can ask her." ...Now 10 months after my interview, the answer is a still wait, wait, wait. Why I suppose to wait and the other American [applicant], they cannot wait. I was more than this lady here, longer than her. I had more experience. I worked in different departments and everybody knows me, but still the answer is, "wait, wait, wait."

Star reported clinically significant psychological distress and reported being slightly dissatisfied with her life overall, although like most of the other participants, she still reported above average trait hope. She also described a variety of mental health consequences of discrimination during her interview, spanning emotional, cognitive, and behavioral domains. Furthermore, she mentioned feeling a great deal of pressure to prove herself as intelligent and hard-working to reduce discrimination, particularly at work.

3.2.6 Naz

Naz is originally from Pakistan and has lived in the United States for five years. She shared that the most salient aspect of her identity is her religion and more specifically, wearing hijab:

Well, the most important thing for me in here that I've realized is my hijab. When I was in Pakistan and I used to wear this, it was something really normal and not really it's such a big thing, but when I came here, it was really huge, so it became part of my identity. That when I wear this, it really represents who I am as a person because I really struggled in here. Seeing nobody looking like me, and me just being the only one in my classrooms in school with this, or whenever there would be some discussions about Islam or Muslims or the most important one, 9/11, in school, everyone would just look at me or teachers would ask me questions about everything. That really made my hijab a big part of my identity.

Naz pointed out that wearing hijab only became central to her identity once it was different than those around her (and in some cases, she was discriminated against on account of that difference). This indicates that minority status is a contributing factor for both Naz and Star in certain social identities being more salient and significant than others.

On the EDS, Naz reported experiencing all nine discrimination events at least a few times per year. Of all the participants, she reported the highest frequency of discrimination, noting that she experiences four of the nine discrimination events almost every day. She endorsed many perceived reasons for discrimination, including national origin, race, gender, refugee status, religion, age, physical appearance, and education/income level. During the interview, Naz shared several different examples of discrimination. Besides being discriminated against at work, she also discussed experiencing repeated discrimination when she was in high school:

My English teacher would always pick on other kids that were American-born and I was the only one in her class that was from a different race and a different background, so she would hardly pick me to answer a question. Just flat out ignore me every time there was any discussion or something, and even though my grades were pretty good in her class. This kept happening until high school when I dropped out of high school when I was a junior because I was like “I don’t want to take this another year long.” I just wanted a GED, just get into college and all that. But yeah, every grade I’ve been to, there was always a teacher or two that would always, always treat me differently than every other student.

In addition to reporting the highest frequency of discrimination of the study sample, Naz reported the most psychological distress and lowest life satisfaction. She also had the highest hope score of the sample. Naz spoke at length during her interview about how discrimination influences her health and well-being across multiple domains. She not only discussed her own personal mental health symptoms, but also the way that discrimination against her family has impacted her entire family unit, such as collective fear and avoidance.

3.3 Themes

Six superordinate themes were identified: discrimination targets multiple marginalized identities, discrimination rooted in perceived superiority, negative emotions, identity conflict, changes in behavior to prevent discrimination, and difficult decisions over how to respond to discrimination. These themes, along with several subordinate themes, detail both refugee women’s interpretations of their experiences of discrimination and how these experiences impact their mental health and well-being. See Table 3 for a complete list of superordinate and subordinate themes.

Table 3 Themes

Superordinate Themes	Subordinate Themes
Discrimination targets multiple marginalized identities	Refugee discrimination Ethnic discrimination Racial discrimination Religious discrimination
Discrimination rooted in perceived superiority	
Negative emotions	
Identity conflict	Lack of belonging Questioning self
Changes in behavior to prevent discrimination	Blending in Avoidance
Difficult decisions over how to respond to discrimination	Staying quiet Educating perpetrator

3.3.1 Discrimination targets multiple marginalized identities

All participants shared that multiple of their marginalized social identities have been targeted in the United States. In response to a question about targeted identities, some women described multiple identities being targeted in a single discrimination experience, such as Tiara saying, “It’s definitely because you’re Black and because you’re African” and Star’s comment

that “to be Iranian that was a reason, and to be a refugee.” Naz spoke more generally about her perception that her multiple marginalized identities are targeted in combination:

I’m not specifically sure what you are targeting about me, but from what you’re saying to me, from your actions and all that, I can assume that oh you did that because of my gender, you did that because of my race, you did that because of my religion. It was always a combination. I think with refugees, one other thing is that I don’t think it’s ever one thing. It’s never the people discriminate them just because they are refugees. There’s always going to be other factors as like the way you look, the way you’re dressed, you’re not dressed like an American person, or other things...I think always whenever somebody tries to discriminate us whether it’s workplace or schoolwork or just normal daily things, it’s always a combination of things. It’s not only one thing... For example, if somebody discriminates someone else who is an American-born who’s been raised here, who’s been educated in here, and all that, and let’s just say that person is a female, a girl. If somebody discriminates that person, it is because they’re girl, right? “Oh, you’re a girl? You’re not smart enough. Oh, you’re a girl? You cannot do a lot of things.” When it comes to a refugee, that changes. It’s not just one thing. Things just start adding up. You look different. You sound different. You’re from different place. You have different culture. You have different all of these things.

Although Naz generalizes her personal experience to all refugees’ experiences, other participants did not conceptualize their experiences in the same way. Throughout the interviews, refugee women described examples of discrimination experiences wherein they perceived a single marginalized identity being targeted. However, each refugee woman described multiple discrimination experiences with different identities being targeted in different experiences. In

this way, all the women perceive that post-migration discrimination targets multiple of their marginalized identities, but these identities are often perceived as being targeted separately rather than in combination. Across participants, there were four commonly mentioned targeted identities; each of these are discussed below through the following subthemes: refugee discrimination, ethnic discrimination, racial discrimination, and religious discrimination.

3.3.1.1 Refugee discrimination

Refugee women described various prejudices that U.S.-born individuals hold about refugees. For example, multiple women mentioned others holding a negative belief that refugees take advantage of government benefit programs rather than contributing to the U.S. economy:

People don't even know the experience that refugee people have to live...They would think that refugee we're all depending on the government. (Paw)

They will ask you, "Where are you from?" You understand? I tell her, "I'm from Africa." "Which part?" "From Congo."...You see the questions they used to ask? "How did you come here?" "Oh, I was a refugee in another country so America helped me to come here because my country, there was war over there." "Oh, so you guys, you come here to work when our grandfathers suffer to do these jobs? So you guys can come here and relax, get free money." (Uwezo)

Participants also described a common prejudice that refugees are not intelligent, in part because many U.S.-born individuals incorrectly equate English language proficiency with intelligence.

For example, Naz stated:

They would see my refugee status. "Oh, you're a refugee? You're automatically not smart enough." All of these. "Oh, English is not your first language, then you might not be intelligent enough."

Tiara linked this same prejudice regarding refugees' limited education or intelligence to her hesitancy to disclose her refugee status. She shared a concern that if people find out she is a refugee, they will make negative assumptions about her language abilities:

I've never told nobody that I was a refugee. So where I worked at, nobody knew that I was a refugee because seemingly, so many people know if somebody is a refugee, probably they shouldn't be speaking English or they should kind of struggle to speak English.

