

ABSTRACT

Title of Thesis: MENTAL HEALTH AND EMOTION
REGULATION AMONG REFUGEE STUDENTS
IN MALAYSIA

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The global refugee crisis has propelled over 65.3 million refugees into flight, including 33 million children (UNHCR, 2016). This study utilizes a mixed-methods design to examine mental health and emotion regulation among post-conflict Southeast Asian refugee children. To understand stressors that may cause mental health challenges, this study explores themes raised in qualitative interviews addressing oppression in Burma, flight to Malaysia, and life in Malaysia. Quantitative study participants included 90 refugee children in Malaysia aged 10-19 years ($M = 14.22$, 74.4% Burmese, 51.1% female). Measures included the Kiddie-Schedule for Affective Disorders and Schizophrenia-Present and Lifetime Version (K-SADS-PL) and the Emotions as a Child (EAC) Qualitative participants included four refugee boys who participated in a group interview about their individual experiences. This study examined: rates of PTSD and MDD among refugee students, the relation between emotion regulation and mental health, and the unique post-conflict stressors experienced by refugee children.

MENTAL HEALTH AND EMOTION REGULATION
AMONG REFUGEE STUDENTS IN MALAYSIA

By

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Chapter 1: Introduction

More than 65.3 million people have been forcibly displaced worldwide as a result of persecution, conflict, generalized violence, or human rights violations; half of these individuals are children (United Nations High Commissioner for Refugees [UNHCR] 2016). In 2015, 24 people were forced to flee their home countries every sixty seconds, which is a rate four times higher than the previous decade (UNHCR, 2016). Most of these 65 million refugees have not been resettled to safety (86% of the world's refugees are living in developing countries), and, indeed, may remain stuck in a limbo state in a post-conflict country (i.e., non-resettled refugees living temporarily in countries which are often unwilling to host them) for years, even generations (International Crisis Group, 2016; UNHCR, 2016). Often, these post-conflict countries are hostile to refugees. This is true for participants in the current study who were predominantly Burmese refugee children who fled Burma to Kuala Lumpur, Malaysia; most refugees in Malaysia are from Burma. In Malaysia, the government has taken a strong negative stance against refugee adults and children, evidenced by the government's well-established human rights violations against refugees and their prohibition against refugee students attending Malaysian government schools (Malaysia Immigration Act 1959/63; Nathan, 2012). Since the Malaysian Government is not a signatory to the 1951 UN convention protecting refugees, refugees in Malaysia are viewed as illegal immigrants who are subject to fines, detention, and whipping with a cane for illegal entry (Low, Kok, & Lee, 2014; Nathan, 2012). On top of the stress of both marginalization and persecution back in Burma, refugees who have fled to Malaysia live in fear, and they experience extreme hardship, discrimination, and psychological turmoil (Low et al., 2014). It is obvious that refugee

children living in Malaysia face unique challenges and extreme hardship. In 2013, 27,677 child refugees and asylum-seekers were registered with UNHCR in Malaysia (Child Rights Coalition of Malaysia, 2013). Currently, it is estimated that over 50,000 stateless children have never attended school, given that a 2009 study found that 44,000 school-aged children had never attended school (CRC Malaysia, 2013). The Malaysian government continues detention and “hunting down” illegal immigrants and refugees (CRC Malaysia, 2013). Immigrant, refugee, and asylum-seeking children continue to be arrested and detained in Malaysia’s immigration detention centers where they face difficulties accessing protection (CRC Malaysia, 2013). To say that it is difficult to live as a refugee child in Malaysia would be a severe understatement.

This study aims to examine mental health (specifically Major Depressive Disorder and Post-Traumatic Stress Disorder) and emotion regulation strategies in post-conflict Southeast Asian refugee children. To better understand the stressors that may cause mental health challenges, this study also explores the themes raised by Burmese refugee students in qualitative interviews around oppression in Burma, flight to Malaysia, and life as a refugee in Malaysia. It addresses several gaps in the existing literature. For example, most child refugee mental health research is conducted in high-income Western countries (e.g., U.S., U.K., and Australia) and not post-conflict (Almqvist & Broberg, 1999; Goldin, Hägglöf, Levin. Persson, 2008; Hepinstall, Sethna, & Taylor, 2004; Sanchez-Cao, Kramer, & Hodes, 2012). Only a few studies have examined child refugee mental health in a post-conflict setting (Miller, 1996; Mollica, Poole, Son, Murray, & Tor, 1997; Oh and van der Stouwe, 2008). However, as more refugees resettle from conflict areas (e.g., Burma, Iran, Iraq) to neighboring Middle Eastern, European, and

Asian countries, including Thailand and Malaysia, it is important to examine the post-conflict experiences of refugees in these post-conflict countries. Second, a few studies have been conducted on emotion regulation patterns in children in war and conflict-affected areas (Amone-P'Olak, Garnefski, & Kraaij, 2007; Kithakye, Sheffield, Moriris, Terranova, & Myers, 2010; Punamäki, Peltonen, Diab, & Qouta, 2014), but there has been only one study on emotion regulation strategies and mental health symptoms among child refugees (Paardekooper et al., 1999). Thus, this will be the first study to examine the association between mental health diagnoses (measured via semi-structured clinical interview) and emotion regulation among post-conflict child refugees.

