Cultural Orientation Resource Center

Refugees from the DEMOCRATIC REPUBLIC OF THE CONGO

Over the next 5 years, the United States expects to resettle tens of thousands of refugees from the Democratic Republic of the Congo (DRC), scene of some of the world's worst violence and human rights abuses in recent years. The refugees are part of a population of more than 3 million Congolese refugees and internally displaced persons forced by war and unrest to flee their homes. The refugees, mostly ethnic minorities from eastern DRC, will be resettled out of neighboring first-asylum countries, where conditions are difficult and often unsafe. In the United States, the refugees will be joining more than 10,000 Congolese who have been resettled since 2001.

This backgrounder provides U.S. resettlement communities with basic information about the new refugee arrivals. It looks at the causes of the refugee crisis, life in the DRC and countries of first asylum, the basic background characteristics of the refugees, and their resettlement experiences in the United States. The backgrounder also notes the strengths incoming Congolese refugees bring and the challenges they may face upon resettlement.

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photo above: *The road into Gihembe Refugee Camp, Rwanda*

Causes of the Refugee Crisis

The ongoing Congolese refugee crisis is the product of nearly 16 years of armed conflict and unrest in the DRC, with the eastern provinces of North Kivu and South Kivu bearing the brunt of the violence. By the end of 2012, more than 2.4 million Congolese were internally displaced and more than 460,000 had sought asylum in neighboring countries. The highly complex conflict, which at times has involved the armies of nine countries and dozens of other armed groups, was touched off in 1996 when Rwanda invaded the DRC in pursuit of the génocidaires, the perpetrators of the 1994 genocide who had taken refuge in eastern DRC and were regrouping in order to retake political leadership in Rwanda. Years of conflict followed, including the first and second Congo wars, in 1996 and 1998. The 1998 war is sometimes called "Africa's World War" because of the number of countries involved in the conflict.

Although a peace accord was signed in 2003, unrest still plagues eastern DRC, including the provinces of North and South Kivu, Orientale, and Katanga, as armed groups fight among themselves and with the central government for control of the region and its rich resources. According to a 2012 U.S. Department of State fact sheet on the Congo, armed groups have committed "numerous, serious abuses with impunity–some of which may constitute war crimes and crimes against humanity–including unlawful killings, disappearances, mass rape, and torture." Sexual violence, used as a weapon of war, is so common in eastern DRC that human rights groups have called the area "the most dangerous place in the world to be a woman."

Congolese refugees in Cultural Orientation class

Ethnic Composition of the Caseload

Most of the refugees being considered for resettlement are from the North and South Kivu provinces in eastern DRC. The caseload is ethnically diverse, reflecting the ethnic diversity of the country as a whole, but groups with a history of persecution, such as the Banyamulenge and Tutsi, predominate. The Banyamulenge, Congolese of Rwandan origin who settled in parts of eastern DRC in the late 1800s, have faced discrimination throughout their history in the country. The group, along with ethnic Tutsi and Hutu (also known as Banyarwanda, "People from Rwanda"), are seen by many Congolese as not native to the DRC, and in the past have been denied citizenship rights. The three groups have also been discriminated against based on their perceived association with Rwandan-backed rebel groups, which many blame for the unrest in the region. Other groups in the caseload, such as the Bembe and the Bashi,[1] face heightened violence because of their large presence in the areas of greatest turmoil.

The DRC: The Land and the People

The DRC is one of the world's poorest countries, yet contains an abundance of natural resources. Located in central Africa, the DRC is a vast country with a land area about the size of Western Europe or the United States east of the Mississippi. The DRC in general and the conflict areas in particular are rich in farming land and natural resources. Coffee beans, potatoes, tomatoes, yams, and leeks are among the many crops that grow well in the cool temperatures and fertile soil of the eastern highlands, where many of the refugees originally lived. The land is rich in diamonds, gold, copper, cobalt, and zinc, as well as in coltan, used in cell phones and other electronic items, and cassiterite, used in food packaging. Yet very little of this wealth has benefited the people. The DRC has few roads and railways, and its health and education systems are in ruins. "Instead," notes the BBC, "its natural riches have attracted adventurers, warlords, corrupt governments, and unscrupulous corporations, and divided the population into competing ethnic groups."

With a population of roughly 70 million people, the DRC is ethnically diverse, with about 250 ethnic groups speaking 700 different languages and dialects. The population is largely Christian but also includes Muslims, followers of traditional African beliefs, and Kambuangists–members of a native Congolese Christian sect.

Conditions in First-Asylum Countries

Some 470,000 refugees from the DRC have taken refuge in the DRC's nine neighboring countries. The largest numbers are in Uganda, Rwanda, Tanzania, and Burundi. Conditions for the refugees vary greatly by country as well as within countries, but for most, conditions are harsh, unhealthy, and unsafe. The sharp increase to the region of newly arriving refugees who fled the conflict in eastern DRC in 2012 has further strained the infrastructures in place to serve refugees.