In addition to making negative assumptions about refugees, U.S.-born individuals use these negative assumptions to justify discriminatory behavior. As quoted above in her narrative summary, Star talked at length about how refugees are not promoted in her company, despite having equal or higher qualifications than U.S.-born employees. Overall, refugee women not only reported that U.S.-born individuals verbally express the negative attitudes they hold about refugees to them directly, but also that they use these negative attitudes as a basis for treating them unfairly based on their refugee status.

3.3.1.2 Ethnic discrimination

Refugee women also described their ethnicity and national origin being targeted. Like their experiences of refugee discrimination, they explained that ethnic discrimination was also often rooted in prejudices:

In my department, one time we worked with a guy and he asked us, "Where are you from?" And we said, "Iran," and he says, "Oh, Iran, terrorists. Terrorists. You are terrorists." (Star)

So my brother's girlfriend said something. I don't know, we were just talking about back home...And then were talking about something about electricity with my brother. And

then she said, “You guys have electricity?” She really said that out loud.... I’ve noticed when every time we say something that we had, she going to be surprised. “What! What!” So I’m like, “Oh, so you guys didn’t know that?” Even at work, I usually used to get that from people. When I tell them I’m from Africa, they were thinking less of me or they would be like, “Oh, she needs this more because she’s African.” (Tiara)

These excerpts indicate that although refugee women from different countries described being subjected to some of the same prejudices based on their refugee status, they also perceive unique prejudices tied to their specific place of origin. Furthermore, the stereotypes that Tiara and Star mentioned fit with the common U.S. cultural narratives of people from the Middle East being violent and people from Africa being poor.

Participants also described many examples of discrimination related to their language use, such as Furaha being harassed by a store employee for speaking her native language to her brother’s friend:

I spoke to him in Swahili, right? That woman was like [yelling] “You guys have to speak English. You have to speak English. If you don’t speak, I will not help you.”

Others reported being mocked for their accents when speaking English. For example, Uwezo discussed this happening during a job interview:

When the Africans starts to talk, you know we have different pronunciation. The Americans started to laugh our pronunciation. Sometime they don’t understand.

Star shared how even more subtle discrimination with presumably good intentions can be equally hurtful:

When I talk with somebody, I heard a lot of times the people, they say, “Wow, your accent is nice, where are you from?” And they think that is something good, but for us,

it's not good. For us, it means I couldn't talk perfectly. I did something wrong because everybody, we want to try to talk perfect...Maybe they think good, maybe they don't mean they bad, but for us, sounds not good.

These excerpts indicate that refugee women are faced with a difficult dilemma when it comes to their language use, as they risk experiencing discrimination from U.S.-born individuals no matter what language they choose to use. Overall, ethnic discrimination expresses itself in multiple ways, including being treated unfairly based on ethnic stereotypes and accent/language use.

3.3.1.3 Racial discrimination

Participants also reported experiencing racism in addition to refugee and ethnic discrimination. Paw shared how in general “White people only want to live in a White community, want to hang out only White people.” Others described specific incidents of racism, particularly in work contexts:

She told me I have to do the cashier for the whole week. That's what she told me. But when I went there yesterday...another manager come she was like, “No, she doesn't have to do cashier.” That thing already I understand because it was Black and White. The one who told me I have to do cashier the whole week, she's Black. The one who said no, she's White. You know? (Furaha)

It was this White lady that came to work and she was about to buy something and I was the only one working. She was like, “Don't you have any other person to come serve me?” Then I said, “Why?” She just looked at me and say nothing and walked away. It was probably because of my race and I think it's my race, but I don't know. (Tiara)

Both Tiara and Furaha described that it was their Black identity that was being targeted in these experiences. Describing this as “Black and White” highlights that rather than just

experiencing general racism, Black refugees face anti-Blackness (i.e., racial discrimination that specifically targets Black racial identity). Tiara and Furaha each gave other examples during the interview of being targeted for their refugee status or ethnic background, so these quotes are good examples of the ways in which refugee women conceptualize different identities being targeted in different experiences of discrimination. However, Tiara's "I don't know" at the end suggests that she questions her interpretation of this event. Additionally, although all the refugee women in this study were racial minorities, Naz discussed her perception that things are different for White refugees:

Refugees that are from Turkey, refugees that are from Romania, or from those countries they'll look like a White person but they have a different culture and all that, and they fit better because of how they look... if someone's like that, definitely the same way they would treat any other American person.

Naz suggested that White refugees not only do not experience racism, but they are more accepted by society in general. In this way, Whiteness may also make certain refugees less likely to experience refugee and ethnic discrimination because their foreign-born status is less obvious.

3.3.1.4 Religious discrimination

Examples of religious discrimination were less frequent across the interviews, likely because four of the refugee women identified as Christian, a religion that holds a privileged position in the United States given its majority status and accompanying social advantages. However, Naz described experiencing religious discrimination targeting her Muslim identity perpetrated both by non-Muslim, American-born people and other Muslim refugees of a different religious sect:

It reached to a point where I was just like, I don't want to wear my hijab anymore. I don't want to feel so different. I don't want anyone to just when they see me they all start asking me questions about all these Islamic events.

The only nationality that we don't really get along with is the Syrians. I think that has more a lot to do with our different, the sects in Islam, we are Shia and most Syrians are Sunni, so they know. When they see us, they know that we don't belong in their sect, so they just treat us differently.

Although none of the other participants were Muslim, some of them still discussed Islamophobia. For example, Furaha described being harassed by a store employee after being perceived as Muslim, stating "I'm not Muslim, but I think they were treating me that way. They think maybe I was a Muslim." Similarly, Star shared that some of her work colleagues, upon confirming that she was not Muslim, expressed Islamophobia to her, "The Muslim, they kill the Christians in Africa. They are not good, I don't like them." Islamophobia, therefore, is evident not only to Muslim refugees themselves, but also to refugee women of other religious backgrounds.

3.3.2 Discrimination rooted in perceived superiority

As demonstrated above, refugee women experience multiple types of discrimination targeting multiple marginalized identities. Many of the women explained that they believe perpetrators of discrimination treat them unfairly because they feel superior to them in some way:

It's just the way people were raised up. Some people just feel superior for nothing...

They're going to act like they're better than you. They're going to act like they had more

privileges than you did, or they had a better life, or they still have a better life than you do. (Tiara)

It's the sense of we are superior than you, we are better than you, all that. That's why they don't like us, they don't treat us good because we're not the same as them. (Naz)

People with social identities that hold privilege and power (e.g., White; U.S.-born) use this privilege and power to discriminate against those in minority groups. Even those who share certain marginalized identities with refugee women (e.g., people of color; refugees) still find a reason to feel superior. For example, Congolese refugee women described facing discrimination from African Americans because of their ethnic or refugee identities:

So to the Black people, if they are lighter shades than you it's going to be because you maybe darker than they are or it's going to be because you are African...So but now the difference with a White person. A White person, he's just going to hate you because you are Black. (Tiara)

I used to work with Black people...It's difficult because it's part of those people, they can see you as a refugee, like you are nothing...When they put me same line for Black America[ns], sometimes I scared. Which is not all of them, they are like that, it's some of them. But you don't know who, that's the problem. (Uwezo)

A similar pattern of perceived superiority emerged within refugee and immigrant communities. Some refugee women experienced judgment from other migrants who believed themselves to be better than them because of their wealth or education. Naz shared that wealthy Pakistani immigrants would feel pity on her family and give them their old clothing, some of which was ripped with holes in it. In describing her reaction to this "charity" she stated, "I didn't really feel comfortable with them because they were really just real better [than us] and all that." Paw also

talked about more affluent Karen refugees looking down on other Karen refugees who receive government assistance:

Some people who are not on government assistance don't even like people who are on the government assistance. Even in Karen community too, people who make better. I have a friend, because he, I mean, I would say he's educated because he came here like thirty years ago. Because the wife and husband, they worked, so they make more money so they're not on government assistant. Usually people say if you're on the government assistance you're lazy.

