Brigham Young University

BYU ScholarsArchive

2024-07-30

Peer Mentoring Program for Refugee and Newcomer Children to Increase Resilience

Chloe Skyla Cooksey
Brigham Young University

Peer Mentoring Program for Refugee and Newcomer Children

to Increase Resilience

Chloe Cooksey

A thesis submitted to the faculty of
Brigham Young University
in partial fulfillment of the requirements for the degree of

Educational Specialist

Rebecca Winters, Chair
Timothy Smith
G. E. Kawika Allen

Department of Counseling Psychology and Special Education

Brigham Young University

ABSTRACT

Peer Mentoring Program for Refugee and Newcomer Children
to Increase Resilience

Chloe Cooksey
Department of Counseling Psychology and Special Education, BYU
Educational Specialist

The refugee and newcomer population faces many challenges as they arrive in their host country. Many individuals experience varying degrees of trauma in their country of origin. Trauma can lead to poor mental health outcomes and poor adjustment in host countries. Refugee children in particular may experience post-traumatic stress disorder, depression, and anxiety as a result of traumatic experiences. Children can be resilient when given opportunities to create relationships and gain confidence. These opportunities can be fostered through various avenues, one of which is the school environment. Refugee students can benefit from various supports provided to them in the school environment. One support that has created positive effects for children is peer mentoring. Peer mentoring programs have benefited students through improved self-efficacy, better adjustment to a new culture, and stronger connections with peers. However, more research on effective educational supports is needed. This study evaluated both mentors and mentees ratings of resiliency as a result of their participation in an 8-week mentoring program. Results indicated that the mentees scores increased significantly while mentors' scores did not. The results, limitations, and implications are further discussed in the document.

Keywords: peer mentoring, refugee, newcomer, resilience, trauma, educational supports

ACKNOWLEDGEMENTS

I would like to express my gratitude for my advisor, Dr. Rebecca Winters who has put countless hours of work into this project. Her efforts to create relationships with district representatives, guide the development and implementation of the program, and offer valuable insights has been pivotal. I am sincerely grateful for her willingness to provide me with guidance and support throughout this process.

I'd also like to extend my sincere appreciation to my committee members, Drs. Tim Smith and Kawika Allen for their contributions which have helped shape the results of this project. Their invaluable expertise has greatly strengthened the projects development, implementation, and results.

Lastly, I'd like to thank my husband, Matthew for his unwavering support and encouragement throughout this process. His steadfast belief in me and continual encouragement is priceless. I am blessed to have him as a companion in life and eternity.

TABLE OF CONTENTS

LIST OF TABLES

CHAPTER 1

Introduction

Children and adolescents who are forcibly displaced represent almost half of the world's internally displaced and refugee populations (Fazel et al., 2012). In the year 2020, there were 281 million international migrants. Of the 281 million, 36 million were children. While there is no internationally agreed upon definition of migrants, refugees are included as a subcategory. In 2020, there were 34 million refugees and asylum seekers worldwide, half of whom were children. This number only includes individuals who were forcibly displaced from their country of origin (Arora, 2021). As of 2020, migrant children were disbursed among 15 countries, with the United States having the highest population of migrant children. In that year, 3.3 million children migrated to the United States (Arora, 2021). These children who are forcibly displaced are at a higher risk for human trafficking, sexual violence, exploitation, disrupted education, family separation, and emotional trauma (Stevens, 2019).

Worldwide, refugees show poorer mental and physical health than the populations among which they resettle (Lamkaddem et al., 2015). There are many factors contributing to a successful relocation for refugee families in their host country. Before arriving in their host country, refugees are exposed to various war-related traumas. Many of these traumas result in poor health outcomes. Some risk factors for poor mental health outcomes include exposure to pre-migration violence, perceived discrimination, exposure to post-migration violence, several changes of residence in their host country, parental exposure to violence, poor financial support, single parents, and parental psychiatric problems (Fazel et al., 2012). Refugee children are exposed to many traumatic events and are also adversely affected. Among refugee children, there are high rates of suicidal ideation and depressive symptomology (Yeh et al., 2007). Exposure to

traumatic events can affect the child's ability to successfully transition into their host country. If children are not able to successfully integrate into the new culture, it can also lead to greater educational and health challenges later in life (Rotich, 2011).

Trauma is degenerative and it has a crucial impact on developing bodies, brains, and minds (Cleary et al., 2019). Trauma is defined as experiences and reactions to experiences that overwhelm an individual's capacity to cope. These events may include physical, emotional, and/or life-threatening harm (Record-Lemon & Buchanan, 2017; Substance Abuse and Mental Health Services Administration [SAMHSA], 2022). Adverse events that may be potentially traumatic for individuals include abuse and neglect, natural disaster, terrorism, violence, substance use, war experiences, life-threatening illness, serious accident, parental loss, deployment of family members, etc. (National Child Traumatic Stress Network, 2022). Refugee children are also deeply affected by the trauma they experience. Many of these children experience post-traumatic stress disorder (PTSD), depression, and anxiety resulting from the trauma they have experienced. Studies show that refugee populations are at a high risk of experiencing trauma and developing negative mental health outcomes as a result (Dehnel et al., 2021).

For children, language barriers are often the most difficult obstacle children face (Yeh et al., 2007). Students who have language barriers often struggle academically. Their level of understanding impedes their ability to ask the teacher for help which results in them falling behind (Dehnel et al., 2021). The knowledge educators receive about children's education prior to arrival in their host country is minimal. Parents are often the only source of information and getting accurate information from parents can be a challenge. These factors can limit the educator's ability to appropriately assist these students. With little to no knowledge of their

academic knowledge, finding a starting point can be incredibly difficult (Custodio &

O'Loughlin, 2020).

A better understanding of how refugee students can be supported in schools is needed.

Researchers have identified the needs of refugee children as they integrate with their host

countries and now there needs to be more action to meet those needs in schools.

Statement of the Purpose

The purpose of this study is to determine if improved resilience among refugee students

can be accomplished through a peer mentorship program. The program will help students foster

connections at their new school, which gives them the opportunity to better integrate and have

increased belongingness in their new environment.

Research Questions

To fill the gap in the scientific literature and inform practice, the following research

questions are proposed:

1. Does participation in the mentoring program as a mentee improve ratings of resilience
   for newly arrived refugee students?

2. Does participation in the mentoring program as a mentor improve ratings of resilience
   for students who have already been in the country and the school system for more
   than a year?

CHAPTER 2

Review of the Literature

Mental Health of Refugee Children

Children living in war zones are at high risk of suffering from PTSD and depressive

disorders (Thabet et al., 2004). The situations refugee children live in can create increased

amounts of stress for children. There are multiple factors that increase levels of stress. Children

who have experienced civil violence have higher levels of stress than those who have not. Some

of the stressors these children experience can also interact with each other and create higher

stress levels. Additionally, prolonged exposure to stressful events such as civil violence, have

long-term consequences for child development (McCallin & International Catholic Child

Bureau, 1988). Stress plays a large part in the success of an individual and stress can be a result

of many factors. Burke Harris (2018) discusses the term toxic stress and what it can do to the

developing brain and body:

> Toxic stress response can occur when a child experiences strong, frequent, and/or
>
> prolonged adversity—such as physical or emotional abuse, neglect, caregiver substance
>
> abuse or mental illness, exposure to violence, and/or the accumulated burdens of family
>
> economic hardship—without adequate adult support. This kind of prolonged activation of
>
> the stress-response system can disrupt the development of brain architecture and other
>
> organ systems and increase the risk for stress-related disease and cognitive impairment,
>
> well into adult years. (p. 55)

Toxic stress is a culmination of multiple factors that can been seen in refugee children

These factors may include exposure to violence, living conditions pre- and post-migration,

socioeconomic status, parental stress, and acculturation. Each of these alone is enough to create a dysregulated stress response system. When there is more than one stressor present, levels of stress continue to increase as well as poorer mental health outcomes.

Many refugees experience traumatic events throughout their childhood. Some may experience each event multiple times before they are adults. Chiovenda (2021) finds it important to note that trauma may be different for refugees. These traumas cover a spectrum of experiences which are specific to being a displaced person, and psychological trauma which accompanies those experiences. These experiences may include exposure to mass violence, life-threatening harm, parental loss, terrorism, and other various events.

For children living in active war zones, exposure to these traumatic events increases. Exposure to multiple adverse childhood experiences (ACEs) can create a high risk for toxic stress. If a child has toxic stress, they can be locked into the stress response which is detrimental for their health (SAMHSA, 2024).

Trauma and Adverse Childhood Experiences

Trauma is complex and is experienced differently for each person. It engages survival mechanisms when individuals aren't able to respond to threats, both perceived and real (Stephens, 2021). As stated by Van der Kolk (2015), trauma is not just an event that took place sometime in the past; it is also the imprint left by that experience on mind, brain, and body. The body's natural coping mechanisms are inhibited by trauma. This inhibition allows traumatic experiences to be enmeshed with the present (Stephens, 2021).