Uganda hosts the largest population of Congolese refugees, numbering 131,500. Refugees live in sprawling rural settlements or in Kampala, Uganda's capital. The settlements resemble agricultural village life back in the DRC, with small plots available for farming. Yet the vast size of the settlements forces women to walk long distances to fetch water and firewood, exposing them to a widespread problem in the settlements: sexual and gender-based violence (SGBV). In Kampala, conditions vary. Refugees may work in the city, but opportunities are very scarce. Security also is a major issue.

In small, land-scarce Rwanda, 59,000 Congolese refugees live in extremely overcrowded camps. Some refugees have

1 The biodata resettlement agencies receive regarding members of this group may refer to them as Mushi, the term denoting an individual member of the Bashi group.

spent more than a decade in the camps. Prolonged camp stays with little or no opportunities for work or recreation have led to a breakdown in social order and to high rates of SGBV, prostitution, early pregnancy, and school dropouts. A small number of refugees reside in the capital city, Kigali.

In both the Ugandan settlements and the Rwandan camps, there is free primary education. While opportunities for secondary education exist in Rwanda, access is very limited. The State Department's Bureau of Population, Refugees, and Migration (PRM) funds SGBV prevention and response programs in both countries, but the need for services greatly exceeds provider capacity. Mental health services are extremely limited.

More than 60,000 refugees from the DRC live in Tanzania, mostly in Nyarugusu Camp. Although children have access to primary school education and some secondary school education, opportunities to work, cultivate land, and sell or trade goods are extremely limited. SGBV prevention and response programs are in place to address the needs of instances of SGBV. Even so, SGBV remains widespread.

In Burundi, some 47,000 Congolese refugees live in increasingly overcrowded camps and in Bujumbura, the capital. Shelter and health programs are in place, and schools provide free primary and secondary education. All camps have SGBV prevention and response programs.

The Congolese Caseload

Basic Demographic Characteristics[2]

FAMILY SIZE AND COMPOSITION

Congolese families range in size from 1 to 14 individuals. Just under half (48%) of the principal applicants (PAs) in the caseload are single, while 35% are married and 12% are widowed. The remaining 5% include those who are divorced, separated, in common-law marriages, or whose status is unknown. Single mother PAs make up approximately 20% of the entire Congolese caseload. The range in size of travel groups is from 1 to 17 when hard cross-referenced cases are taken into account. The average travel group size is 6 individuals.

Past violence, including SGBV, has had a direct effect on family size and composition, as seen in the high rates of single-headed families (usually women), births through rape, fragmented families, unaccompanied or separated minors, and youth-headed households.

AGE AND GENDER

The Congolese caseload is relatively young, with nearly 55% under the age of 18 and an additional 18% between the ages of 18–25. Only slightly more than a quarter of the caseload is over the age of 25, and only 3% of the population is 50 years of age or older, a stark indicator of the hardships this population has suffered. There are slightly more females (51%) than males (49%) in the caseload.

UNACCOMPANIED AND SEPARATED REFUGEE MINORS

The Congolese minor caseload includes unaccompanied and separated minors of all ages (below 18 years of age). Unaccompanied minors are referred alone, with other minors, or with a non-relative adult caretaker. Separated minors are referred with an adult relative caretaker. The unaccompanied and separated Congolese minors are spread throughout Sub-Saharan Africa, with the majority residing in Uganda and Rwanda.

Unaccompanied minors that are referred alone or with other minors are destined for the Unaccompanied Refugee Minor (URM) program. During RSC Africa interviews, staff explain to the minors that if approved for resettlement, they will enter the URM program upon arrival to the United States.

Unaccompanied and separated minors who are referred with an adult caretaker (relative or non-relative) will complete a counseling session with RSC Africa staff to explain their options if resettled to the United States. The first option is to stay together as a family unit, and the second is for the minor to enter the URM program. RSC Africa staff encourage families to ask questions about their options so they can make an informed decision. If the family decides the minor should enter the URM program, RSC Africa staff explain that the minor will likely be resettled to the same general area as their former adult caretaker and will be able to maintain a relationship with them in the United States. According to RSC Africa data, Congolese families are more likely than other nationalities to choose the URM program.

OCCUPATIONAL BACKGROUNDS

The work backgrounds and skills of the refugees vary greatly, making generalizations difficult. The caseload includes farmers and herders from rural areas as well as unskilled work-

2 Most of the content in this section is based on information provided by Resettlement Support Center (RSC) Africa and the U.S. Department of State, Bureau of Population, Refugees, and Migration, Office of Admissions, Refugee Processing Center.

ers and professionals from urban areas. Many women have worked as small traders, selling clothing, food, and other household items. Common professions include teaching, social/community work, and office work. Farmers and unskilled workers appear to outnumber those with professional or semi-professional backgrounds.

It is worth noting that some Congolese refugees have worked in their countries of asylum. Still others may have gained vocational skills training, as in Rwanda, where training in tailoring, welding, and carpentry is available. Although the population is diverse in work experiences and skills, most share a strong desire to succeed economically in the United States.