These examples reveal a hierarchy of sorts, in which some people take advantage of any privileged identities that they hold in order to demonstrate a sense of superiority over those without that privileged identity. Because refugee women who hold multiple marginalized identities are a part of this system of perceived superiority, it seems as though there will always be someone ahead of them in said hierarchy, putting them at increased risk for discrimination.

3.3.3 Negative emotions

Throughout the interviews, refugee women explained that discrimination has a variety of consequences for their health and well-being. One primary example of this was discrimination triggering negative emotions. The emotional responses refugee women experienced varied widely, such as fear, anxiety, sadness, anger, hopelessness, and helplessness. Fear and anxiety were the most common emotional responses, disclosed by all six participants during their interviews. They described feeling afraid during and after discrimination, as well as feeling anxious about experiencing future discrimination:

Serious, Jessica, I scared. I scared of the people live here. (Uwezo)

I was really scared. For real, I was scared. (Furaha)

We're always scared of what might happen...It's so full of anxiety when you go somewhere different. (Naz)

The emphatic language in these examples (e.g., "serious," "for real," "always") indicates the intensity of the women's fear responses, as well as the importance of ensuring I, as the interviewer, understood that intensity.

Refugee women also shared that discrimination makes them feel "very sad" (Uwezo). Tiara noted that feelings of sadness often come later, when she's alone and thinking about what happened:

I can cry if I'm by myself and I just questioned myself. I feel really sad within, and sometimes it just makes me feel less than I am.

Furthermore, repeated feelings of sadness and loss can lead to a loss of hope. For example, Star shared that she felt hopeless after not receiving the manager promotion at work:

When somebody hurts you and you cannot forget it, and you cannot say something, is something in you doesn't believe something...The hope is not more here.

Finally, some of the participants described being "really angry" (Paw), "mad" (Furaha), or "pissed off" (Star) in response to discrimination. Just as sadness was tied to hopelessness, anger was tied to helplessness because refugee women were not only angry that discrimination happened to them, but angry that they could not do anything to stop it. Taken together, all these examples demonstrate the serious emotional toll of discrimination. Refugee women frequently connected discrimination's emotional consequences to its cognitive and behavioral consequences, and these connections are discussed further in the themes that follow.

3.3.4 Identity conflict

One significant pattern that emerged regarding cognitive mental health consequences of discrimination was the concept of identity conflict, both in terms of refugee women questioning their belonging in the U.S. and questioning who they are.

3.3.4.1 Lack of belonging

Refugee women repeatedly shared that they lack a sense of belonging in the United States because of ongoing discrimination. Oftentimes this manifested as questioning whether they have a country to call home:

Sometimes, I ask myself, “Where is your country?” Because I say, “I couldn’t live in my country because I’m not Muslim.” I was Iranian in my own country. They treated me bad because I was not Muslim. And I went to, into Turkey, I was not Turk. Again, I’m here now in America, again, the same problem. Okay, in my own country, I had problem. In America, I have the same problem, not to be American. Sometimes, I think, “Okay, tell me where can I go and don’t feel not welcome?” That is very bad when you want to have a home somewhere, feel good, feel comfortable, feel welcome, and the people they treated you bad. That is this bad feeling. (Star)

It make me sad. And sometime I cry because I saw a lot of things before I come here.

When they remind me to that, so I’m like someone who doesn’t have country. You understand? That’s a big thing. (Uwezo)

Both Star and Uwezo connect this loss of belonging to their migration history. By definition, refugees have been forced to flee their country of origin because of some form of persecution or discrimination; when they continue to experience discrimination in the U.S., a country that was supposed to be a safe and permanent home, it makes them feel like they don’t have any country

to call home. This is particularly salient because all the refugee women in this study had lived in the U.S. for at least four years, indicating that their lack of belonging is long-lasting. Naz

described the chronicity of thinking she does not belong here:

I understand what you have to endure while being in here even though it's been years in America, but I still know how you feel, how we still feel like an outsider, and how people treat you differently just because you look different from them, or you sound different from them.

3.3.4.2 *Questioning self*

In addition to lack of belonging, all of the refugee women noted that discrimination often makes them question themselves:

When I feel really bad about how I'm treated, how does it affect me? Sometime it makes me feel less. But then in the inside, I start feeling bad and I just start questioning myself.

Why are they saying this when they're not supposed to say this? Because we are all human? Why are they treating me like this? Why do they feel more superior than I am?

(Tiara)

It makes me mad. It's like I'm suffering, and it's like "Why all of this happened? Why this? Why me?" It really makes me mad. (Furaha)

Both Tiara and Furaha offered a look into their patterns of rumination after experiencing discrimination, when one question leads to another which leads to another. Uwezo and Naz also shared about this ongoing questioning, and both described the ways in which it leads to never being able to feel a sense of being at peace:

It's affect me, my head, because I think too much. Sometime I think a lot of things that's no have answer. Sometime I stay on the bed. I want to sleep but I can't sleep because I

think, what am I doing here? I came here to America, I think is a good place for me. It's peaceful, but the people live here, they are no giving me peace. (Uwezo)

It impacts mentally. It's a huge thing. It impacts negatively. Really, I would say really badly because, as I said, it's almost like trauma. It's always there, and just a little thing happens, all of these things starts coming to your mind. Why are they treating me like this? You start questioning your identity, you start questioning yourself. Why is it this way? Why does it happen to me? Why did I have to be like this?...It just creates this really messy train of thoughts in your mind, you're always back and forth, back and forth with your situation. You don't feel at home where you're at, but you have to because there's nowhere else to go. I will say there's always some kind of confusion. It always confuses you. It always makes you question yourself and never feel at peace. (Naz)

As demonstrated above, when refugee women discussed the ways in which they question their identity or their belonging, they also named a variety of other common mental health symptoms, such as difficulty sleeping, reminders of past trauma, low self-esteem, sadness, crying, anger, and anxiety. The fact that all the refugee women talk about questioning in the same breath as they discuss other symptoms suggests that they are also experienced together. In other words, the identity conflict that they feel because of discrimination goes hand in hand with other negative emotional, cognitive, and behavioral consequences.

3.3.5 Changing behavior to prevent discrimination

Refugee women also described multiple ways in which discrimination impacts their behavior. More specifically, they mentioned using strategies such as blending in and/or avoidance in attempts to prevent discrimination.