Chapter 2: Literature Review

Macrolevel Risk and Microlevel Mental Health: The Developmental-Ecological Model

Macrolevel risk factors like societal-level stressors (e.g., refugee children's experience of flight from their country of origin) can influence microlevel mental health (Bronfenbrenner & Morris, 2006). The environments that children grow up in include various levels of risk and protective factors that may enhance or detract from positive child outcomes, especially among immigrant children (Suarez-Orozco, Yoshikawa, Teranishi, & Suarez-Orozco, 2011). A Developmental-Ecological model considers human development to be a set of interactions between the individual and his immediate environment, which vary based on the individual, their culture, and time (Suarez-Orozco et al., 2011). This study relies on the Developmental-Ecological Model which was developed specifically to capture the experience of immigrant child development, and posits that interactions between the individual and immediate environment (microsystem) take place within nested systems, which include the mesosystem (interrelation among microsystems like school and family), the exosystem (neighborhood, community), the macrosystem (society, policy, and culture), and the chronosystem (major life transitions, historical/environmental changes over time) (Bronfenbrenner & Morris, 2006). The chronosystem is particularly complex for refugee children who have recently faced major life transitions (e.g. transition from life in their country of origin to the country to which they fled) and have experienced life as a refugee during the current global refugee crisis. A Developmental-Ecological framework considers a multitude of risk and resilience

factors that interact with the child's individual characteristics and may affect child outcomes and responses (Suarez-Orozco et al., 2011).

Macrosystem factors such as public policies (e.g., not being able to attend Malaysian public schools, detention, caning), societal norms, and shared negative attitudes toward refugees (i.e., a "snitch culture" in which Malaysian citizens constantly threaten to report refugees to deportation authorities) may affect refugee youth (O'Neal, Atapattu, Jegathesan, Clement, Ong, & Ganesan, 2016). At the exosystem level, many variables may impact refugee youth after relocation (e.g., Malaysian laws that cane refugees in detention, parents' lack of legal employment). Exosystem factors may also make it difficult for refugee parents to obtain resources necessary to support their children's development (Suarez-Orozco et al., 2011). Refugees differ from non-refugees in risk factors for mental health. These risk factors at the macrosystem and exosystem levels may influence refugee microlevel mental health (Suarez-Orozco et al., 2011). Specifically, environmental conditions including maltreatment, poverty, and exposure to violence can place individuals at a higher risk for the development of various forms of mental illness such as depression, anxiety and post-traumatic stress (Logue, Logue, Kaufmann & Belcher, 2014; Tan & Yadav, 2012). The participants in the current study are mostly Burmese refugee children who fled to urban Malaysia where they have experienced poverty, maltreatment, discrimination, and other negative environmental conditions. Urban poverty and mental health have a complex relationship with each other. Simply living in an urban area can be a mental health risk, especially for low-income individuals. For example, according to the 2011 National Health and Morbidity Survey, 12% of Malaysian citizens aged between 18 and 60 are suffering from some form

of mental illness (Institute for Public Health, 2011). Also according to the 2011 survey, 20% (1 million) Malaysian children suffer from mental health related problems such as developmental disability, emotional and behavioral disorders.

Child Refugee Mental Health

Refugee status may be a risk factor affecting refugee children's mental health, on top of other variables like being an ethnic minority, low-income, and living in an urban area. Therefore, it is important understand how unique experiences as a refugee child influence mental health. The following section will examine trends in the refugee child mental health literature in order to gain insight into how the experience of being a refugee child may influence mental health outcomes. Given that most refugee mental health research has been done in the US (and other Western countries), but not in post-conflict refugee conditions, it is important to identify unique post-conflict refugee macrolevel risk factors, like stressful events caused by experiences of discrimination and persecution in the post-conflict country (e.g., being unable to attend Malaysian public schools, Malaysian citizens negative attitude toward refugees, detention, fines, and caning) which may be linked to mental health issues. It should also be noted that most mental health research on refugee populations has been done with adult refugees, not children.