EDUCATION, LITERACY, AND ENGLISH

According to self-reported data collected during refugee processing, almost all of those individuals 18 years or older for whom data were obtained have had some formal education, with about one-third reporting some primary schooling and a little more than half reporting intermediate, secondary, or technical school education. The percentage of those with post-secondary education (pre-university, university, professional school, or graduate school) among those who reported their education level was similar to the DRC national average of 5%.

Nearly 20% of those aged 18 years or older report no ability to read and write, suggesting that some of those who attended school did not learn to read and write. It can be assumed from what is known about school attendance in the DRC that most of those who cannot read or write are female.

More than half (59%) of the Congolese in the caseload do not speak any English, and higher percentages do not read or write the language. However, a significant minority (29%) say they speak some English, with smaller percentages claiming some reading and writing knowledge of the language. The percentage of those who claim to speak English well is 11%. About the same percentage say they can read and write the language well.

HEALTH

The prolonged conflict in the DRC, and the nature and brutality of the violence, has had a clear impact on the refugees' physical and psychological health. It can be assumed that most if not all Congolese refugees have experienced or witnessed violence. Furthermore, sexual and gender-based violence (SGBV) is reportedly widespread within the DRC, and remains a very real risk for refugees during flight as well as in countries of asylum. Domestic service providers report a high proportion of female survivors of SGBV, and male victims of sexual violence are not unknown. The physical impact of such violence is seen in cases with medical complications due to SGBV, while the psychological impact can be seen in the high degree of trauma from torture, SGBV, and the witnessing of violence.

According to RSC Africa, the five most common medical conditions among refugees in the overseas pipeline are tuberculosis, hypertension, HIV, vision problems, and heart disease. Less serious chronic conditions, such as arthritis and back problems, may be common and underreported among a population that is accustomed to these conditions by the physical hardships of daily life.

EXPOSURE TO MODERN AMENITIES

Some refugees lived in semi-urban areas of eastern DRC before fleeing the country, while others from the rural areas of the DRC may have spent time in urban centers such as Kampala and Bujumbura. Refugees who previously experienced urban life, whether in the DRC or in first-asylum countries, will have more knowledge of modern amenities than those who lived only in the rural areas of the DRC and in isolated rural camps and settlements. But even those from rural areas can be expected to adapt quickly and eagerly to modern conveniences.

Very few new arrivals will know how to drive. Some younger people will have had experience using computers, particularly e-mail, which they use to stay in touch with friends and relatives. Cell phones are commonly used by Congolese. Many will need help using appliances. Few will have ever opened a bank account. Most will have had little experience interacting with a functioning judicial system.

Languages, Beliefs, and Customs

LANGUAGES

The Banyamulenge, Hutus, and Tutsis speak the same central Bantu language, Kinyarwanda, with the Banyamulenge speaking a dialect of Kinyarwanda called Kinyamulenge. Each of the other Congolese ethnic groups has its own native language. Many refugees are also bilingual in Kiswahili, considering it a second native language. Even those who are not native speakers of Kiswahili can usually communicate in it, and as a result Kiswahili functions as the language of communication between people who have no other language in common. French is the language of instruction at the secondary level in the DRC, and refugees who attended secondary schooling in the home country should have a good knowledge of that language. Even those with only a primary school education may have basic French proficiency. A small percentage of refugees know Lingala, a Bantu language

widely spoken in western DRC. Refugees in Uganda, Rwanda, and Tanzania will also have been exposed to some English, either through school, popular media, or English-speaking local communities.

RELIGION

Religious affiliation among the refugees is somewhat different from that of the Congolese population as a whole. Whereas 70% of the DRC's population is Christian, the Congolese refugee caseload is overwhelmingly (96%) Christian. And while most Congolese Christians in the DRC are Catholic, most refugees (80%) are Protestant, with large numbers of Pentecostal and Seventh Day Adventists. About 3% of the refugees identify themselves as Muslim.

Religion plays an extremely important role in the lives of Congolese in general and refugees in particular. Religion is considered a refuge, a place of great comfort and peace that provides a solution to personal problems. Because of the important role of religion, religious leaders are highly respected.

Although few refugees identify themselves as followers of traditional African beliefs, it is not unusual for Christian or Muslim refugees to incorporate traditional beliefs into their religious practice. Traditional beliefs hold that divine spirits inhabit natural objects, such as rocks and trees, and that ancestors play an active role, for good or ill, in the daily lives of their descendants and in the life of the community as a whole. There is a belief in witchcraft and sorcery that may surface (even among Christians) during periods of illness.

FAMILY AND FAMILY ROLES

Among the Congolese, the nuclear family is only one part of a much larger extended family that includes grandparents, uncles, aunts, cousins, nephews, nieces, and even those not related by blood.

Traditionally, family roles are well defined. Men protect and provide for the family, while women take care of the children and perform household chores. In rural areas, men and women sometimes work together outside, with men doing the physically difficult chores (such as tilling the soil) and women performing the less strenuous tasks (such as planting seed). In rural areas, women are largely dependent on men and subservient to them, but urban women, particularly those with higher levels of education, tend to be more independent and have more say in family matters.