3.3.5.1 *Blending in*

Multiple women explained that they make an effort to assimilate into U.S. society to prevent discrimination. They described changing their accent or changing the way they look so their marginalized identities become less noticeable:

Not even one year in here [U.S.], I just changed my accent. I tried to learn American accent. After that, whenever I'm meeting...American-born people over here that pressure just comes up on to me and then I'm like, okay I have to say words that are going to make me sound smart. I have to say words in a really good American accent. I have to look a little bit Western, put some Western clothes on, and my hijab, it doesn't really have to be in a traditional way. (Naz)

If you speak English, like 100% very well and then only, if you dress really well they will treat you different. That's how I felt...Maybe they will talk to you very nicely and they will like, they're willing to help you more. (Paw)

In these excerpts, Naz and Paw revealed that they feel pressure to minimize the differences that they can control in hopes that doing so will prevent discrimination. However, these changes do not come easily. Naz described an ongoing mental effort when she is with U.S.-born individuals. Similarly, Uwezo indicated that she tried to change her accent after facing ethnic discrimination, but was unable to do so:

When I come there, people they was laugh at me because of my accent. What am I going to do? Let me try to change the accent, but I can't.

3.3.5.2 *Avoidance*

Repeatedly experiencing discrimination also prompted some refugee women to avoid situations that put them at risk for future discrimination. For example, Star and Paw both described avoiding certain people:

I say always, “Keep distance. When you have experience with these, keep distance that it’s better. They cannot hurt you.” But somehow they hurt you. (Star)

I try to like avoid those kind of things. So, when people would talk to me like that, I just ignore them. I think for me, ignoring them is the best for me. (Paw)

In addition to avoiding people, some refugee women avoid visiting new places out of fear that they will be targeted for their marginalized identities:

It has been almost five years in here but we have not seen almost all of Georgia because we’re scared. We’re like “If we go there, what if something happens? What if they target us? What if they do something?” Because of how we look differently than them. That’s one of the reasons, one of the main reasons that we have not traveled anywhere. It’s sad and annoying at the same time. If you’re living somewhere for five years, you would imagine okay I have been around a lot, but we have not gone anywhere because we’re always scared of what might happen...It’s so full of anxiety when you go somewhere different. That’s why we totally avoid it. (Naz)

These quotes demonstrate that refugee women’s avoidance is connected to the fear and anxiety that result from facing discrimination. Being treated unfairly causes emotional pain and they avoid certain people and situations in an attempt to prevent the discrimination and its associated emotional pain from occurring again.

3.3.6 Difficult decisions over how to respond

When refugee women face discrimination, they also simultaneously face a difficult choice over how to respond. Tiara outlined some of the questions that run through her mind in these situations:

Sometime you feel like should I confront her and in a bad way? Sometimes should I confront her and maybe in a good way? You just don't know what to do or you're just going to keep quiet...It just comes with different challenges.

Although there are any number of ways that refugee women could respond, the primary responses they shared during the interviews were 1) staying quiet and 2) educating the perpetrator of discrimination. It is important to note that these responses are not mutually exclusive; most participants described using both in different contexts.

3.3.6.1 Staying quiet

Multiple refugee women explained that they choose to ignore discrimination when it occurs rather than confronting the perpetrator or telling someone else what happened. The primary reason for this decision was to avoid potential negative consequences. This pattern was particularly salient in a work context:

“Supervisor please, can you change me? I don't want to work with this person.”

Sometime the supervisor will ask why. Sometime we lie and that's problem...Especially before I go in the company, I pray in my car. I tell God, “Help me, let me stay quiet. All the bad things come, let those people go away.” (Uwezo)

Nobody is coming and tells you they have problems because we want to keep the job.

Everybody's scared, and the manager, they know that. (Star)

Let's say somebody who is superior to me like my boss say something which is very offensive, just because it's in front of people, sometimes you're like, oh, you can't reply to your boss or you can't say something at your boss. (Tiara)

Participants clearly feel pressure to not speak up about the discrimination they experience at work, presumably out of concern that they will lose their jobs. Furaha also shared that there is additional pressure to maintain her employment position because she needs to support her children:

My mom, she was scared and she told me, "When you're working with them if you see they are showing you a bad thing or something like that you have to leave that job," and I tell my mom "I can't do that," and she was like, "Why?" I tell her, "You know I have kids right? And I need money"... If I was single without kids I should leave that job, yeah, but it really affects me, but I was like "I have no choice. I have to do it."

It is important to note the significant power differential that informs refugee women's decisions to stay quiet. The women feel that they are unable to come forward with their discrimination accounts because they would be coming forward to someone in authority over them at work. Furthermore, Star's acknowledgement that "the manager, they know that" indicates that bosses and managers intentionally take advantage of this power differential, which is itself another form of inequity.

In addition to feeling concerned about the negative consequences of disclosing her experiences of discrimination, Paw introduced the idea that no positive change will come from doing so:

It kind of hurt my feeling but I will keep it aside. I don't want to get in trouble. Because, I don't know, if I speak up it's not going to stop. It's going to continue.

Across participants, there is a pattern of staying quiet in response to discrimination both because of the fear of what would happen if they spoke up and the expectation that nothing would change if they did.

3.3.6.2 Educating perpetrator

Refugee women also provided many examples where they chose to confront the perpetrator of discrimination directly, most often through providing some form of education. When educating the perpetrator, refugee women typically explained why the prejudice that person holds is incorrect. Sometimes they also tried to encourage the perpetrator to empathize with their experience:

I have to tell the American this: “I understand you [when] you speak your language. When I try to speak your language you have to be proud because you can’t talk my language. Sometime we speak a lot of languages. Like me, I speak three, four, so when you tell me to force me to speak the way you speak, it’s not easy, my dear.”...“Don’t laugh on us,” I tell them. (Uwezo)

“It’s not everyone who speaks English. You can go to my country with your English, and in my country, we don’t speak English. If I say, ‘If somebody doesn’t speak Swahili, I will not help you,’ I cannot say a thing like that. You have to help people even if they don’t speak your language.” (Furaha)

Other times, the women tried to emphasize commonalities between themselves and the perpetrators, since the perpetrators tended to focus solely on their differences:

Some of them I just educate them...Some of them just know from the news, from what they see or from what they heard and they are not educated and that this life is just the same is just different problems and circumstances. (Tiara)

I told him, “Hey, I never touched a gun in my whole life. I never hurt somebody. I never killed somebody. How I am terrorist? My government, they are stupid people, but that is not me... You are born in America. Somebody born in Canada. I was born in Iran. That's it, that is the only difference.” (Star)

These patient efforts on behalf of those victimized by discrimination to educate those who perpetrate it take a great deal of time and energy. For example, Tiara described the extensive plans she develops before having these conversations:

I'm literally going to be thinking about once I meet this person, I'm going to say A, B, C, D, E, F. I'm going to tell this person this and that. This is how I'm going to say it. And if this person says this I'm going to do this, but if he's sorry I'm going to do this. I kind of analyze everything just thinking what I'm going to tell you and what you're going to tell me.