Trauma is defined as experiences and reactions to experiences that overwhelm an individual's capacity to cope. These events may include physical, emotional, and/or life-threatening harm. These events have lasting adverse effects on an individual's mental, physical,

and emotional health which can affect the individual's social well-being, and/or spiritual well-being (Record-Lemon & Buchanan, 2017; SAMHSA, 2022).

Adverse events that may be potentially traumatic for individuals include abuse and neglect, natural disaster, terrorism, violence, substance use, war experiences, life-threatening illness, serious accident, parental loss, deployment of family members, etc. (National Child Traumatic Stress Network, 2022). Duration of the event does not determine whether or not it will be traumatic for the individual. Exposure to potentially traumatic events may only occur once or over a prolonged period of time (Stephens, 2021). Memories of these experiences can be triggered by any sights, smells, or noises that are connected with the original traumatic experience (Stephens, 2021).

ACEs are various traumatic events experienced in childhood that affect individuals negatively throughout their lives. In a study done in 2002, researchers found that ACEs contributed to an increase in health and behavioral complications. These researchers constructed a questionnaire based on current literature, experienced researchers' input, and questions from already-published surveys. Through this questionnaire, they identified those who answered yes to a majority of the questions had increased health and behavioral problems in life (Waite & Ryan, 2020). The questions asked are referring to events that potentially happened to an individual before the age of 18. They include information about parents' mental health, sexual abuse, physical abuse, incarceration, and neglect. These events can lead to brain development being altered from the stress placed on the body and brain and health complications such as stroke, heart attack, diabetes, or even mental illness (Burke Harris, 2018).

If the child is still under the age of 18, a caregiver can also answer these questions for them. The questions differ slightly but still have the same implications. It's important to note that

there can be issues with self-reporting and parent-reporting because of fear or misunderstanding. For example, some children may not know what sexual abuse is or some caregivers may not know their child is being sexually abused (Fontes & Plummer, 2010).

The original ACEs study has been replicated to include a more diverse socioeconomic and ethnic population. The original ACEs study used white middle-aged, middle-class, and upper-class males and females as their participants (Centers for Disease Control and Prevention, 2020). Additionally, this replication expanded the scope of experiences that could be considered as ACEs. This expansion included questions about community-based violence, racism, bullying, foster care, and neighborhood safety (Cronholm et al., 2015). Of the 1,784 participants, 72.9% experienced one conventional ACE, 63.4% experienced at least one expanded ACE, and 49.3% experienced both (Cronholm et al., 2015). The expanded ACE study demonstrated that the more diverse population had experienced more ACEs than those in the original study.

Resilience

Traumatic events and experiences create the opportunity for an individual to be resilient. Trauma leaves a life-long impact for many individuals and resilience is the ability to achieve positive outcomes despite challenging or threatening circumstances (Zolkoski & Bullock, 2012). There are a variety of risk factors that can predict potential adversity in children. Both biological and environmental elements can become risk factors. Biological factors include congenital defects or low birth weight, these biological factors are common among low-income mothers because of their access to nutrition and medical care. Environmental risk factors include poverty, education level of parents, and family conflict. Along with biological and environmental predictors, negative experiences can also predict adverse outcomes. Things like maltreatment,

violence, neglect, and abuse are all included in possible negative experiences (Zolkoski &
Bullock, 2012).

Experiencing any of the aforementioned risk factors can lead to individuals experiencing
post-traumatic stress. However, these experiences can also create positive change (Henson et al.,
2021). Post-traumatic growth (PTG) is a resilience model which focuses on finding benefit or
experiencing growth as a result of a struggle with a stressful or challenging experience (Tedeschi
& Calhoun, 1995). It is important to acknowledge that growth is not a result of the event itself,
but rather a result of the struggle to deal with it (Henson et al., 2021). Areas of post-traumatic
growth include changes in perception of self, improved interpersonal relationships, altered life
philosophy, changes in religion and spirituality, and new directions in life (Affleck & Tennen,
1996; Linley & Joseph, 2004; Tedeschi & Calhoun, 1995).

In order for PTG to take place, the individual needs to participate in a process called
cognitive engagement. Cognitive engagement is the process of reconstructing traumatic events to
give them meaning in an individual's life. The two main purposes of cognitive engagement are
understanding why the event happened and how it has impacted the individual's life (Henson et
al., 2021).

PTG is measured through the post-traumatic growth inventory (PTGI; Tedeschi &
Calhoun, 1996). The PTGI consists of 21 items which are divided into five subscales:
appreciation of life (three items), new possibilities (five items), personal strength (four items),
relation to others (seven items), and spiritual change (two items). Each item has a scale ranging
from 0 (I didn't experience) to 5 (experienced to a very great degree) (Rizkalla & Segal, 2018).

Resilience Among Refugee Children

Resilience has a large role in the success of refugee youth when immigrating to a new country. There are many components that contribute to positive outcomes for refugee youth. Resilience requires the presence of both risk and protective factors which help promote positive outcomes or reduce negative outcomes (Zolkoski & Bullock, 2012). Each child will have risk and protective factors present in their environment; their outcomes will depend heavily on what happens in their lives in the presence of these factors.

Refugee children live in places often surrounded by all of the aforementioned risk factors. Many live in war zones which are riddled with possible negative experiences. While refugee children have experienced varying levels of trauma, they all have great potential for PTG. When refugees have sufficient income and use services offered to them, they are at a lower risk for psychosis and affective disorders (Rizkalla & Segal, 2018). Giving the proper support to refugee children can increase their likelihood of reducing their negative outcomes and increasing positive outcomes. The positive outcomes are related to possible protective factors. Protective factors include hardiness, adaptation, adjustments, mastery, child engagement with environment, and adult support (Goldstein & Brooks, 2013).

Despite the challenges they have faced, refugee children show immense amounts of resilience. In a recent study, researchers found that refugee children have high amounts of resilience especially when they have strong relational support (Dehnel et al., 2021). Children who have strong support groups have shown reduced symptoms of anxiety, depression, and PTSD. Along with strong support groups, other factors such as stability in the child's school and residence, parental employment, financial and marital stability, proximity to one's own ethnic

community, and external community support make a difference in positive health outcomes for refugee children (Zwi et al., 2018).

Educational Challenges

Refugee children experience an interruption in their education. Many factors influence the success of refugee children in their host country: previous educational experience, literacy in their first-language, fluency in English, and social and emotional needs. Students with this background often need their emotional, psychological, and physiological needs to be met before they are able to engage fully in the educational setting (Custodio & O'Loughlin, 2020).

English language learners (ELL) are individuals who do not speak English as their first language (Custodio & O'Loughlin, 2020). Refugee children often do not speak English as their primary language and the second language acquisition process can take multiple years, depending upon the child's level of exposure and other factors. This language barrier can contribute to academic, social, and emotional difficulties.

Students with interrupted formal education (SIFE) refers to children who've been abruptly removed from one school setting and placed into another. SIFEs are a subcategory of ELLs. According to Custodio and O'Loughlin (2020), a few of the characteristics that differentiate SIFE students from ELL students are as follows:

> Their social and psychological isolation from mainstream students, low or sometimes no literacy skills in their first language and/or English, little academic content-area knowledge, and needs that traditional English as a second language and bilingual programs cannot or do not meet. (p.10)

Refugee students are removed from schooling in their home country and then placed in school in their host country. They are not given much warning or information about the transition

and there are many needs to be met to help these children continue with their education, beyond what native students require to be successful in a school environment.

Many school districts have difficulty accessing educational records that provide information regarding the student's history and needs, such as consistency of schooling in their home country and level of first-language literacy. The knowledge educators receive about the schools children attended before arriving in their host country can be minimal. Parents are often the only source of information about prior schooling and getting accurate information from parents can be a challenge due to language difficulties or other factors. For example, some students may have gone to school, but their attendance was sporadic, and parents are afraid to admit their child was not in school because of how this could be perceived in their host country. These factors limit the educator's ability to appropriately assist these students. With little to no knowledge of their educational baseline, finding a starting point and appropriate placement can be incredibly difficult (Custodio & O'Loughlin, 2020).

A better understanding of how to best help refugee students in school is needed. Researchers have identified the needs of refugee children as they integrate in their host countries and now there needs to be more action to accommodate those needs.

Educational Supports for Refugee Children

Each state works to support refugee and immigrant populations differently. While there are a variety of programs in place around the nation for these students, not many have collected data on the effectiveness of their efforts.

Previous research has demonstrated that schools have an important role in supporting students who have experienced traumas (Record-Lemon & Buchanan, 2017). Researchers have explored the efficacy of different interventions within schools. The goal of these interventions is

to lessen symptoms of PTSD, depression, and anxiety. A few interventions include school-based group interventions (Ehntholt et al., 2005), a program called Support for Students Exposed to Trauma (SSET; Jaycox et al., 2009), or cognitive behavioral therapy (CBT) groups (Lawton & Spencer, 2021). Each of these interventions have been a help in the school setting and taught by a variety of individuals including teachers and school counselors.