Although women are generally expected to stay home and take care of their husbands and children, events since the mid-1990s have changed traditional roles, turning women into wage earners and even family breadwinners. In recent years, men who have worked in the government have at times not been paid enough to support their families (and in some cases not been paid at all), and their wives have been forced to work outside the home, usually running small businesses, to bring in needed income.

Both boys and girls begin helping out at home at a young age, with boys working closely with their fathers and girls with their mothers. Taking care of younger brothers and sisters is generally a girl's job. Girls in towns and cities are much more likely than those in rural areas to attend school, but they would still be expected to help with the housework.

MARRIAGE

Girls tend to marry young, as early as 14 years old, while boys generally get married between the ages of 16 and 18. A marriage may be arranged by the parents, a common practice among Muslims, or a young person may be free to choose his or her partner. Traditionally, the boy's family is expected to pay a bride price[3] to the girl's family in the form of money or things of value. If the boy's family cannot afford the bride price, the couple may decide to live together without a traditional marriage ceremony. A girl who turns down a boy's marriage proposal is sometimes kidnapped and forced into marriage.

Polygamy is rare and is practiced primarily among Muslims and followers of traditional African religious beliefs. Christians condemn the practice, considering it sinful. Although polygamy is uncommon, many men have multiple partners at the same time, either openly or in secret.

PARENTING

It is said in the DRC—and throughout Africa—that a child belongs to the parents when still in the mother's womb, but after birth he or she belongs to the community. Village children spend most of their time outside the house and may roam freely, eating and even sleeping in neighbors' houses. Children learn traditional values and norms not only from their parents but from other adults as well.

Children who misbehave are usually spanked or hit with a rope or a stick. They may also be denied permission to play with other children or refused food for a meal. Children may

3 Congolese tend to use the term *dowry* for this practice, but the accurate term is *bride price*. Dowry is money, goods, or property that a woman brings to her husband in marriage. Bride price is money or other valuables paid by the groom or the groom's family to the bride's family.

be disciplined not only by their parents but by their older brothers and sisters as well.

While parents will talk to their children about many things, one topic is rarely discussed: sexuality. After a girl has had her first menstruation period, an aunt may talk to her about sexuality and the risk of pregnancy. For a boy, it may be an elder who passes on information, but almost never the father.

LEADERSHIP

In rural villages, a council of men, made up of elders and religious leaders, is in charge of community affairs. Traditionally, women do not play a central role in community decisions. They can make suggestions, but it is generally the men who make the decisions.

FOOD AND DRINK

A typical meal might include cassava leaves, beans, and a starch. This starch can be made of maize or cassava flour, or a mix of the two, and is referred to as ugali or fufu, depending on the location in the DRC. If a family has the resources, they may also serve meat like lamb or beef.

Many Congolese who are not Muslim drink alcohol. Beer (a traditional brew made from banana or sorghum) has important social value for the Congolese, who believe that it unites people and fosters friendship. No important ceremony is ended without drinking beer or sprinkling it on the ground to honor ancestors. In a village, a common punishment is a fine paid in crates or jerricans of beer.

HEALTHCARE BELIEFS AND PRACTICES

Western medicine is generally accepted and practiced in Congolese culture. Even those in remote regions of the country value Western medicine and consider it effective. Christians also believe in the power of prayer to cure illness.

Traditional medicine is practiced as a complement to Western medicine or by those who cannot afford modern healthcare. There are two kinds of traditional healers: those who use medicinal plants to cure disease and those who use what they claim are supernatural powers. Some traditional practices would be considered strange or even harmful by Western standards. Such practices, however, are considered extreme and rare.

There is little understanding of Western notions of mental illness and no tradition of mental health counseling. Western-style talk therapy, in which a patient shares deeply personal issues with someone he or she may have just met, is unfamiliar to most Congolese, who consider the idea of confiding to a stranger odd. It is commonly believed that the best way to deal with past trauma is to stay busy, get on with life, and not dwell on the past. Depression is culturally unacceptable, and suicide is rare.

TRADITIONAL PRACTICES THAT MAY CONFLICT WITH U.S. LAWS OR CUSTOMS

Congolese women tend to marry at a much younger age than is common (or lawful) in the United States. As previously noted, the practice of bride price is common.

Congolese may often call a distant family member (or even someone not related by blood) their son, daughter, brother, or sister. This wider use of biological terms has created confusion both for overseas processing and for establishing legal relationships in the United States.

Men play a dominant role in Congolese families, and the male head of household may make decisions for the entire family. High rates of spousal abuse, particularly sexual violence, have been reported in the DRC, yet cultural norms can prevent women from speaking out.

Congolese often discipline their children physically and will need to understand U.S. norms and laws regarding child abuse. Traditional notions of community responsibility for childcare may conflict with Americans' parenting practices. Congolese children commonly care for younger children when parents are away, a practice that may cause problems in the United States.