Furthermore, even with careful planning, refugee women cannot control how perpetrators respond and some of them mentioned that their attempts to facilitate positive change are often ineffective. For instance, Star shared her experience with trying to correct U.S.-born individuals' misconceptions about Iran and Iranians:

When you try to explain them, they don't believe you because they think, I have to believe my own people all day... But they don't say directly, “you don't say true.” They say, “Oh, okay.” But here in their brain, it didn't change something and that is the problem.

Although refugee women repeatedly educated those who perpetrate discrimination against them in hopes that it would help shift prejudices and change behavior, this strategy does not always have the intended positive effects.

4 DISCUSSION

The purpose of the present study was to explore the post-migration discrimination experiences of refugee women with particular attention to how intersections of multiple marginalized identities shape these experiences. Additionally, this study investigated refugee women's perspectives on how discrimination influences their mental health and well-being. Results revealed that refugee women resettled in the U.S. experience discrimination that targets multiple marginalized identities, primarily their refugee status, ethnicity, race, and religion. They described those discriminatory behaviors as being rooted in the perceived superiority of the perpetrators. Refugee women also expressed that discrimination has a variety of mental health consequences, including experiencing negative emotions, identity conflict, and behavior change. Taken together, results provide new insight into how refugee women interpret discrimination experiences and their effects.

4.1 Refugee Women's Discrimination Experiences

The first aim was to identify refugee women's post-migration discrimination experiences. Overall, findings demonstrate that refugee women experience multiple forms of discrimination. Quantitative results indicate that all participants reported experiencing at least five of the nine discrimination events included on the Everyday Discrimination Scale at least a few times per year, such as being treated with less courtesy and respect than others or being insulted and harassed. Qualitative results provide more in-depth information about these discrimination experiences, with refugee women offering detailed narratives of times when they were treated unfairly because of their multiple marginalized identities while living in the U.S. Like other research on post-migration discrimination (e.g., Ziersch et al., 2020), these narratives involved multiple types of discrimination (e.g., verbal harassment, physical assault, microaggressions,

discriminatory policies, etc.) that occurred across multiple settings (e.g., workplace, school, apartment complex, retail store, etc.).

In addition to corroborating past findings on post-migration discrimination among refugee populations, this study provides new information about the wide variety of people who perpetrate such discrimination. First, participants described facing frequent discrimination from White, U.S.-born individuals. These are identities that carry power and privilege in U.S. society, and refugee women mentioned multiple examples of discrimination in multiple contexts where White people born in the U.S. take advantage of their power and privilege to mistreat refugees. Additionally, refugee women noted that people who share some of their marginalized identities discriminate against them based on other marginalized identities that they do not have in common. Examples included Congolese refugees experiencing discrimination from Black, U.S.-born individuals, Karen refugees who rely on government assistance experiencing discrimination from wealthier Karen refugees, and Shia Muslim refugees experiencing discrimination from Sunni Muslim refugees. Refugee women noted that other people focused on differences between them and used these as reasons to feel “superior” (Naz) and “act like they’re better” (Tiara), showing that participants see perceived superiority as central to discriminatory behavior.

Participants’ insights into the role of perceived superiority in discrimination are important and highlight how discrimination is both individual and systemic. In other words, perceived superiority is not limited to certain individuals believing themselves to be better than others, but also includes systems of privilege and power, such as White supremacy, nationalism, and classism. Operating within these systems, refugee women reported both individual and institutional discrimination (Jones, 1997). For example, participants commonly described many occurrences of discrimination at their place of employment, some of which were perpetrated by

individual coworkers or supervisors, while others involved hiring and promotion policies that discriminate based on race, ethnicity, and refugee status. Both individual and institutional discrimination serve to maintain social hierarchies where some identities are perceived to be inferior to others. Refugee women are at greater risk for discrimination because their multiple and intersecting marginalized identities place them low on this social hierarchy.

Refugee women's reports of institutional discrimination and systemic oppression point to the need for intervention at a policy level, as government policy is one key dimension of context of reception for refugees and immigrants (Portes & Rumbaut, 2014). Recent U.S. policies and rhetoric under the Trump administration were increasingly anti-refugee (for a summary, see Pierce & Bolter, 2020), and these types of policies are often associated with increased discrimination and a "culture of fear" (Vargas et al., 2017, p. 460). Policy change that supports refugee inclusion and integration in the U.S. is needed on multiple levels, from the refugee admission policies in the federal government down to hiring policies in individual corporations.

4.2 The Role of Identity in Discrimination

Although recent literature has begun to attend to the role of intersectional identities in the discrimination experiences of refugees, research is still quite limited and questions about how multiple marginalized identities intersect with one another remain (Alessi et al., 2020; Magan, 2020; Ziersch et al., 2020; Radford & Hetz, 2020). The second aim of this study was to obtain a more in-depth understanding of how intersections of multiple minority identities shape refugee women's experiences of post-migration discrimination. Participants spoke at length about their interpretations of the role that their identity played in their discrimination experiences. When asked open-ended questions about their social identity, several of the refugee women participants, without prompting, connected certain aspects of their identity to their experiences of

being a minority or their experiences with discrimination. This finding ties to the literature on identity salience, which refers to the significance of a given identity to one's self-concept in a particular context, situation, or point in time (Sellers et al., 1998; Stryker, 1968). Previous research has found that identity salience is stronger in contexts where that identity is in the minority; the positive association between identity salience and minority status has been found across multiple identities, including racial identity (Steck et al., 2003), ethnic identity (McGuire et al., 1978), and religious identity (Duderija, 2007). One example of that link in the present study included participants describing increased awareness of and identification with their religion because of the religion's minority status.

Both quantitative measures and qualitative interviews provide insight into which of their multiple marginalized identities refugee women perceive to be targeted. The most common perceived reasons for discrimination endorsed on the Everyday Discrimination Scale were national origin, race, refugee status, and physical appearance. This was largely consistent with the targeted identities that participants frequently discussed in the qualitative interviews: ethnicity, race, refugee status, and religion. Results also reveal similarities and differences in how refugee women with different social identities perceive discrimination, made possible because the study sample included refugee women of varying racial, ethnic, and religious backgrounds. For example, participants shared the experience of being treated unfairly due to their refugee status, as U.S-born individuals would insult them based on prejudices that refugees rely on government assistance programs or are not as intelligent as people born in the U.S. However, refugee women also described unique experiences of discrimination that targeted identities outside of their refugee status, such as being the victim of anti-Blackness,

Islamophobia, and anti-Middle Eastern sentiment. These results demonstrate the necessity of considering individual differences in refugees' discrimination experiences.

Furthermore, all participants in the present study reported experiencing multiple types of discrimination targeting multiple marginalized identities (e.g., facing racial discrimination *and* ethnic discrimination). Refugee women's interpretations of their discrimination experiences were representative of both additive and intersectional approaches in different ways. Many of their explicit descriptions were more consistent with an additive explanation. In other words, refugee women participants often perceived that a single marginalized identity was targeted in a single discrimination experience and that this happened multiple times for different identities throughout their lives. Even when participants perceived that multiple identities were targeted in a single experience, their descriptions were often still additive. For example, when describing why she faced discrimination at work, Star stated, "to be Iranian that was a reason, and to be a refugee," as opposed to stating that she was targeted for being an Iranian refugee. Naz specifically used the phrase "things just start adding up" in reference to multiple marginalized identities being targeted. These findings are consistent with the double jeopardy hypothesis (Beale, 1970; Bowleg, 2003; Greene, 1995) and multiple minority stress model (Bowleg, 2003; Grollman, 2012; Meyer, 1995), which both posit that people who hold multiple marginalized identities experience multiple types of discrimination cumulatively and that in turn, this contributes to greater negative health outcomes.