Furthermore, poor mental health outcomes affect children's schooling. Among refugee children, there have been notable correlations between distress and attention problems, self-destructiveness, and aggressive behavior (Huemer et al., 2013). Schools have been shown to be a key component in supporting refugee children. There are various programs and interventions in place across many schools. School-based interventions can be efficacious for treating post-traumatic stress symptoms and other trauma impacts. Previous studies have also shown the importance schools have in supporting students who have experienced trauma (Record-Lemon & Buchanan, 2017).

Cultural Responsiveness

There are many factors contributing to a successful relocation for refugee families in their host country and the children are impacted in various ways. Before arriving in their host country, refugee children are exposed to various war-related trauma. Many of these traumas result in poor health outcomes. Some risk factors for poor mental health outcomes include exposure to premigration violence, perceived discrimination, exposure to post migration violence, several changes of residence in host country, parental exposure to violence, poor financial support, single parents, and parental psychiatric problems (Fazel et al., 2012).

Parental mental health can also greatly impact the child's mental health. For a parent, the severity of prolonged grief disorders (i.e., PTSD) is directly linked to refugee children's mental

health (Bryant et al., 2021). Among refugee children, there are high rates of suicidal ideation and depressive symptomology. Children are reliant on their social supports to aid them as they integrate into a new culture and address their own mental health concerns. Relational support has been found to be a protective resilience factor and it is highly correlated with less depressive symptomology (Dehnel et al., 2021).

Acculturation is an ongoing process for refugees. There are many obstacles for individuals and especially students when they arrive in their host country. For children, language barriers are often the most difficult obstacle children face (Yeh et al., 2007). Without the ability to communicate with those around you, there are limited opportunities to socialize and practice the language. Making social relationships is crucial for the acculturation process and those who aren't able to create social relationships may adversely impact their overall well-being. Students who have language barriers may also struggle academically. Their level of understanding impedes their ability to ask the teacher for help which results in them falling behind. The efforts made to help students integrate is essential. If children are not able to successfully integrate into the new culture, it can lead to greater educational and health challenges later in life (Rotich, 2011).

The change in culture is drastic for these students. For them, they have to make decisions on what to do about their home culture and the new culture they are involved in. Many students will reject traditions from their home country and adopt practices of their new peers (Rotich, 2011). Social belonging is important to these students. They are willing to sacrifice family values and traditions in order to feel like they belong in their new home. This action seen by newcomer and refugee children emphasizes the importance in helping these students integrate to their new culture.

A better understanding of how to support refugee students in school is needed. Researchers have identified the needs of refugee children as they integrate in their host countries and now there needs to be more action to accommodate those needs. Each state approaches the refugee and immigrant populations differently.

Mentorship

Acculturation is an integral part of resilience among refugee children. Their sense of belongingness helps to increase their mental, physical, and emotional well-being. Of the many school-based programs available, mentorship has been shown to be effective in aiding students to have a better experience integrating to the new culture. Students who have participated in a peer mentoring program have shown significantly higher peer attachment than peers who did not participate in the program (Yeh et al., 2007). Other studies have shown mentoring programs can help students to develop stronger connections with the new culture and gives them more hope as they look forward (Pryce et al., 2019).

Along with the many stressors in relocating to a new country, there are similar stressors when attending a new school. Many factors can contribute to the possible stressors students will face. Some of these include making friends, experiencing an new school environment, and understanding a new system of education (Dusi & Steinbach, 2016). There are many forms of peer support that can be provided to new students in the schools, with peer mentoring being one of these supports (Messiou & Azaola, 2017). Peer mentoring connects students to individuals who speak the same language and have similar background which can be helpful for their mental and physical well-being. In the mentoring relationship, both mentors and mentees are able to relate to each other because of shared language and experiences. Students who participated in a

peer mentor program felt better supported in their schooling and found it easier to make new friends (Messiou & Azaola, 2017).

The benefits of peer mentorship are not exclusive to the refugee students. The mentors themselves also benefit from their involvement. Being involved with a mentorship program can help students to progress both personally and educationally. Peer mentors found they had personal gains after their training and personal experiences being a mentor (Banerjee et al., 2010). In another study, researchers found that many mentors changed their attitude toward school, became more confident in themselves, and gained a clearer view of their future (Beattie & Holden, 1994). For many of the students, being a mentor pushed them outside of their comfort zone which helped them to grow more confident in themselves and their abilities. Some mentors felt that they gained more empathy for their classmates and felt more successful after being a mentor (Messiou & Azaola, 2017).

CHAPTER 3

Methods

Program Development

The Tumaini Welcome and Transition program is a part of a large school district's Educational Equity Department. The program has been in effect for 10 years. It started as a 2-week program that newly arrived students (grades K–12) attended before going to their boundary school. During those 2 weeks, newcomer students were bused to a middle school in the district for the school day. The program included language proficiency testing, basic English lessons, instruction about United States culture, and help with basic educational needs (buying lunch, checking out a library book, etc.). In the last year, the Tumaini transition program was restructured to better meet the demands of their growing refugee population, and it is now being called Tumaini On-the-Go. The program now consists of various professional support teams (PST) with three-to-seven employees who are responsible for a group of schools within various areas in the district. A PST employee's job responsibilities include helping students with registration and enrollment, coordinating mentors and mentees, facilitation of home visits, connecting families with community resources, etc. When a student arrives, the PST employee meets with the student at their boundary school to help with registration and other tasks involved in enrollment. With the transition from the Tumaini Welcome Center to Tumaini On-the-Go, the program now focuses on cultural transition, academic skills, and social immersion at the school, in the classroom, and at home. Students receive ongoing support throughout their time in the school district with a majority of the support being frontloaded at the time of enrollment. The peer mentorship program being investigated was designed through collaboration with district staff and added to the broader Tumaini On-the-Go program.

Participants

This mentoring program is a pilot study. With it being a pilot study, there was a low number of participants. There were 18 participants in total, 12 mentors and 6 mentees. The mentors were secondary students who have been in the United States for 1 year or more. The mentors received a short training from Tumaini employees which outlined the expectations. Mentors were instructed to meet with their mentee a minimum of once a week and track their meetings through a Google form. Mentors were expected to help newly arrived students in their adjustment to the school environment. Adjustment varied based on the school and grade of the student. Mentors were also instructed to inform school staff if there were any concerns about their mentee. The mentees were students at the same school who had recently arrived in the United States and were enrolling in the school district for the first time. Demographics of the participants, such as age, gender, nationality, ethnicity, language status, and country of origin, were not collected due to the vulnerability of this population and desire to ensure confidentiality.

Setting

The peer mentoring program took place at three large high schools within a large school district in the Western United States. Each school has grades 9–12. The school district is one of the most diverse districts in its state, and in recent years it has received a large number of refugee students. During the 2022–2023 school year, the average minority enrollment across all three schools was 59.6% (National Center for Educational Statistics, 2024). According to the Educational Equity Department in the school district, the most common languages spoken by refugee students and families in their schools include Swahili, Arabic, Somali, and Spanish.

Facilitators

There were two main facilitators for the project. The primary facilitator was an Educational Equity Department employee assigned to the high school through the Tumaini program. These staff members were referred to as program liaisons. The second facilitator was the first author, who supervised the program's procedures and logistics with university faculty supervision (thesis committee).

Recruitment

The Tumaini program worked to recruit mentors, whom they called student ambassadors, through advertisement in the school and by approaching previous participants in the Tumaini program. Students who were interested in becoming ambassadors completed an application and brief interview to determine their suitability for the role. There were 70 students in total who applied to be ambassadors during the 2023–2024 school year, spanning grades 9–12. Of those who applied, 19 were chosen by Tumaini employees to be ambassadors. It should be noted that participation in the current study was not a requirement for mentors. Those selected by the program were invited to participate in this study during the orientation process.

The Tumaini staff recruited mentees through offering participation in the program when students initially enrolled in the district. Information about the program was provided to families, and the school facilitator was available to assist and answer questions. If the appropriate permission forms were signed, staff assigned the participant a mentor and helped connect them to one another. Due to the multitude of languages spoken by refugee students and their families, as well as challenges with contacting them, there were some difficulties with the consent process. Staff reported that families did not seem to understand the study and were not interested in

participating. However, there were many refugee students who engaged in the broader mentorship program and were assigned to be an ambassador without being part of this study.

Procedures

The peer mentoring program was an 8-week program. The staff in the Education Equity Department received training on the implementation of the program from district leaders and the researcher. Instruction was provided for obtaining permission from parents and assent from students as well as administration of the The Children and Youth Resilience Measure Revised (CYRM–R; Ungar & Liebenberg, 2005, 2011; Ungar et al., 2008). Once the student ambassadors were selected, they were also given a brief training on procedures, expectations, and the opportunity to participate in research. Mentors were instructed on how to give a tour of the school, orient their mentees to the new environment, and support their adjustment. When a mentor was initially connected with their first mentee, they were invited to provide permission and assent for research participation and subsequently complete the CYRM–R. When a refugee student enrolled in the school district, the Tumaini program contacted the family about the resources available through Tumaini. One of the resources offered was the peer mentoring program. When reviewing the resources offered, if the student showed interest in the program, the Tumaini program employee provided parent permission and assent forms. If parents and students agreed to participate in the peer mentoring program, the PST employee assigned the student a mentor during their first week at school.