Cultural Orientation[4]

Training Overview

RSC Africa conducts Cultural Orientation (CO) classes for Congolese refugees throughout Sub-Saharan Africa. RSC Africa also hosts CO trainings at its premises in Nairobi, Kenya, for urban refugees and at Transit Centers in Nairobi and in Addis Ababa, Ethiopia, for other refugees departing Kenya and Ethiopia. Standard CO classes are for refugees aged 15 and older who are approved for U.S. resettlement. Child and Youth CO is provided to refugees between the ages of 6 and 17 in Chad, Kenya, and Rwanda. Childcare is provided for those 15 and younger who accompany CO class participants. Attendance in CO is very high.

CO classes are intensive and conducted over three 6-hour days. To encourage participation, class size is generally kept to 25 participants. Through the use of interpreters, training is provided in a language that the participants know. Topics

4 The content in the section is based on information provided by RSC Africa.

cover content outlined in the Overseas CO Objectives and Indicators and the Center for Applied Linguistics (CAL) publication, *Welcome to the United States: A Guidebook for Refugees*.

RSC Africa uses a standard CO curriculum that emphasizes the use of group exercises, photos, discussions, and videos to convey key concepts. Prior to training, trainers use information available in the Worldwide Refugee Admission Processing System (WRAPS) database about class participants to determine exactly how to use the curricular material, so that they can take into account refugees with special needs (such as the elderly and the disabled). Trainers also adjust to the needs and interests of the participants during class itself. Trainers have noted that Congolese participants tend to be very lively and engaged, and that women as well as men ask many questions.

CO classes are also provided for unaccompanied and separated minors aged 6 and older who are destined for the URM program upon arrival to the United States. If the minor has an adult caretaker, then the adult caretaker is encouraged to attend the CO class with the minor. URM class consists of 3 hours of instruction, using a question-and-answer format, videos, and discussion of case studies and other materials from CAL's *On Their Way: An Orientation Curriculum for Unaccompanied Refugee Minors*. Like the CO classes offered for adults, URM classes are experiential and learner based.

Participants' Hopes, Fears, and Expectations

CO classes provide a window into the feelings, thoughts, and attitudes of participants. Trainers begin each CO session by posing three questions: "What do you know about the United States? What do you fear about the United States? What do you expect from your life in the United States?" These questions elicit participants' hopes, fears, and expectations. Congolese refugees display striking optimism and a strong determination to succeed in the United States. Many express a desire to thrive in a peaceful culture—to obtain a job and to eventually own a car and a home.

Concerns are also forthcoming. Common fears are of racial and religious discrimination, homosexuality, cold weather, and unfamiliar foods. Worries about violence and the high rates of divorce in the United States are also common. Because Congolese parents traditionally use physical punishment, many ask the question: "How will I discipline my children in the United States?"

Given the central importance of religion in the refugees' lives, it is not surprising that many raise questions and concerns about religious worship in the United States. Religious leaders express a strong desire to continue their leadership roles in their U.S. communities and hold public religious meetings there. Some participants worry whether they will be able to attend church on their chosen day of worship. This has been a particular concern of Seventh Day Adventists, whose religion does not allow them to work on Saturdays.

Expectations are often unrealistic, especially among those who have achieved professional and economic success in the DRC or in their countries of asylum. Many of those with education or formal work experience expect to find jobs in their chosen career fields. Others want to complete secondary schooling and attend college. CO trainers stress that U.S. life will be challenging at first and that refugees will need to achieve self-sufficiency quickly, often accepting entry-level positions in fields other than their own.

Resettlement

Over the past 12 years, nearly 11,000 Congolese refugees have been resettled in the United States, in more than 220 cities in 45 states. Texas has received the greatest number, with Houston hosting the single largest concentration of Congolese. Other top-receiving states are Kentucky, Arizona, New York, and Colorado.

In preparation for the arrival of additional Congolese, U.S. resettlement partners at the federal, state, and local levels have held discussions about the population's likely needs and how those needs might be met. To deepen understanding of the potential issues that new arrivals may face, the Cultural Orientation Resource Center at CAL conducted interviews in February 2013 with a number of resettlement agency staff, service providers, community members, and refugees.[5] Additional information was derived from local affiliate responses to surveys on Congolese resettlement conducted by the national resettlement agencies, as well as from information provided by two consulting reviewers.[6]

The following summarizes the findings. It begins with a look at this population's strengths and resources, and then moves on to areas of challenge, beginning with those of greatest concern.

5 In Boise, ID; Denver, CO; Greensboro, NC; Houston, TX; Lexington, KY; and Phoenix, AZ.

6 A former resettlement agency caseworker who worked on an SGBV research project in eastern DRC, and a medical anthropologist with extensive experience in the DRC and acquaintance with Congolese refugee communities in the United States.

Strengths and Resources

Not unlike other refugee groups, the Congolese are able to draw on a deep reservoir of personal qualities, values, and community resources in their efforts to adjust to their new communities. They are said to exhibit the capacity to maintain morale under difficult circumstances, coupled with a hard-working nature and a strong desire to succeed in the United States.

For Congolese communities, churches can be tremendous resources, providing comfort and companionship. During times of turmoil in the DRC, the church was a place of sanctuary, and in the United States it is serving a similar function. A congregation may act as a new arrival's extended family, and it is not unusual for a person to attend church three or four times a week.