Still, intersectional discrimination was by no means absent from the data. Although refugee women participants did not overtly provide an intersectional interpretation of their discrimination experiences when asked directly, some of their examples of discrimination experiences were intersectional in nature because they were unique types of oppression that

occurred at the intersection of multiple marginalized identities. These more implicit links are equally important to consider, as Bowleg (2008) noted that qualitative researchers must “make explicit the often implicit experiences of intersectionality, even when participants do not express the connections” (p. 322). Naz’s description of being targeted at school for wearing her hijab is an excellent example; this is inherently intersectional discrimination because Muslim men and non-Muslim women would not share this same experience. Her experience is similar to previous findings that Muslim refugee women experience discrimination at the intersection of their gender and religion because of their hijab (Ellis et al., 2010; Ziersch et al., 2020).

Another example of intersectional discrimination that came up during interviews was Black Congolese refugee women reporting ethnic discrimination from African Americans. This is a unique form of oppression that occurs at the intersection of their Black and African identities – they are being targeted specifically because they share one marginalized identity but not another. This example echoes the work of Szymanski and Sung (2010), who found that Asian American sexual minorities experienced heterosexism from straight Asian American people and racism from White LGBTQ people. Both of these specific types of oppression are measured with the Minority Stress Measure for LGBTQ People of Color Scale (Balsam et al., 2011), and similar scales have been developed for other multiple marginalized populations to help assess other specific types of intersectional discrimination (e.g., Gendered Racial Microaggressions Scale for Black Women; Lewis et al., 2015). Findings from the present study indicate the utility of developing similar measures of intersectional discrimination for specific intersections of multiple marginalized identities targeted in refugee women, such as measures of discrimination developed for Muslim refugee women or Black African refugees.

Intersectionality may also have been demonstrated when multiple refugee women in the study questioned which identity was being targeted in discrimination experiences, such as Tiara saying, “I think it’s my race, but I don’t know” or Paw saying, “I don’t know. Maybe because we are not like their people,” or even more generally, Uwezo’s comment that “I don’t know why. I can’t explain.” Bowleg (2008) argued that this uncertainty is inherently intersectional, as one would not have this question if they did not have multiple marginalized identities that are inextricably connected. Naz explicitly made such a comparison in her interview when she noted that if being female was someone’s only marginalized identity, they would automatically attribute discrimination experiences to their gender, whereas she can only guess why someone targets her due to her combination of multiple marginalized identities.

4.3 Mental Health Consequences

The third and final aim of the present study was to explore how discrimination influences refugee women’s mental health and well-being. Four of the six participants received a positive screen on the RHS-15, indicating clinically significant psychological distress. During the interviews, refugee women reported enduring significant emotional distress following discrimination, including sadness, fear, anger, and helplessness. Similar affective responses were identified in previous research on post-migration discrimination in refugee populations (Labys et al., 2017; Ziersch et al., 2020), and this study provides additional evidence for discrimination’s emotional impact. In addition to negative emotions, refugee women also described cognitive (e.g., questioning identity) and behavioral (e.g., avoidance) consequences of discrimination, discussed in further detail below.

Regarding cognitive effects of discrimination, participants repeatedly described that they ruminate on their experiences of discrimination after they happened and “think a lot of things

that's no have answer" (Uwezo). Most notably, refugee women questioned their identity (e.g., "Why did I have to be like this?"; Naz) and their belonging ("Where can I go and don't feel not welcome?"; Star). The identity questioning that refugee women described is reminiscent of the identity exploration stage of Phinney's ethnic identity development model (Phinney, 1989) as well as the ethno-cultural identity conflict construct (Ward et al., 2011). Identity exploration refers to gathering information about and seeking experiences related to one's ethnic identity, actions that are typically prompted by identity questioning (Phinney, 1989). Ethno-cultural identity conflict, on the other hand, is the belief that ethnic and cultural aspects of identity are incompatible with one another, measured with statements such as "I sometimes do not know where I belong" and "I sometimes question my cultural identity" (Ward et al., 2011). Previous cross-sectional and longitudinal research has found that experiencing discrimination predicts identity conflict (Lin, 2008) and identity exploration (Anthis, 2002; Del Toro et al., 2021; Umana-Taylor & Guimond, 2010). Discrimination may cause refugee women to question and explore their identity because it highlights social differences and makes them feel as though they do not belong.

Discrimination does not only have emotional and cognitive consequences; refugee women also described ways in which discrimination affects their behavior. For example, participants mentioned attempting to prevent discrimination by blending in with majority culture (e.g., changing their accent) or avoiding situations where they believed discrimination might happen (e.g., keeping distance from other people at work, not traveling to new places). Similar behaviors in response to discrimination have been reported in previous research with refugee populations (Ziersch et al., 2020). Avoidance is often associated with poor mental health outcomes and is targeted in many evidence-based treatments for various mental disorders,

including with refugee populations (Barlow, 2004; Barlow et al., 2004; Gwozdziwycz & Mehl-Madrona, 2013). However, it is essential to consider the context of avoidance because in cases where there is a high risk of adverse outcomes, avoidance can be protective (Gaylord-Harden et al., 2008; Hofmann & Hay, 2018). In other words, “proactive avoidance” (Hofmann & Hay, 2018, p. 18) or “strategic avoidance” (Bogart et al., 2018, p. 548) of contexts where discrimination is probable can help protect refugee women from experiencing additional discrimination and associated psychological distress. Further research could help elucidate when avoidance in response to discrimination is adaptive vs. maladaptive for refugee women.

Relatedly, although superordinate themes of negative emotions, identity conflict, and behavior changes are presented separately in the results section to allow for a thorough examination of each, refugee women often connected these themes in their descriptions of the impact of discrimination. Examples of connections that they mentioned directly include links between avoidance and fear, as well as rumination and sadness. Both rumination and avoidance have been identified as mediators of the association between perceived discrimination and psychological distress among racial, ethnic, and sexual minority populations (Borders & Liang, 2011; Seaton, Upton, Gilbert, & Volpe, 2014; Szymanski, Dunn, & Ikizler, 2014), and similar processes may be occurring for refugee women. Furthermore, the connections participants drew between cognition, emotion, and behavior echo cognitive behavioral theory, which notes how these three domains all affect one another to maintain psychological distress (Beck, 2020). These findings demonstrate the importance of examining how discrimination can contribute to multiple dimensions of psychological distress in refugee women.

4.4 Resilience and Coping

While both quantitative and qualitative data indicate that discrimination has wide-ranging effects on participants' mental health, the data also demonstrate evidence of resilience.

Resilience is commonly defined as positive adaptation in the face of significant adversity (Masten, 2001), in this case referring to positive adaptation in the face of discrimination.