For the duration of the program, the mentor and mentee were expected to meet at least once a week. During weekly meetings, they discussed a variety of topics, including academic struggles, areas of need, and/or how they were adjusting. These conversations were expected to be focused on the mentee's experiences within the school, as opposed to more personal

challenges. Mentors were instructed to complete a form documenting each meeting with their mentee in order to ensure fidelity. However, these forms were not completed, and fidelity checks were not performed regularly, so it is unknown if school-related topics were discussed each time or if the students met on a regular basis.

Table 1

Mentor and Mentee Procedures

Mentors	Mentees
1. Recruitment	1. Recruitment
2. Application	2. Permission
3. Permission and Training	3. Pretest CYRM–R
4. Pretest CYRM–R	4. Initial Mentor Meeting
5. Initial Mentor Meeting	5. Weekly Meetings
6. Weekly Meetings	6. Posttest CYRM–R
7. Posttest CYRM–R	

Measures

Mentor and mentee resilience was measured before and after their participation in the 8-week program. The Children and Youth Resilience Measure Revised (CYRM–R; Ungar & Liebenberg, 2005, 2011; Ungar et al., 2008) was used to measure participants' resiliency. The CYRM–R can be used for individuals ages 10–23. It is comprised of 12 questions that use a 5-point Likert scale. The administration takes approximately 10 minutes, and an individual can complete the measure independently or have it read aloud to them. The CYRM–R has been translated into many languages, including Arabic, Farsi, and Albanian. It can also be translated

by users into additional languages, as long as it is both translated and then back translated to enhance validity. For the purpose of this study, the measure was translated to Spanish through a translation and back-translation process. The district was provided with Arabic, Farsi, Spanish, and English resilience measures.

Only five items on the CYRM–R were included in analyses, as others did not directly relate to the peer mentorship program. The five items utilized are marked with an asterisk in Table 2.

Table 2

Children and Youth Resilience Measure-Revised (CYRM-R) Questions

	Not at all	A little	Somewhat	Quite a bit	A lot
Education is important to me*	1	2	3	4	5
My family/relatives really watch out for me	1	2	3	4	5
My family/relatives know a lot about me	1	2	3	4	5
I try to finish things I start*	1	2	3	4	5
Religion and faith are a source of strength for me	1	2	3	4	5
I know where to go to ask for help*	1	2	3	4	5
My family stands by me in difficult times	1	2	3	4	5
I am aware of my own points of strength*	1	2	3	4	5
I participate in communal religious activities (such as group prayer, attending religious groups, religion lessons)	1	2	3	4	5
I feel safe when I am with my family	1	2	3	4	5
I have opportunities to develop and improve myself for the future*	1	2	3	4	5
I enjoy participating in the customs and traditions of the community in which I am living now	1	2	3	4	5

Note. *Indicates questions that were used in the data analysis

Research Design

The current study was intended to be a pilot study, using a pre/post-intervention design, conceptualized as multiple single subjects in two groups (mentees and mentors). Results are consolidated into the two groups, which were analyzed for changes on the CYRM–R pre- and post-intervention.

Data Analysis

The CYRM–R yielded quantitative results, with descriptive statistics and effect sizes calculated for each of the intervention groups. In addition, a repeated measures analysis of covariance (ANCOVA) was used to compare groups over time, controlling for pretest scores. Results are expressed as mean and standard deviation with a 95% confidence interval and statistical significance at $p \leq 0.05$.

CHAPTER 4

Results

Mentors

The CYRM–R included 12 questions, of which five were relevant to the intervention provided in this study. See Table 3. At pretest, the mentors produced scores very near the highest score possible being 25. This indicates that mentors were already feeling positive about their abilities and education at the start of the study. The pretest standard deviation shows that there was very little variability in their responses on the questionnaire. The posttest score showed a slight decrease in the mentors' scores and in increase in the variability of their response patterns. These scores are indicative of a ceiling effect. The mentors' scores were already strong in resilience to begin with, which did not leave much room for improvement during the intervention. The small decrease in mentors' resilience was illustrated by the Cohen's d small effect size of -0.40.

Table 3

Mentor Children and Youth Resilience Measure-Revised (CYRM-R) Results

	N	Mean	Standard Deviation
Pretest	12	23.30	1.72
Posttest	12	22.17	2.66

Mentees

On the CYRM–R, mentees reported a moderate level of confidence in their abilities and education compared to the maximum score of 25. The pretest standard deviation shows very

little variability in their responses on the questionnaire. The posttest mean indicates an increase in mentees' ratings of resilience after the 8-week program. The standard deviation at posttest shows that there was more variability in the participants' answers. The Cohen's *d* effect size on the pre- and posttest for mentees was 1.04, suggesting a large increase in the mentees' scores over time.

Table 4

Mentee Children and Youth Resilience Measure-Revised (CYRM-R) Results

	N	Mean	Standard Deviation
Pretest	6	17.83	1.83
Posttest	6	21.17	2.85

Mentor and Mentee Comparisons

To evaluate differences in group scores over time, controlling for pretest scores, we calculated a repeated measures ANCOVA. The first row of Table 5 shows change over time across all participants. The *p*-value of .190 indicates that there was not a significant change over time across all participants. The second line reports information about the covariate for the participants' initial well-being before the program. The *p*-value of < .001 indicates the covariate of pretest CYRM–R total scores was relevant to participant changes over time. This shows that participants' resiliency at the beginning of the program predicted the amount of change in scores at the end. The third row was a comparison between the mentor and mentee groups. The *p*-value of < .001 indicated a significant difference between the two groups before and after the program. Partial eta-squared effect sizes were interpreted in accordance with guidelines by Cohen (1969,

as cited in Richardson, 2011) which state that 0.01 is indicative of a small effect size, 0.06 is indicative of a medium effect size, and 0.14 is indicative of a large effect size (Richardson, 2011). Partial eta-squared effect sizes show large effect for the significant results in Table 5.

Table 5

Test of Between-Subjects Effects: Children and Youth Resilience Measure-Revised (CYRM-R)

Data Comparison, Pre to Posttest	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
All Participants	10.55	1	10.55	1.88	.190	.111
Controlling for Pretest CYRM–R	557.68	1	557.68	99.5	<.001	.869
Mentor/Mentee Differences	235.66	1	235.66	42.04	<.001	.737

CHAPTER 5

Discussion

Findings

The purpose of this study was to address the needs of refugee and newcomer students through a peer mentoring program. Refugee children are at a higher risk for poorer mental health and poor adjustment (Fazel et al., 2012). This pilot study aimed to help increase the children's resiliency. Resiliency is a protective factor that can help combat poor health and adjustment outcomes (Zolkoski & Bullock, 2012).

The hypotheses proposed that there would be an improvement in mentors and mentees ratings of resilience as a result of their participation in the 8-week study. Mentee results indicated an increase in the mentees' scores after participation in the study as well as a strong effect size. These findings suggest that the proposed hypothesis was true regarding mentees. Mentor results indicate that there was not an increase in the mentors' scores after the program with a low effect size indicating a slight decrease in mentors scores. This suggests that the proposed hypothesis was not true regarding mentors.

The study included 12 mentors and 6 mentees across three high schools in a large school district which is located in the Western United States. The Educational Equity department at the school district has created the Tumaini program for refugee and newcomer students to help with their adjustment. The Tumaini program offers various supports to students and their families. When refugee and newcomer students enroll in a school in the district, they are referred to the Tumaini program.

The peer mentoring program in this study was facilitated through the Tumaini program employees. Mentees were identified as refugees and newly arrived students and mentors were

identified through prior participation in the program or through expressing interest in participation. Staff stationed in each high school from the Tumaini program helped by recruiting participants, administering resilience measures, pairing mentors and mentees, and introducing mentors to their mentees. A short application was filled out by mentors which asked why they want to be a mentor. All participants filled out a resilience measure before meeting their mentor or mentee. During the 8-week program, students were required to meet once a week. At the conclusion of the 8 weeks, the Tumaini staff administered the resilience measure again.

Because this was a pilot study, various challenges arose. It was clear that more collaboration with the employees implementing the program was needed. When being trained, the Tumaini employees showed intrigue in the program. Many employees expressed that this was one more thing they had to add to their heavy workload, however. The lack of buy-in could have impacted the implementation of the program. Increased collaboration could have been facilitated through more in-person involvement from the researchers. Being in person more often could help create better relationships which could possibly impact participation and implementation of the program. It would also be beneficial to include both employee and student feedback throughout the program. This is a way to increase collaboration as well as creating more buy-in for Tumaini employees.