Resettlement Issues and Strategies

PHYSICAL AND PSYCHOLOGICAL HEALTH

Information from Refugee Health Coordinators in six states indicated that among incoming Congolese refugees screened between 2009–2012,[7] just over 30% tested positive for exposure to tuberculosis, and just under 30% tested positive for parasites. Additionally, approximately 7% of refugees screened tested positive for Hepatitis B and 3% for HIV.[8] Other health conditions noted in this population include Hepatitis C, malaria, medical complications resulting from SGBV, chronic back and leg pain, migraines, and gastrointestinal upset, possibly related to post-traumatic stress disorder.

For agencies preparing to resettle Congolese refugees for the first time, perhaps the issue of greatest concern is the population's psychological health status and needs. Few Congolese are arriving with easily observed signs of mental illness (for example, schizophrenia or bipolar disease). However, high rates of post-traumatic stress disorder (PTSD) have been observed among this population, due to the severe and widespread nature of the personal violence and trauma the refugees are reported to have witnessed and experienced, including SGBV perpetrated against women and smaller but significant numbers of men.

Signs of PTSD vary, but common symptoms include many subtle signs of mental distress that most resettlement agency staff are not trained to recognize: flashbacks; recurrent, intrusive thoughts related to trauma history; avoidance of thoughts, events, and stimuli that trigger memories of the trauma; difficulty falling asleep; nightmares; difficulty trusting others; recurrent depression and generalized anxiety; restricted range of affect (emotion); and physical symptoms, such as chronic pain, migraines, gastrointestinal upset, lower immunity, and generalized fatigue.

Signs of stress can be obscured by traditional Congolese values and attitudes: the tendency toward stoicism, the reluctance to openly discuss the trauma, and the stigma attached to any treatment that might suggest mental illness. In addition, despite experiences of SGBV being common within the Congolese refugee population, SGBV is an extremely sensitive issue, and service providers are advised to avoid asking intrusive personal questions about it.

One important source of support for Congolese victims of trauma, noted at the beginning of the resettlement section, is the faith community. Religious faith reportedly plays a vital role in healing for this population, and pastoral support is considered a significant resource for the Congolese to draw upon.

Another source of support for victims of trauma is language, work, and life skills training for at-risk groups within the population, such as single mothers. While not dealing directly with mental health issues, these services can contribute to healing by boosting self-esteem, reducing social isolation, keeping participants productively occupied, and providing a sense of purpose.

Additionally, linguistically and culturally appropriate counseling was noted as helpful for Congolese victims of trauma. While the Congolese are generally not inclined to speak openly about their private troubles, they are said to be willing to talk after having built a trusting relationship with a counselor and an interpreter with whom the client is comfortable. Next to building trust, destigmatizing therapy–changing a patient's negative perception of it–is crucial, given the shame that the Congolese, as with many other groups, tend to attach to mental illness. One way to destigmatize therapy is to use neutral terms like "counseling" and avoid loaded terms such as "mental health." Another way is to make therapy seem relevant to the refugees, for example, by discussing its capacity to help with physical problems like insomnia.[9]

7 Colorado, Georgia, Idaho, Kentucky, Maryland [FY09-FY12]; Texas [CY 2010–2012].

8 Between 1100–1500 refugees were screened in the six states for each of the four conditions.

9 Additional forms of treatment used with survivors of SGBV and other trauma can be found on the National Partnership for Community Training (NPCT) website at http://gulfcoastjewishfamilyandcommunityservices.org/refugee/refugee-programs/national-partnership-for-com-

Stress that is experienced by one family member may affect the entire family and even the entire community, accompanied by a collective sense of shame and a reluctance to discuss and address the trauma. It should be kept in mind that children may also be trauma victims, whether as a result of another family member's experience and response to it, or their own exposure to armed conflict, torture, sexual violence, and other atrocities.

ETHNIC RELATIONS

Given the role ethnicity has played in the conflict in the DRC, it is not surprising that the subject of ethnic relations is a sensitive one among Congolese in the United States. This is clearly a charged and complex topic, with multiple points of view. Some interviewees described significant intereth-nic tensions, resulting in communities divided into separate groups. While other interviewees did not report such tensions, service providers should not assume that there will be immediate mutual trust and respect among the various groups of new arrivals. Service providers are advised to wait until trust has been established before asking someone his or her ethnic background.

Forces for unity and reconciliation within Congolese communities serve to counteract tensions that fragment and undermine, some interviewees noted. In general, there appears to be a desire on the part of many Congolese to see resettlement in the United States as an opportunity to put the past behind them and build a new future free of ethnic animosity.

CASEWORKER AND INTERPRETER ISSUES

As with many refugee groups, a challenge for resettlement agency staff is to find caseworkers and interpreters who speak a language that the new arrivals know. In resettling Congolese, resettlement professionals should approach the issue of language with the same caution and sensitivity they have used with other ethnic groups with a history of contentious relations.

Where capacity allows, service providers may attempt to give refugees a choice as to which language they prefer. If a Congolese caseworker or interpreter acceptable to the refugee cannot be found, a non-Congolese (for example, an African of another nationality) who speaks a language the refugee knows might be the best choice.