Although all participants experienced multiple types of discrimination multiple times per year (some almost every day), four of the six participants reported being generally satisfied with their lives and five of the six participants reported high levels of trait hope. Results suggest that even in the face of discrimination, some refugee women are maintaining a sense of well-being.

Coping is one factor that may help to provide insight into individual differences in well-being, as it has often been investigated as a moderator of the association between discrimination and health outcomes. On the quantitative measure of psychological distress, refugee women self-reported strong perceived ability to cope with difficult circumstances. Additionally, during interviews, refugee women provided several examples of the ways they cope with discrimination. In the stress and coping literature, coping strategies have often been grouped into two broad categories: avoidant coping and approach coping (Roth & Cohen, 1986). Avoidant coping refers to disengagement from the stressor through strategies such as ignoring it, denying it, or distracting oneself. Approach coping involves more active strategies, such as confronting the stressor or developing a solution to address the stressor. Examples of both avoidant coping strategies (e.g., staying quiet in response to discrimination, ignoring discrimination) and approach coping strategies (e.g., educating the perpetrator of discrimination, seeking social support) were raised by participants in this study. Furthermore, rather than some participants

using avoidant coping and others using approach coping, most described using both at different times and in different contexts.

Approach coping is generally considered a more adaptive coping style and has been shown to buffer the negative effects of perceived discrimination on mental health outcomes in multiple studies with multiple marginalized groups (Pascoe & Richman, 2009). However, one study with Southeast Asian refugees found evidence that an avoidant coping style was protective and that this protective effect was stronger among those with stronger ethnic identity (Noh et al., 1999). The effectiveness of certain coping strategies may be both culturally specific and context dependent. For example, avoidant coping skills may be more adaptive in cultures that strongly value interpersonal harmony or in situations where the victim of discrimination fears negative consequences of confrontation, such as losing their job (Noh et al., 1999). In the present study, refugee women tended to describe using approach coping strategies with coworkers and friends and avoidant coping strategies with bosses at work, suggesting that power differentials are an essential context to consider. Tiara specifically mentioned that power differentials affect her decision about how to respond to discrimination: “It depends on who said it. It could be somebody that you really don't have that power to talk to like that.” Additional research is needed to increase understanding of which coping strategies in response to discrimination may be most effective in preventing and reducing distress for refugee populations specifically. Having more comprehensive information about individual and contextual differences in coping would help guide the development of culturally specific coping interventions for refugees (Bogart et al., 2018).

Although resilience is related to better mental health outcomes in refugee populations (e.g., Poudel-Tandukar et al., 2019; Siriwardhana et al., 2014), positive adaptation and negative

mental health consequences are not necessarily mutually exclusive (Luthar, 1991), and some research has found high levels of both resilience and psychological distress among refugees (Badri et al., 2020). Taken together, quantitative and qualitative results reveal that refugee women in this study demonstrate indicators of positive adaptation (e.g., life satisfaction, hope, coping skills) and negative mental health (e.g., negative emotions, lack of belonging, rumination).

These findings have important clinical implications. First, results demonstrate the importance of making mental health treatment accessible to refugee women, as well as the need for mental health providers to acknowledge and address post-migration stressors such as discrimination during the treatment process (Miller & Rasmussen, 2010; Murray et al., 2010; Kira et al., 2012). One participant brought up the importance of increasing access to quality mental health care for refugee women in her interview, given her observations of high levels of psychological distress in refugee communities. Second, providers should evaluate the client's existing resilience factors rather than only focusing on mental health problems, and they should capitalize on these strengths in treatment to help facilitate healing. Third, healthcare providers should be careful not to assume that a refugee woman who is resilient in certain domains is not also suffering from psychological problems. There may be significant distress that requires intervention, even among refugee women who seem to be high-functioning and adjusting well in the U.S.

4.5 Limitations and Future Directions

The current study addresses important gaps in the literature but is not without limitations. Future research should build on study findings and address limitations to continue to move this area of research forward. First, although the perspectives of the individual refugee women who

participated in the study provide valuable insight into their unique experiences of discrimination, the qualitative methodology and small sample size limit the generalizability of findings. The study was designed in such a way as to obtain an in-depth understanding of particular cases, but it is still important to acknowledge that results cannot be applied to all refugee women. Study findings can be used to generate research aims and hypotheses for larger-scale studies. For example, future studies could use mixed methods to investigate individual differences in discrimination rates for refugee women with various combinations of marginalized identities, the effectiveness of coping strategies in specific contexts, and changes in experiences of discrimination over time, among other research questions.

Relatedly, given the small sample size, many marginalized identities and their intersections were not represented in the study. For example, all of the participants identified as heterosexual and cisgender and therefore no information was gathered on the experiences of discrimination among LGBTQ refugee women. Although some literature focuses on LGBTQ refugee perspectives (e.g., Alessi et al., 2020; Golembe et al., 2020), research is limited, and future work should be intentional about including this population to better understand the intersection of sexual minority identity with other marginalized identities in experiences of discrimination.

Another limitation of the present study is that all interviews were conducted in English, which was not the participants' first language. While participants demonstrated a high level of English proficiency overall, there were instances where they needed questions rephrased or their responses were difficult to understand, suggesting that the requirement to communicate in English may have impacted their ability to articulate their thoughts, especially on complex concepts like discrimination and identity. This is a particularly salient limitation given that

linguistic interpretation is one key aspect of data analysis in IPA; this level of interpretation was somewhat limited in this study because it would have required too much speculation about whether certain aspects of participants' language use (e.g., word choice, pauses, repetitions) were related to the study research questions or the fact that participants were not communicating in their first language. Future research on these topics should encourage participants to communicate in their preferred language to allow for a more in-depth analysis of linguistic issues. If researchers themselves do not speak participants' languages, they can acquire funding to hire interviewers who do or hire interpreters.

Furthermore, as discussed above in the positionality section, my identity as a White, U.S.-born woman likely influenced how participants chose to convey their experiences. For example, participants may have downplayed or omitted discrimination experiences with White perpetrators out of concern for my feelings as a White interviewer. In addition to considering the language in which interviews are conducted, future studies would benefit from considering the social identities of the interviewers. Outsider and insider statuses each carry advantages and disadvantages when conducting research, so it would be helpful to also obtain data on discrimination, identity, and mental health with refugee women using interviewers who share more identities with participants to obtain other perspectives.

Finally, because certain parts of the interview focused on gathering retrospective accounts of participants' experiences, memory error, subsequent experiences, or other factors could have influenced participants' narratives. Future studies investigating intersectional discrimination experiences should consider other methodologies that involve gathering participants' accounts in-the-moment, such as a daily diary approach (e.g., Torres & Ong, 2010). Using multiple and mixed methodologies (e.g., focus groups, daily diaries, surveys, etc.) to study

intersectional discrimination and its mental health consequences can triangulate results and help researchers develop a more comprehensive understanding of these phenomena and the associations among them.

4.6 Conclusion

The present study demonstrates that the post-migration discrimination refugee women face in the United States targets multiple of their marginalized identities, including refugee status, ethnicity, race, and religion. This discrimination has wide-ranging impacts on refugee women's mental health and well-being, including questioning their identity, lack of belonging, varying negative emotions, pressure to blend in, and avoiding certain situations out of fear of discrimination. Findings highlight implications for both policy and practice that could help to ameliorate negative mental health consequences of discrimination for refugee women and reduce the frequency of discrimination itself.