The program was offered in three high schools, and it is possible that the program was implemented differently at each school. This inconsistency could have resulted in varying outcomes for students. Additionally, the educational history of all participants was unknown. The literature suggests that refugee and newcomer students have varying educational backgrounds which can impact their educational experience in their host country. Students' prior educational experience can impact their ability to learn, and language barriers are often the most

difficult barrier a refugee or newcomer student will face (Custodio & O'Loughlin, 2020). A wealth of information is collected during the initial home visit with the refugee and newcomer families. Tumaini employees collect information on prior education, family needs, and other information which could greatly benefit the mentoring program. Accessing this information could greatly improve the foundation of the program. In our study, language barriers could have impacted implementation of the program. Students and families may have not understood the purpose of the study which could have contributed to the low participation. A language barrier could have also impacted the participants' responses on the resilience measure.

Mentee Resilience

The first research question asked if the mentees' ratings of resilience would improve after their participation in the program. Results indicated an increase in the mentees' scores after participation in the study as well as a strong effect size. These findings suggest that the proposed hypothesis was true. However, it is difficult to know whether scores improved as a result of the program or other factors that could have impacted resilience. These positive results align closely with other literature regarding peer mentoring. Other studies indicated that students who have participated in a peer mentoring program have shown significantly higher peer attachment than peers who did not participate in the program (Yeh et al., 2007). Additionally, other programs have shown mentoring can help students to develop stronger connections with the new culture and give them more hope as they look forward (Pryce et al., 2019). Students who participated in a peer mentor program felt better supported in their schooling and found it easier to make new friends (Messiou & Azaola, 2017). These outcomes from previous studies are related to protective factors that increase resilience. Protective factors can include adaptation, adjustments,

child engagement with environment, and adult support. When children have proper supports (i.e. peer mentoring), it can lead to better outcomes (Goldstein & Brooks, 2013).

Mentor Resilience

The second research question asked if mentors' ratings of resilience would improve after their participation in the program. The results of the study indicate that there was not an increase in the mentors' scores after the program, with a low effect size as well as a slight decrease in mentors' scores. This suggests that the proposed hypothesis may not be true. Our findings regarding the mentors' resilience did not align with existing literature. In other studies, researchers found that peer mentors had personal gains after their training and personal experiences being a mentor (Banerjee et al., 2010). Researchers also found that many mentors changed their attitude toward school, became more confident in themselves, and gained a clearer view of their future (Beattie & Holden, 1994). For many of the students, being a mentor pushed them outside of their comfort zone, which helped them to grow more confident in themselves and their abilities. Some mentors felt that they gained more empathy for their classmates and felt more successful after being a mentor (Messiou & Azaola, 2017). This contradiction in our findings may be a result of various limitations in the study. At the start of the program, the mentors already had positive perceptions of themselves resulting in high scores. This did not leave much room for a significant increase in scores from the start of the program. Another factor may be the low number of participants which impacts the statistical power of the results. Lastly, it is possible that other factors impacted the mentors' scores outside of the peer mentoring program, such as academic or personal challenges.

Limitations

Refugees and newcomers are considered a vulnerable population due to their experiences and needs (Mendola & Pera, 2021). This vulnerability may have contributed to the small number of participants in our study, as students were not required to participate to be part of the peer mentorship program. They were invited to participate, but we chose not to withhold the benefits of having or being a mentor from any students who were interested. The participants in the study were not matched with one another, each mentor or mentee could have been matched with students that did not participate in the study. With a low number of participants, the likelihood of statistical error is high, which resulted in the study having low statistical power. Other studies have found similar results regarding statistical power (Chen & Liu, 2019). The results of this pilot study may not be generalizable to represent other individuals participating in peer mentor programs because of some of these limitations.

Additionally, this study evaluated limited aspects of resiliency. There are five areas of resilience which include: appreciation of life, new possibilities, personal strength, relation to others, and spiritual change (Rizkalla & Segal, 2018). The data analysis in this study included questions from the personal strength domain. With a limited aspect of resiliency being evaluated, these results may not accurately represent a comprehensive model of resilience.

For refugee children, language barriers are among the most difficult obstacles they face (Yeh et al., 2007). Our study did not account for different language abilities, including comprehension and reading proficiency in their native language. Two mentees who participated did not complete the forms accurately, which may have been the result of a language barrier or trouble understanding task directions. Additionally, given the wide range of languages that the students and families speak, there were challenges with obtaining permission for mentors and

mentees to participate. This may have skewed the sample and should be considered when interpreting the study results.

Another limitation may be that this study did not include a needs assessment for potential mentees. It may be possible that participants were not in need of assistance in the school setting through mentorship. If students did not need this intervention, their participation may have affected outcomes. A needs assessment may help better identify potential participants that would benefit from the program.

It should also be noted that a history of prior trauma was not collected. Other studies have found that many refugees and newcomers experience traumas before their arrival, which can significantly affect their adjustment (Dehnel et al., 2021). Collecting information on prior trauma could have provided more information regarding how to pair mentors and mentees, as well as a clearer baseline understanding of their experiences.

The geographic range of this study was also limited. The study included three high schools in the Western United States. Therefore, it is not representative of the refugee and newcomer populations in schools throughout the state or in other areas of the United States. Additionally, throughout the 8-week program, fidelity checks were not performed. Therefore, the number of times that students met, as well as their conversational topics, cannot be determined.

The study did not include a control group, given the limited number of participants and its intention as a pilot study. Ethically, withholding mentoring was against district policy. We do not know about changes in resiliency during the 8-week period for those who did not participate in the program. It is possible that other factors contributed to changes in resilience for the participants, such as staff support, family support, or increasing familiarity with their new

environment. Future researchers may consider using freshman students or inserting unrelated questions on the resilience measure as a control.

Changes in the methods were made between the proposal and completion of the study. The proposed methods anticipated 80–100 participants. While a large number of students participated in the peer mentor program as a whole, very few agreed to be part of the research study. With low participation, the proposed statistical analysis was not appropriate. Additionally, the study design created substantial threats to both internal and external validity.

Implications for Future Research

Future researchers who want to implement a peer mentor program of this nature should consider a variety of factors to increase engagement. First, they may wish to provide incentives for school program liaisons, as well as the refugee and newcomer populations to possibly increase participation. This study demonstrated that peer mentoring can yield positive results; however, the sample size was small, and findings may be only correlational. The refugee and newcomer population is vulnerable, and this can limit the number of participants unless there are more direct connections with students and families. It may also benefit future researchers to consider the perception and understanding of research within other cultures.

The refugee and newcomer populations may have had prior trauma history when starting a program like this. Traumatic events can impact an individual's ability to cope and accurately process information (Stephens, 2021). Future researchers may want to consider adding in a trauma screener at the beginning of the program. This may help better inform possible areas of growth and varying impacts that intervention programs may have on their current educational experience.

Future researchers should also consider widening the scope of the program to more accurately represent the refugee and newcomer population across a state or region. The program was conducted in three high schools in an urban/suburban area in the Western United States. Widening the program could also help increase potential participation.

It would be highly beneficial for future researchers to collect demographic data to better understand the background of their participants. Collecting demographics such as age, grade, gender, ethnicity, nationality, primary language, etc. can provide more specific data for researchers and allow for more detailed data analysis. This can help improve the research process in a variety of ways and help with identifying specific groups that are impacted the most by the intervention.

Ensuring fidelity to program expectations is also extremely important. Adolescents have busy schedules with many demands, and meetings between mentors and mentees could be forgotten about or neglected. Future researchers should collect fidelity data weekly. Fidelity checks should be monitored closely and made to be easily accessible for the mentors. This could be initiated through facilitators or online forms.

Finally, other researchers may want to account for language abilities and prior education affecting outcomes. Varying language abilities may impact the response pattern of individuals who participated. Additionally, educational experience may influence the students' understanding of the program as well as the resilience measure. Language and educational abilities may be assessed through screeners or school-based resources.

Implications for Practitioners

This study has shown that refugee students who participate in a peer mentoring program can experience increased feelings of resilience, particularly within the domain of education.

These results are promising, despite the program's limitations. Other practitioners may want to consider using a peer mentoring program for vulnerable populations within the school setting. Identifying vulnerable populations within the school can be facilitated through various stakeholders and administrators in the school or district.

Conclusion

Refugee and newcomer students are a vulnerable group that may need more support than other student populations. This study provides additional context for schools when considering implementation of a peer mentoring program. The program intended to measure resilience in mentors and mentees after an 8-week program. Results indicated that although mentors did not show a significant increase in their resilience, mentees did show a significant increase in their resilience. These findings align with other studies that yielded similar results for mentees when implementing a peer mentoring program. Low participation rates, along with language barriers, challenges measuring fidelity, and lack of a control group are all limitations that preclude confidence that the results are generalizable. Further research is recommended to better understand how peer support can be effectively utilized to improve the well-being of vulnerable students.