Although ethnicity may be an issue at the beginning of the caseworker–refugee relationship, trust and fair play matter more once the relationship has been established, interviewees stressed.

DOMESTIC VIOLENCE

Interviewees identified domestic violence as an issue of concern in Congolese communities. The abuse may be rooted in traditional notions and behaviors. Domestic violence may also be triggered by modern pressures, as new roles and responsibilities clash with old expectations regarding the duties of various members of a family.

Resettlement agencies emphasize the need for early and frank discussion of U.S. laws on domestic violence. Refugee women may benefit from a safe space to express issues they are facing at home, and refugees should be made aware of resources regarding the prevention of domestic violence and ways to report it. When necessary, linguistically and culturally appropriate counseling should be pursued, perhaps with the help of trusted religious leaders or elders.

PARENTING

Two parenting issues are notable regarding the Congolese: the physical disciplining of children and inadequate supervision. The tendency of Congolese to discipline their children physically can be heightened by fears that they are losing control of their children: As in other newcomer communities, Congolese children typically learn English and adjust to the new culture at a much faster rate than their parents. The natural tendency to use children for English language support can undermine traditional family roles and increase generational tensions. Early ESL for adults can help parents become less dependent on their children.

Congolese parents may also benefit from discussion of strategies other than physical punishment for disciplining children. Alternatives to physical discipline such as time-outs and withdrawing privileges (for example, television and Internet) may be unfamiliar to refugee parents.

Inadequate supervision is an issue that is rooted both in culture and financial realities. What may be neglect in the United States–allowing children to roam about freely on their own–may be normal in the DRC. Children may also be left unsupervised at home or out in the community because both parents are working and cannot afford daycare.

EXPECTATIONS

Like other refugee groups, Congolese tend to arrive in the United States with high expectations. Few are prepared for how difficult U.S. life is, or how quickly they are expected to become self-sufficient. Also, as with other refugee groups, Congolese may expect more goods and services than agencies are contracted to provide. Educated Congolese tend to have their own set of unrealistic expectations, often believing that they will be able to pursue further education and return to their former professions with relative ease and speed.

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EMPLOYMENT

Most of the work available to new arrivals is unskilled, often in manufacturing or housekeeping, requiring little or no English and paying minimum wage or slightly above. Those with some English may be able to find somewhat higher paying jobs.

Once they have jobs, refugees may be surprised by the physical demands of the work. Those who were farmers or herders are used to physically demanding work, but the workday was broken up in the DRC, where a long break after lunch is customary. Working 8 hours straight, often standing up the entire time, is a new experience for most Congolese.

Congolese with professional backgrounds will need to understand that it will take time, effort, and income to return to their careers. As with all refugee groups, service providers are advised to be forthright with the refugees, emphasizing the need for immediate employment, while encouraging them to draw up a clear plan for achieving their career goals over time.

For married women who have not had the experience of formal employment, working can be a difficult adjustment, for both husband and wife. Once the couple understands the need for two incomes, however, economic necessity usually trumps cultural preference.

For the most part, refugees in their 50s and 60s do not seem to be entering the workforce, lacking the stamina and strength for the physically demanding work required in the jobs available to them. Drawing up a resettlement plan with the entire family will enable them to determine what the family will need in income and what they must do to attain that level of income. In some cases, the family may decide that the senior does not need to work and will develop a plan to ensure that outcome.

HYGIENE

Personal hygiene, in particular the need to bathe regularly and use deodorant, was repeatedly mentioned as an issue that needs to be discussed with new arrivals, particularly those from rural areas. The topic was brought up several times, unsolicited, as a work issue. Refugees need to be advised of American standards for cleanliness, as well as related products for personal care.

ENGLISH AND LITERACY

Many Congolese arrive in the United States knowing little or no English. Although free English classes for refugees are available in resettlement communities, Congolese newcomers face a familiar dilemma. Without English, they can find only entry-level jobs that pay at or slightly above minimum wage. Yet once they start working, it is difficult to find the time or summon the energy to study English, particularly if there are children at home. Those without formal education face the added challenge of finding suitable English instruction, since even beginning-level ESL classes tend to assume a basic ability to read and write. Learners who have never been in a classroom before, or held a pencil, often find these classes too challenging and drop out. They are more likely to persist in classes designed specifically for those without prior formal education.

Despite these challenges, Congolese bring useful skills and attitudes to the task of learning English. They highly value education, and many have already had the experience of learning a second, third, or even fourth language. Those who have attended secondary school in the DRC will have learned French, and that knowledge will help them to learn another Western language. This advantage may be especially apparent in learning to read and write English, as both French and English use the Roman alphabet and share many cognates.

SCHOOLING

The single biggest problem noted for Congolese children in school is a lack of previous education, as school systems typically make grade placements based on age, rather than knowledge level. Newcomer schools are particularly effective in helping students catch up in content-area knowledge while learning English in an academically and socially supportive environment. After-school tutoring also helps.