Meta-analysis results suggest that child refugees suffer from exposure to significant conflict-related situations (e.g., war, violence, trauma, human rights violations, and persecution) (Lustig et al., 2004). In addition, there has been ample research establishing that post-conflict refugee children are high in Post-Traumatic Stress Disorder, anxiety, and depression, but these have typically been measured by self-report questionnaires, which are less respected as a measure of mental health than semi-

structured interviews (Bronstein & Montgomery, 2011; Hepinstall et al., 2004; Lustig et al., 2004; Ventura, Liberman, Green, Shaner, & Mintz, 1998). Refugee children are at great risk of developing mental health problems, as they are exposed to many parent, child, and environmental risk factors, framing mental health within the context of the Developmental-Ecological model (Fazel & Stein, 2002). Among refugee children in exile, there is a high prevalence of emotional and behavioral disorders, most commonly PTSD, anxiety, and depression (Fazel & Stein, 2002). Fazel (2012) found that exosystem level exposure to violence prior to fleeing the home country was highly predictive of microlevel mental health problems. In addition, at the microlevel, refugee children may experience extreme sadness, not only due to loss of friends or family members, but also due to loss of their culture (Eisenbruch, 1988). Overall, the literature suggests that the experience of migration and its effects have a significant impact on refugee child mental health outcomes.

Post-conflict refugee mental health. As more refugees resettle from conflict areas including Burma, Iran, and Iraq to neighboring Asian countries like Thailand and Malaysia, it is important to examine the experiences of refugees in these countries. Again, given that most of the refugee mental health research has not been conducted in post-conflict refugee locations (most has been done in Western countries of refugee resettlement), it is important to identify unique post-conflict refugee macrolevel risk factors (e.g., detention, caning, negative societal attitudes toward refugees). There are only six studies that actually examine child refugee mental health in post-conflict settings (Melville & Lykes, 1992; Miller, 1996; Mollica et al., 1997; Muecke & Sassi, 1992; Oh & van der Stouwe, 2008; Paardekooper et al., 1999), and they have all been conducted on

refugee children living in refugee camps. For example, Oh and van der Stouwe (2008) conducted qualitative research in Thai border camps with Burmese Karen adult refugees via focus groups which asked questions about access to education, learning experiences, and equality and diversity in education management structures. Qualitative interviews of refugee children (aged 8-18), refugee adults, education committees, and refugee teachers revealed a common theme of sociopolitical challenges for refugee students including: Thai government restrictions on refugee movement, exclusion of refugee students from opportunities other children in Thailand have access to, restrictions on studying outside of the camps, and a lack of access to an officially recognized and accredited education system (Oh & van der Stouwe, 2008). Qualitative interview data suggest these restrictions result in a lack of future prospects and severe limitations on further education and employment opportunities for interviewees.

Another study by Mollica et al., (1997) measured the effects of war-related trauma on mental health among Cambodian refugee adolescents (aged 12-13 years) living in a camp on the border of Thailand and Cambodia. One hundred and eighty-two adolescents and their parents completed Cambodian-language versions of the Child Behavior Checklist (CBCL) and the Youth Self-Report (YSR). Both children and their parents reported high exposure to war-related trauma including a lack of food, water, and shelter (Mollica et al., 1997). Mean total problem scores on the CBCL and YSR were in ranges similar to adolescents who were receiving clinical treatment in other countries (i.e., US, Netherlands, and Israel). Fifty-three percent and 26% of participants had scores in the clinical range on the CBCL and YSR respectively. The participants' scores revealed very high levels of emotional distress, however, it is important to consider that

the measures used were child self-report and parent-report. Although the study gained input from both parents and children, the results would have been strengthened if more formal psychiatric interviews were used (Ventura et al., 1998). Results of the study suggest that there may be an association between exposure to violence/trauma and emotional distress among refugee youth, particularly in a post-conflict setting.

Interestingly, among Cambodian refugees aged 11-19, anxiety symptom rates were actually lower in Thai refugee camps compared to a similar group of Cambodian refugee children who had already been resettled in the US (Muecke & Sassi, 1992).

Paardekooper et al. (1999) conducted the only study of refugee child mental health in a post-conflict setting that utilized a non-refugee comparison group. Participants included 193 Sudanese refugee children living in camps in Uganda and 123 Sudanese refugee children living in settlements in Uganda aged 7-12. Researchers utilized a comparison group of 80 Ugandan citizen children, who had a similar cultural background, but did not have the same experiences of war and flight. All measures of trauma experiences, stress, social support, and mental health were either self-report or parent-report. Sudanese refugee parents reported more traumatizing experiences for their children in comparison to Ugandan citizen parents, and Sudanese refugee children reported experiencing more daily stressors than Ugandan children (Paardekooper et al., 1999). Sudanese parents also reported more psychological problems (e.g., PTSD symptoms, depressive symptoms, and behavioral problems) in their children than Ugandan parents, and Sudanese children reported more PTSD and depressive symptoms. Although this study is very unique among the existing literature, it only utilized self-report measures and failed to utilize clinical interviews as a means of measuring mental

health which would have greatly strengthened the results. In sum, the handful of studies examining post-conflict refugee experiences suggest that macrolevel oppression which results in a variety of stressors (e.g., exposure to violence and trauma) is related to microlevel negative mental health outcomes among refugee children.