REFERENCES

Affleck, G., & Tennen, H. (1996). Construing benefits from adversity: Adaptational significance

and dispositional underpinnings. *Journal of Personality*, 64(4), 899–922.

https://doi.org/10.1111/j.1467-6494.1996.tb00948.x

Arora, A. (2021). *Child Migration - UNICEF Data*. UNICEF DATA.

https://data.unicef.org/topic/child-migration-and-displacement/migration/.

Banerjee, R., Robinson, C., & Smalley, D. (2010). Evaluation of the Beatbullying Peer

Mentoring Programme. *Report for Beatbullying: University of Sussex.*

https://research.brighton.ac.uk/en/publications/evaluation-of-the-beatbullying-peer-

mentoring-programme

Beattie, A., & Holden, R. (1994). Young person mentoring in schools. *Education + Training,

36*(5), 8–15. https://doi.org/10.1108/00400919410062275

Bryant, R. A., Edwards, B., Creamer, M., O'Donnell, M., Forbes, D., Felmingham, K. L., Silove,

D., Steel, Z., McFarlane, A. C., Van Hooff, M., Nickerson, A., & Hadzi-Pavlovic, D.

(2021). Prolonged grief in refugees, parenting behavior and children's mental

health. *Australian & New Zealand Journal of Psychiatry, 55*(9)*, 863–873.

https://doi.org/10.1177/0004867420967420

Burke Harris, N. (2018). *The deepest well: Healing the long-term effects of childhood adversity.*

Houghton Mifflin Harcourt.

Centers for Disease Control and Prevention. (2020, September 3). *About the CDC-Kaiser ACE

Study Violence Prevention Injury Center CDC.*

https://www.cdc.gov/violenceprevention/aces/about.html

Chen, L. T., & Liu, L. (2019). Content analysis of statistical power in educational technology research: Sample size matters. *International Journal of Technology in Teaching and Learning*, *15*(1), 49–75. https://doi.org/10.37120/ijttl.2019.15.1.04

Chiovenda, M. K. (2021). Afghan refugees in Greece: Overcoming traumatic events and post-traumatic growth. In N. Pasha-Zaidi (Ed.), *Toward a positive psychology of Islam and Muslims: Spirituality, struggle, and social justice*. (Vol. 15, pp. 75–94). Springer Nature Switzerland AG. https://doi.org/10.1007/978-3-030-72606-5_4

Cleary, M., West, S., Foong, A., McLean, L., & Kornhaber, R. (2019). Mental health of refugee children: A discursive look at causes, considerations and interventions. *Issues in Mental Health Nursing, 40*(8), 665–671. https://doi.org/10.1080/01612840.2019.1585494

Cronholm, P. F., Forke, C. M., Wade, R., Bair-Merritt, M. H., Davis, M., Harkins-Schwarz, M., Pachter, L. M., & Fein, J. A. (2015). Adverse childhood experiences. *American Journal of Preventive Medicine*, *49*(3), 354–361. https://doi.org/10.1016/j.amepre.2015.02.001

Custodio, B., & O'Loughlin, J. B. (2020). Students with interrupted formal education: Understanding who they are. *American Educator, 44*(1), 9–11. https://www.aft.org/ae/spring2020/custodio_oloughlin

Dehnel, R., Dalky, H., Sudarsan, S., & Al-Delaimy, W. (2021). Resilience and mental health among Syrian refugee children in Jordan. *Journal of Immigrant and Minority Health*, https://doi.org/10.1007/s10903-021-01180-0

Dusi, P., & Steinbach, M. (2016). Voices of children and parents from elsewhere: A glance at integration in Italian primary schools. *International Journal of Inclusive Education*, *20*(8), 816–827. https://doi.org/10.1080/13603116.2015.1111948

Ehntholt, K. A., Smith, P. A., & Yule, W. (2005). School-based cognitive-behavioural therapy group intervention for refugee children who have experienced war-related trauma. *Clinical Child Psychology and Psychiatry, 10*(2), 235–250. https://doi.org/10.1177/1359104505051214

Fazel, M., Reed, R. V., Panter-Brick, C., & Stein, A. (2012). Mental health of displaced and refugee children resettled in high-income countries: Risk and protective factors. *The Lancet, 379*(9812), 266–282. https://doi.org/10.1016/S0140-6736(11)60051-2

Fontes, L. A., & Plummer, C. (2010). Cultural issues in disclosures of child sexual abuse. *Journal of Child Sexual Abuse: Research, Treatment, & Program Innovations for Victims, Survivors, & Offenders*, *19*(5), 491–518. https://doi.org/10.1080/10538712.2010.512520

Goldstein, S., & Brooks, R. B. (2013). Why study resilience? In S. Goldstein & R. B. Brooks (Eds.), *Handbook of resilience in children*, 2nd ed. (pp. 3–14). Springer Science + Business Media. https://doi.org/10.1007/978-1-4614-3661-4_1

Henson, C., Truchot, D., & Canevello, A. (2021). What promotes post-traumatic growth? A systematic review. *European Journal of Trauma & Dissociation*, *5*(4). https://doi.org/10.1016/j.ejtd.2020.100195

Huemer, J., Volkl-Kernstock, S., Karnik, N., Denny, K. G., Granditsch, E., Mitterer, M., Humphreys, K., Plattner, B., Friedrich, M., Shaw, R. J., & Steiner, H. (2013). Personality and psychopathology in African unaccompanied refugee minors: Repression, resilience and vulnerability. *Child Psychiatry and Human Development, 44*(1). https://doi.org/10.1007/s10578-012-0308-z

Jaycox, L. H., Langley, A. K., Stein, B. D., Wong, M., Sharma, P., Scott, M., & Schonlau, M. (2009). Support for students exposed to trauma: A pilot study. *School Mental Health: A Multidisciplinary Research and Practice Journal, 1*(2), 49–60. https://doi.org/10.1007/s12310-009-9007-8

Lamkaddem, M., Essink-Bot, M., Devillé, W., Gerritsen, A., & Stronks, K. (2015). Health changes of refugees from Afghanistan, Iran and Somalia: The role of residence status and experienced living difficulties in the resettlement process. *European Journal of Public Health, 25*(6), 917–922. https://doi.org/10.1093/eurpub/ckv061

Lawton, K., & Spencer, A. (2021). A full systematic review on the effects of cognitive behavioral therapy for mental health symptoms in child refugees. *Journal of Immigrant and Minority Health, 23*(3*)*, 624–639. https://doi.org/10.1007/s10903-021-01151-5

Linley, P. A., & Joseph, S. (2004). Positive change following trauma and adversity: A review. *Journal of Traumatic Stress*, *17*(1), 11–21. https://doi.org/10.1023/B:JOTS.0000014671.27856.7e

McCallin, M., & International Catholic Child Bureau, Geneva (Switzerland). (1988). *International Catholic Child Bureau report of a pilot study to assess levels of stress in a sample of 90 refugee children in Central America.* https://eric.ed.gov/?id=ED349080

Mendola, D., & Pera, A. (2021). Vulnerability of refugees: Some reflections on definitions and measurement practices. *International Migration*, *60*(5), 108–121. https://doi.org/10.1111/imig.12942

Messiou, K., & Azaola, M. C. (2017). A peer-mentoring scheme for immigrant students in English secondary schools: A support mechanism for promoting inclusion*? International*

Journal of Inclusive Education, 22(2), 142–157.

https://doi.org/10.1080/13603116.2017.1362047

National Center for Education Statistics (NCES) Home Page, a part of the U.S. Department of

Education. (2024). https://nces.ed.gov/ccd/schoolsearch/school_detail.asp?Search

=1&InstName=cottonwood%2Bhigh%2Bschool&DistrictName=granite%2B&SchoolTy

pe=4&SpecificSchlTypes=all&IncGrade=-1&LoGrade=-1&HiGrade=-

1&ID=490036000207

National Child Traumatic Stress Network. (2022). *About child trauma*.

https://www.nctsn.org/what-is-child-trauma/about-child-trauma

Pryce, J. M., Kelly, M. S., & Lawinger, M. (2019). Conversation club: A group mentoring Model

for immigrant youth. *Youth & Society, 51*(7), 879–899.

https://doi.org/10.1177/0044118X1878052

Record-Lemon, R. M., & Buchanan, M. J. (2017). Trauma-informed practices in schools: A

narrative literature review. *Canadian Journal of Counselling and Psychotherapy, 51*(4),

286–305. https://cjc-rcc.ucalgary.ca/article/view/61156

Richardson, J. T. E. (2011). Eta squared and partial eta squared as measures of effect size in

educational research. *Educational Research Review*, *6*(2), 135–147.

https://doi.org/10.1016/j.edurev.2010.12.001

Rizkalla, N., & Segal, S. P. (2018). Well-being and post-traumatic growth among Syrian

refugees in Jordan. *Journal of Traumatic Stress*, *31*(2), 213–222.

https://doi.org/10.1002/jts.22281

Rotich, J. (2011). Mentoring as a springboard to acculturation of immigrant students into American schools. *Journal of Case Studies in Education*, 1. https://brycs.org/clearinghouse/5116/

Stephens, D. W. (2021). What is trauma? What is a trauma-informed approach*? Religious Studies News Spotlight on Teaching*, 9–18. https://rsn.aarweb.org/spotlight-on/teaching/trauma-informed-pedagogies/what-trauma-informed-approach

Stevens, V. (2019). *Two words we want all migrant children to hear*. https://globalfundforchildren.org/story/two-words-we-want-all-migrant-children-to-hear/?gclid=Cj0KCQjwxIOXBhCrARIsAL1QFCY7a00rbfNBClWAlm4qvUsyHGboezE Rwk4zG77JJmG4YYxNw-mEQGoaAp2YEALw_wcB.