Socially, students were said to be adjusting reasonably well. Newly arrived children and their parents greatly benefit from an orientation to U.S. schools, focusing on American styles of learning and teaching, expected classroom behavior, extracurricular activities, and expectations of parental involvement. Agencies are also advised to make sure that children have appropriate clothing, shoes, and school supplies, to reduce the risk of bullying.

HOUSING AND MODERN AMENITIES

In finding housing for Congolese, resettlement agencies noted two challenges. The first is to find safe and affordable housing that can accommodate large families. The second has to do with housing for single people. A single refugee is often paired with another single refugee, an arrangement with potential interpersonal or interethnic complications when individuals who do not know each other are assigned common living quarters.

Modern amenities do not appear to pose major challenges for new Congolese arrivals. As with all populations, different families need different levels of orientation, with those from rural areas usually needing the most help, and those from urban areas needing the least. That said, even new arrivals who seem familiar with modern conveniences may not know how

to use them, since some appliances are used differently in the DRC than in the United States.

ORIENTATION

As with other refugee populations, newly arrived Congolese refugees will require repeated orientation on a variety of topics. Patience during orientation is essential, as is adjusting the orientation content and delivery to the needs, interests, and concerns of the participants. Service providers are advised to break down concepts, assess understanding regularly, and listen carefully to the newcomers to gauge whether the orientation is meeting their needs and helping them attain the knowledge, skills, and attitudes that will facilitate their resettlement and adjustment to life in the United States.

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At a Glance: REFUGEES FROM THE DRC

CASES: 4335

INDIVIDUALS: 13305

AVERAGE CASE SIZE: 3
The average travel group size is 6.

COUNTRIES OF ASYLUM

Rwanda 32%	Namibia 3%
Uganda 25%	Zimbabwe 3%
Kenya 10%	South Africa 3%
Burundi 7%	Malawi 2%
Zambia 6%	Mozambique 2%
Tanzania 5%	Other 2%

RELIGION

Christian 96%	Other 1%
Muslims 3%	

LANGUAGES
Native languages include Kinyarwanda [36%], Kiswahili [32%] and Kinyamulenge [6%], with 18% of the caseload reporting another native language. Kiswahili often functions as the language of communication between people who have no other language in common. Some refugees may have basic or high-level French proficiency, while refugees in Uganda, Rwanda, and Tanzania will also have been exposed to some English. A small percentage of refugees know Lingala, widely spoken in western DRC.

LITERACY
Approximately 65% of the adults self-report the ability to read well in one or more languages.

HEALTH
As survivors of severe trauma, many will have special physical and psychological health needs.

EXPOSURE TO MODERN AMENITIES
Some Congolese have lived in semi-urban and urban environments; the majority have not.

WORK EXPERIENCE
The caseload includes farmers and herders from rural areas, unskilled workers and professionals from urban areas, and small traders.

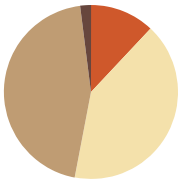
The following demographic information is based upon data regarding refugees from the Democratic Republic of the Congo in the U.S. Refugee Admissions Program pipeline as of January 28, 2014.

Gender

MALE 49%

FEMALE 51%

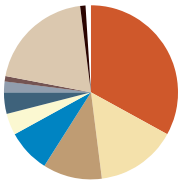
Age



UP TO 4	13%
5–17	41%
18–59	45%
60+	2%

Note: total = 101% due to rounding

Ethnicity

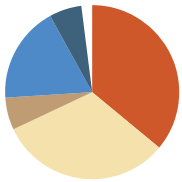


All groups making up 1% of the total are shown; groups under 1% are included in "Other."

Note: total = 99% due to rounding

TUTSI	33%
BANYAMULENGE (ALSO SPELLED BANYAMULENGUE)	15%
HUTU	11%
BEMBE (ALSO SPELLED BEMBA AND MBEMBE)	8%
FULERO (ALSO REFERRED TO AS BAFULERO AND FULIIRU)	4%
LUBA (ALSO REFERRED TO AS LULUA, BALUBA AND MALUBA)	4%
MUSHI (ALSO REFERRED TO AS BASHI)	2%
HEMA	1%
OTHER	20%
UNKNOWN	1%

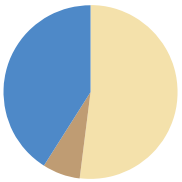
Native Languages



KINYARWANDA	36%
KISWAHILI	32%
KINYAMULENGE	6%
OTHER	18%
UNKNOWN	6%

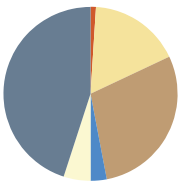
Note: total = 98% due to rounding

Education Ages 5–17



NONE	0%
KINDERGARTEN–PRIMARY	52%
INTERMEDIATE–SECONDARY	7%
UNKNOWN	41%

Education Ages 18 & Older



NONE	1%
KINDERGARTEN–PRIMARY	17%
INTERMEDIATE–SECONDARY	29%
TECHNICAL SCHOOL	3%
POST-SECONDARY	5%
UNKNOWN	46%

Note: total = 101% due to rounding