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APPENDICES

Appendix A

1. I'd love to start by having you tell me a little bit about yourself: who you are, where you're from, or anything else important to you that you'd want me to know about you.

2. All of us have many different parts of who we are that make up our identity – this includes things like race, ethnicity, gender, refugee status, religion, or any other part of who you are. With that in mind, how would you describe your identity?
3. Tell me about your relationships with other refugees from [home country]. What are your interactions with them like?
4. Tell me about your relationships with refugees from other countries. What are your interactions with them like?
5. Tell me about your relationships with Americans who were born in the United States? What are your interactions with them like?
6. Please tell me about experiences you've had when people have treated you unfairly because of who you are while living in the United States.
7. Let's think back to our conversation about identity. What identities or combinations of identities do you think are targeted in your experiences of being treated unfairly?
8. How does experiencing discrimination affect you?

Appendix B***Appendix B.1*****Everyday Discrimination Scale** (Williams et al., 1997)

In your day-to-day life, how often do any of the following things happen to you?
(Response categories for all items: *Almost every day; At least once a week; A few times a month; A few times a year; Less than once a year; Never*)

1. You are treated with less courtesy than other people are.
2. You are treated with less respect than other people are.
3. You receive poorer service than other people at restaurants or stores.
4. People act as if they think you are not smart.
5. People act as if they are afraid of you.
6. People act as if they think you are dishonest.
7. People act as if they're better than you are.
8. You are called names or insulted.
9. You are threatened or harassed.

- Follow-up Question (*Asked each time a participant responds with "a few times a year" or more to one of the above questions*):

What do you think are the main reason(s) for these experiences? Choose as many as apply.

1. Your Ancestry or National Origins
2. Your Gender
3. Your Race
4. Your Refugee Status
5. Your Age
6. Your Religion
7. Your Physical Appearance
8. Your Sexual Orientation
9. Your Education or Income Level
10. Your physical disability
11. Not listed (please specify)

Appendix B.2

Refugee Health Screener-15 (Hollifield et al., 2013)

Instructions: Using the scale beside each symptom, please indicate the degree to which the symptom has been bothersome to you over the past month. Place a mark in the appropriate column. If the symptom has not been bothersome to you during the past month, circle "NOT AT ALL."



SYMPTOMS	NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
1. Muscle, bone, joint pains	0	1	2	3	4
2. Feeling down, sad, or blue most of the time	0	1	2	3	4
3. Too much thinking or too many thoughts	0	1	2	3	4
4. Feeling helpless	0	1	2	3	4
5. Suddenly scared for no reason	0	1	2	3	4
6. Faintness, dizziness, or weakness	0	1	2	3	4
7. Nervousness or shakiness inside	0	1	2	3	4
8. Feeling restless, can't sit still	0	1	2	3	4
9. Crying easily	0	1	2	3	4

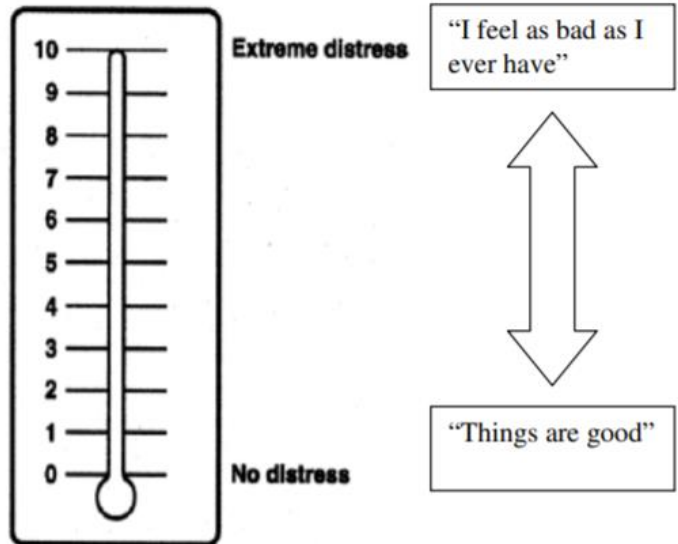
The following symptoms may be related to traumatic experiences during war and migration. How much in the past month have you:

10. Had the experience of reliving the trauma; acting or feeling as if it were happening again?	0	1	2	3	4
11. Been having PHYSICAL reactions (for example, break out in a sweat, heart beats fast) when reminded of the trauma?	0	1	2	3	4
12. Felt emotionally numb (for example, feel sad but can't cry, unable to have loving feelings)?	0	1	2	3	4
13. Been jumpier, more easily startled (for example, when someone walks up behind you)?	0	1	2	3	4

14. Generally over your life, do you feel that you are:
- Able to handle (cope with) anything that comes your way0
 - Able to handle (cope with) most things that come your way 1
 - Able to handle (cope with) some things, but not able to cope with other things.....2
 - Unable to cope with most things.....3
 - Unable to cope with anything4
- 15.

Distress Thermometer

FIRST: Please circle the number (0-10) that best describes how much distress you have been experiencing in the past week including today.



Appendix B.3**Satisfaction with Life Scale** (Diener et al., 1985)

Below are five statements that you may agree or disagree with. Using the 1 – 7 scale below, indicate your agreement with each item by placing the appropriate number on the line preceding that item. Please be open and honest in your responding.

Strongly agree (7)

Agree (6)

Slightly agree (5)

Neither agree nor disagree (4)

Slightly disagree (3)

Disagree (2)

Strongly disagree (1)

_____ In most ways my life is close to my ideal.

_____ The conditions of my life are excellent.

_____ I am satisfied with my life.

_____ So far I have gotten the important things I want in life.

_____ If I could live my life over, I would change almost nothing.

Appendix B.4**Adult Hope Scale (Snyder, 1991)**

Directions: Read each item carefully. Using the scale shown below, please select the number that best describes YOU and put that number in the blank provided.

- 1. = Definitely False
- 2. = Mostly False
- 3. = Somewhat False
- 4. = Slightly False
- 5. = Slightly True
- 6. = Somewhat True
- 7. = Mostly True
- 8. = Definitely True

- ___ I can think of many ways to get out of a jam.
- ___ I energetically pursue my goals.
- ___ I feel tired most of the time.
- ___ There are lots of ways around any problem.
- ___ I am easily downed in an argument.
- ___ I can think of many ways to get the things in life that are important to me.
- ___ I worry about my health.
- ___ Even when others get discouraged, I know I can find a way to solve the problem.
- ___ My past experiences have prepared me well for my future.
- ___ I've been pretty successful in life.
- ___ I usually find myself worrying about something.
- ___ I meet the goals that I set for myself.

*Appendix B.5***Demographic Questionnaire**

1. How old are you?
2. What is your racial identity?
3. What is your sexual orientation?
4. How long have you lived in the United States?
5. What is your highest level of education?
6. What is your marital status?
7. How many children do you have, if any?
8. What religion do you identify with, if any?
9. What country are you originally from?
10. What languages do you speak? Please circle your first language.
11. Do you work outside the home? If so what do you do?