Substance Abuse and Mental Health Services Administration [SAMHSA]. (2022). *Trauma and Violence*. https://www.samhsa.gov/trauma-violence

Substance Abuse and Mental Health Services Administration [SAMHSA]. (2024). *Recognizing and Treating Child Traumatic Stress*. https://www.samhsa.gov/child-trauma/recognizing-and-treating-child-traumatic-stress

Tedeschi, R. G., & Calhoun, L. G. (1995). *Trauma & transformation: Growing in the aftermath of suffering.* Sage Publications, Inc. https://doi.org/10.4135/9781483326931

Tedeschi, R. G., & Calhoun, L. G. (1996). The Posttraumatic Growth Inventory: Measuring the positive legacy of trauma. *Journal of Traumatic Stress, 9*(3), 455–471. https://doi.org/10.1002/jts.2490090305

Thabet, A. A. M., Abed, Y., & Vostanis, P. (2004). Comorbidity of PTSD and depression among refugee children during war conflict. *Journal of Child Psychology and Psychiatry, 45*(3), 533–542. https://doi.org/10.1111/j.1469-7610.2004.00243.x

Ungar, M., & Liebenberg, L. (2005). The international resilience project. In M. Ungar (Ed.),

    Handbook for working with children and youth (pp. 211–229). Thousand Oaks,

    CA: SAGE

Ungar, M., & Liebenberg, L. (2011). Assessing resilience across cultures using mixed methods:

    Construction of the child and youth resilience measure. *Journal of Mixed Methods*

    Research, 5, 126–149. https://doi.org/10.1177/1558689811400607

Ungar, M., Liebenberg, L., Boothroyd, R., Kwong, W. M., Lee, T. Y., Leblanc, J., Duque, L., &

    Makhnach, A. (2008). The study of youth resilience across cultures: Lessons from a pilot

    study of measurement development. *Research in Human Development*, 5, 166–180.

    https://doi.org/10.1080/15427600802274019

Van der Kolk, B. (2015). *The body keeps the score: Brain, mind, and body in the healing of*

    trauma. Penguin.

Waite, R. & Ryan, R.A., (2020). *Adverse Childhood Experiences : What Students and Health*

    Professionals Need to Know. Routledge.

Yeh, C. J., Ching, A. M., Okubo, Y., & Luthar, S. S. (2007). Development of a mentoring

    program for Chinese immigrant adolescents' cultural adjustment. *Adolescence*, *42*(168),

    733–747. https://eric.ed.gov/?id=EJ783308

Zolkoski, S. M., & Bullock, L. M. (2012). Resilience in children and youth: A review. *Children*

    and Youth Services Review, 34(12), 2295–2303.

    https://doi.org/10.1016/j.childyouth.2012.08.009

Zwi, K., Woodland, L., Williams, K., Palasanthiran, P., Rungan, S., Jaffe, A., & Woolfenden, S.

    (2018). Protective factors for social-emotional well-being of refugee children in the first

three years of settlement in Australia. *Archives of Disease in Childhood, 103*(3), 261–

268. https://doi.org/10.1136/archdischild-2016-312495

APPENDIX A

Institutional Review Board Approval Letter

Memorandum

To: Rebecca Winters
Department: BYU - EDUC - Counseling, Psychology, & Special Education
From: Sandee Aina, MPA, HRPP Associate Director
      Wayne Larsen, MAcc, IRB Administrator
      Bob Ridge, Ph.D., IRB Chair
Date: August 03, 2023
IRB#: IRB2023-141
Title: Peer Mentoring Program for Refugee Children to Increase Resilience

Brigham Young University's IRB has approved the research study referenced in the subject heading as expedited level, category 7. This study does not require an annual continuing review. Each year near the anniversary of the approval date, you will receive an email reminding you of your obligations as a researcher. The email will also request the status of the study. You will receive this email each year until you close the study.

The IRB may re-evaluate its continuing review decision for this decision depending on the type of change(s) proposed in an amendment (e.g., protocol change that increases subject risk), or as an outcome of the IRB's review of adverse events or problems.

The study is approved as of 08/03/2023. Please reference your assigned IRB identification number in any correspondence with the IRB.

Continued approval is conditional upon your compliance with the following requirements:

1. A copy of the approved informed consent statement and associated recruiting documents (if applicable) can be accessed in iRIS. No other consent statement should be used. Each research subject must be provided with a copy or a way to access the consent statement.
2. Any modifications to the approved protocol must be submitted, reviewed, and approved by the IRB before modifications are incorporated into the study.
3. All recruiting tools must be submitted and approved by the IRB prior to use.
4. All data, as well as the investigator's copies of the signed consent forms, must be retained for a period of at least three years following the termination of the study.
5. In addition, serious adverse events must be reported to the IRB immediately, with a written report by the PI within 24 hours of the PI's becoming aware of the event. Serious adverse events are (1) the death of a research participant; or (2) serious injury to a research participant.

6. All other non-serious unanticipated problems should be reported to the IRB within 2 weeks of the first awareness of the problem by the PI. Prompt reporting is important, as unanticipated problems often require some modification of study procedures, protocols, and/or informed consent processes. Such modifications require the review and approval of the IRB.

APPENDIX B

Consent Forms

Youth Assent (15-17 years old) - Newly Arrived Student

<u>What is this study about?</u>
My name is Chloe Cooksey. I am from Brigham Young University. I would like to invite you to take part in a research study. Your parent(s)/guardian know we are talking with you about the study. This form will tell you about the study to help you decide if you want to participate.
In this study, we want to learn about how students can help each other adjust to a new school and overcome challenges.

<u>What am I being asked to do?</u>
If you agree to join the study, you will first be asked to take a short survey about your thoughts and feelings. After that, you will be matched with another student of the same gender who speaks your language and has already been in school for a year. They will help you settle into your new school and help with any problems you might be experiencing at school. You will meet with this peer once a week outside of class (before school, during lunch, or after school) for eight weeks. After the eight weeks, you will take the short survey again that you took in the beginning of the program.

<u>How will being in this study affect me?</u>
Sometimes things happen in research studies. Some of the bad things that could happen are not getting along with the student you are working with or possible worries about meeting with a new person. Before you are assigned a peer to work with, there will be information for you about what you can do in certain situations. If you encounter any problems or are worried at any time during the program, you can talk with the school staff involved in the program. They will be able to help you either be assigned to a different student or work through the problems you are experiencing. People also have good things happen to them when they are in research studies. The good things may include feeling happier at school and at home, enjoying school more, and making new friends through the program. This will also help us know how to help other students in similar situations to you.

<u>Who will see the information collected about me?</u>
We won't tell anybody that you are in this study and everything you tell us will be kept private. Your parent may know that you took part in the study, but we won't tell them anything you said or did, either. When we tell other people about the study or write about what we learned in the study, we won't include your name or the name of anyone else who participated in the study.
The information collected about you during this study will be kept in a private and locked location. Nobody will know it except the people doing the research. The information you share will not be given to your parents or teachers. The researchers will not tell your friends.

<u>What do I get for being in the study?</u>
There is not any compensation for being a part of the study.

<u>Do I have other choices?</u>
We will ask your parents for their permission for you to take part in this study. Even if your parents say "yes" you can still say "no". You do not have to join this study; it is up to you. It will take place once a week over an eight-week period.
You can say "yes" now and change your mind later. All you have to do is tell us you want to stop. No one will be mad at you if you don't want to be in the study or if you join the study and change your mind later and stop.

<u>What if I have questions?</u>
Before you say yes or no to being in this study, we will answer any questions you have. If you join the study, you can ask questions at any time, just tell the researcher that you have a question. You can contact the researcher at 714.606.2456 or chloe.cooksey@gmail.com

If you want to be in this study, please sign and print your name.

Name (Printed):_____   Signature:_____   _____Date:___

Parental Permission for a Minor - Newly Arrived Student

Title of the Research Study: Peer Mentoring with Refugee Students to Increase Resilience
Principal Investigator: Rebecca Winters, Ph.D.

Introduction
My name is Chloe Cooksey. I am a graduate student from Brigham Young University. I am conducting a research study about resilience for refugee students through a peer mentoring program. I am inviting your child to take part in the research because (he/she) fits the requirements to be involved in the program since they are a refugee or asylum seeker in a large school district in the Western United States.

Procedures
The research will take place in the school district over eight weeks. Your student will be connected with a student who will be their mentor. Their student mentor has been enrolled in the school for one year or more. The student mentor will be the same gender and they will be assigned through school staff involved with the program. Your student and their assigned mentor will choose a time to meet each week outside of classes (before school, during lunch, or after school). Your student and their assigned mentor will meet together at least once a week to complete the program.
If you agree to let your child participate in this research study, the following will occur:
- Before being matched with a student mentor, your child will fill out a 17-question survey about their thoughts and feelings related to resilience
- Your child will be connected with a student of the same gender that has been attending the school for a year or more
- Your child will meet with their mentor once a week to talk with them about their week, classes, or problems they are experiencing in school
- After eight weeks of meeting with the mentee, your child will fill out the same short survey they completed in the beginning

Risks
There is a risk of loss of privacy, which the researcher will reduce by not using any real names or other identifiers in the written report. The researcher will also keep all data in a locked file cabinet in a secure location. Only the research team will have access to the data. At the end of the study, all identifying information will be removed and the data will be kept on the University Box, a cloud storage system for maintaining university records and files. Access to these files will be restricted to research personnel only.

Confidentiality
Your child's responses and information will be confidential. Data will be stored with the use of encryption, storing identifiable information separately from the rest of the research data, keeping only de-identified transcripts of interviews/focus groups in Box for analysis, etc. The research data will be kept on password protected computer and only the researcher will have access to the data. At the conclusion of the study, all identifying information will be removed and the data will be kept on the University Box, with access restricted to research personnel.
Data Sharing

We will keep the information we collect about your child during this research study for analysis [and for potential use in future research projects]. If the study data contain information that directly identifies your child, it will be stored securely and separately from the rest of the research information we collect from them.

Findings from this study may be shared with the research community in presentations and journal articles in which study results are published. We will remove or code any personal information that could directly identify your child before the study findings are shared. Despite these measures, we cannot guarantee anonymity of your child's personal data.

Benefits

Benefits for your child may include increased academic and social confidence. They may also include friendships with new students and other peers in the program.

Compensation

There will be no compensation for you or your child.

Questions about the Research

Please direct any further questions about the study to Chloe Cooksey at 714-606-2456 or chloe.cooksey@gmail.com You may also contact Rebecca Winters (Principal Investigator) at 801-422-1235 or Rebecca_winters@byu.edu.

Questions about your child's rights as a study participant or to submit comment or complaints about the study should be directed to the Human Research Protection Program, Brigham Young University, at (801) 422-1461 or send emails to BYU.HRPP@byu.edu.

You have been given a copy of this consent form to keep.

Participation

Participation in this research study is voluntary. You are free to decline to have your child participate in this research study. You may withdraw you child's participation at any point without affecting your child's enrollment at the school.

Child's Name: _____

Parent Name: _____ Signature: _____ Date: _____

Youth Assent (15-17 years old) - Mentor

What is this study about?
My name is Chloe Cooksey. I am from Brigham Young University. I would like to invite you to take part in a research study. Your parent(s)/guardian know we are talking with you about the study. This form will tell you about the study to help you decide if you want to participate.
In this study, we want to learn about how students can help each other adjust to a new school and overcome challenges.

What am I being asked to do?
If you agree to join the study, you will first be asked to take a short survey about your life. After that, you will be matched with another student of the same gender who has just started in your school for the first time. You will be helping them settle into school and helping them with questions and problems they might be experiencing at school. You would meet with this peer once a week outside of class (before school, during lunch, or after school) for eight weeks. After you meet with the peer each week, you will fill out a form online that will help us track when you meet with each other. After the eight weeks, you will take the short survey again that you took in the beginning.

How will being in this study affect me?
Sometimes things happen in research studies. Some of the bad things that could happen are not getting along with the student you are working with or possible worries about meeting with a new person. Before you are assigned a peer to work with, there will be information for you about what you can do in certain situations. If you encounter any problems or are worried at any time during the program, you can talk with the school staff involved in the program. They will be able to help you either be assigned to a different student or work through the worries you are experiencing.

People also have good things happen to them when they are in research studies. The good things may include feeling happier at school and at home, enjoying school more, and making new friends through the program. This will also help us know how to help other students in similar situations to you.

Who will see the information collected about me?
We won't tell anybody that you are in this study and everything you tell us will be kept private. Your parent may know that you took part in the study, but we won't tell them anything you said or did, either. When we share with others or write articles about what we learned in the study, we won't include your name or the name of anyone else who took part in the study.

The information collected about you during this study will be kept locked up in a private location. Nobody will know about it except the people doing the research. The information about you will not be given to your parents or teachers. The researchers will not tell your friends.

What do I get for being in the study?
There is not any compensation for being a part of the study.

Do I have other choices?
We will ask your parents for their permission for you to take part in this study. Even if your parents say "yes" you can still say "no". You do not have to join this study; it is up to you. It will take place once a week over an eight-week period.
You can say "yes" now and change your mind later. All you have to do is tell us you want to stop. No one will be mad at you if you don't want to be in the study or if you join the study and change your mind later and stop.

What if I have questions?
Before you say yes or no to being in this study, we will answer any questions you have. If you join the study, you can ask questions at any time, just tell the researcher that you have a question. You can contact the researcher at 714.606.2456 or chloe.cooksey@gmail.com.

If you want to be in this study, please sign and print your name.

Name (Printed):_____Signature:_____ Date:_____

Parental Permission for a Minor - Mentor

Title of the Research Study: Peer Mentoring with Refugee Students to Increase Resilience
Principal Investigator: Rebecca Winters, Ph.D.

Introduction

My name is Chloe Cooksey. I am a graduate student from Brigham Young University. I am conducting a research study about resilience for refugee students through a peer mentoring program. I am inviting your child to take part in the research because (he/she) fits the requirements to be involved in the program since they are a refugee or asylum seeker in XXXXXXX School District, and they have been attending school for at least one year in the American school system.

Procedures

The research will take place in XXXXXXX School District over eight weeks. Your student will be connected with a newly enrolled student of the same gender through the school staff or Educational Equity employee. Your student and their assigned mentee will choose a time to meet each week outside of classes (before school, during lunch, or after school). Your student and their assigned mentee will meet at least once a week for any amount of time to meet the requirements for the program.
If you agree to let your child participate in this research study, the following will occur:
- Before being matched with a newly enrolled student, your child will fill out a short survey about thoughts and feelings related to resilience
- Your child will be connected with a newly enrolled student of the same gender
- Your child will meet with their mentee once a week to talk with them about the mentee's week, classes, or problems they are experiencing at school
- After meeting with their mentee, your student will fill out a digital form that will keep track of when they met each week
- After eight weeks of meeting with the mentee, your child will fill out the same short survey they completed in the beginning

Risks

There is a risk of loss of privacy, which the researcher will reduce by not using any real names or other identifiers in the written documents. The researcher will also keep all data in a locked file cabinet in a secure location. Only the researcher will have access to the data. At the end of the study, all identifying information will be removed and the data will be kept on the University Box, a cloud storage system for maintaining university records and files. Access to these files will be restricted to research personnel only.

Confidentiality

Your child's responses and information will be kept confidential. Data will be stored with the use of encryption, storing identifiable information separately from the rest of the research data, keeping only de-identified transcripts of interviews/focus groups in Box for analysis, etc. The research data will be kept on password protected computer and only the researcher will have access to the data. At the conclusion of the study, all identifying information will be removed and the data will be kept on the University Box, with access restricted to research personnel.

Data Sharing
We will keep the information we collect about your child during this research study for analysis [and for potential use in future research projects]. If the study data contain information that directly identifies your child, their name and other information will be stored securely and separately from the rest of the research information we collect from them.

Findings from this study may be shared with the research community in presentations and journal articles in which study results are published. We will remove or code any personal information that could directly identify your child before the study findings are shared. Despite these measures, we cannot guarantee anonymity of your child's personal data.

Benefits
Benefits for your child may include increased academic and social confidence. They may also include friendships with new students and other peers in the program.

Compensation
There will be no compensation for you or your child.

Questions about the Research
Please direct any further questions about the study to Chloe Cooksey at 714-606-2456 or chloe.cooksey@gmail.com You may also contact Rebecca Winters (Principal Investigator) at 801-422-1235 or Rebecca_winters@byu.edu.
Questions about your child's rights as a study participant or to submit comment or complaints about the study should be directed to the Human Research Protection Program, Brigham Young University, at (801) 422-1461 or send emails to BYU.HRPP@byu.edu.
You have been given a copy of this consent form to keep.

Participation
Participation in this research study is voluntary. You are free to decline to have your child participate in this research study. You may withdraw you child's participation at any point without affecting your child's enrollment at the school.

Child's Name: _____

Parent Name: _____

Signature: _____   Date: _____