Refugee mental health among children resettled in Western countries.

Unfortunately, resettlement to a third country is available for only a very small fraction of the world's refugees; the majority of refugees are located in the post-conflict country to which they immediately fled (International Rescue Committee [IRC], 2016). Despite the small proportion of refugees actually accepted for resettlement, nearly all of the existing research on refugee child mental health has been conducted with resettled refugees in the U.S. and other high-income Western countries, rather than post-conflict. Research indicates a high prevalence of PTSD and depression even among refugee children resettled in Western countries (Almqvist & Broberg, 1999; Goldin et al., 2008; Hepinstall et al., 2004; Sanchez-Cao et al., 2012). For example, in a sample of 48 Bosnian refugee children (aged 7-20) resettled in Sweden, nearly half of the children were identified as having one or more mental health problems by semi-structured psychiatric clinician interview (Goldin et al., 2008). The authors found that depressive symptoms were the most prevalent, followed by PTSD, and finally anxiety. Teenagers in the sample were more likely to label their own symptoms as PTSD symptoms compared to their teachers' ratings of their symptoms. Similarly, Sanchez-Cao et al., (2012) measured PTSD and depressive symptoms in a sample of 71 (median age = 17) unaccompanied asylum-seekers, primarily of African and European (i.e., Kosovo, Macedonia, and Albania) origin, resettled in London. Based on self-report data, 66.2% of participants were at risk

for developing PTSD and 12.7% were at risk for developing a depressive disorder based on symptom counts via PTSD and depression self-report symptom scales. It is also important to note that, despite the need, only 17% of the overall sample had contact with mental health services (Sanchez-Cao et al., 2012).

In particular, unaccompanied refugee minors have high rates of PTSD, depression, anxiety, and externalizing problems (Jensen, Skårdalsmo, & Fjermestad, 2014). Jensen et al., (2014) evaluated change in frequency of stressful life events and symptoms of PTSD, anxiety, depression, and externalizing problems in 75 unaccompanied refugee minors (aged 13-20) resettled in Norway at two time-points (6 months and 1.9 years after arrival). There was a significant increase in self-reported stressful events from time 1 to time 2, which predicted an increase in post-traumatic stress symptoms measured via self-report (Jensen et al., 2014). The authors argued that coping with a new environment, a different culture, and a foreign language are considered stressful for all asylum seekers, even those who are resettled. In addition, being resettled without attachment figures only adds stress. This study illustrates that resettled refugees can have increasing stress over time even if they have been resettled. However, a limitation of this study is that both time points occurred within the first two years after relocation, which is typically the most challenging period, thus, an additional later time point would have been valuable. Overall, research indicates that even among refugees resettled in Western countries, there is still significant refugee stress, high rates of PTSD and depression symptoms, and inadequate access to mental health treatment.

As mentioned previously, research suggests that certain experiences and stressors, occurring as a result of macrolevel political oppression are related to microlevel mental

health symptoms among refugee children. In particular, PTSD and MDD have been associated with pre-migration violence and insecure asylum status. For example, Hepinstall et al., (2004) collected pre and post-migration experiences of refugee children (aged 8-16) resettled in London by parent interview via a self-report trauma scale and correlated them with mental health symptomology measured by a self-report depression symptom questionnaire for children. PTSD scores were significantly correlated with pre-migration traumatic experiences, and depression scores were significantly correlated with post-migration experiences. Specifically, PTSD scores were associated with pre-migration violent death of a family member and post-migration insecure asylum status. Also, depression scores were associated with severe financial problems and insecure asylum status (Hepinstall et al., 2004). The above correlations suggest a relationship between specific pre- and post-migration experiences and refugee mental health. PTSD symptoms were strongly related to traumatic events that occurred before fleeing the country of origin, while depressive symptoms were strongly related to traumatic experiences that occurred after relocation. However, this study is limited by mental health symptomology being measured solely by self-report and a small sample size.

Literature suggests that child refugee mental health outcomes may be mitigated or worsened by certain environmental factors operating within an ecological framework. Refugee children are exposed to many parent, child, and environmental risk factors -- they are faced with the effects of relocating from a war zone in addition to adjusting to a new culture and environment (Fazel & Stein, 2002). In this study, the qualitative analyses of the group interview with four refugee boys focused on Burmese government oppression, exposure to violence/trauma, insecure asylum status, a sense of belonging in

the host country, and hopes for the future, however, I understand that refugee children may be impacted by a variety of additional risk and protective factors, similar to those reviewed in the following section.

The increase of mental health problems among refugee children likely results from increased exposure to risk factors including: being a female, being unaccompanied, exposure to violence (pre or post migration), multiple changes of residence in host country, poor financial support, living in a single parent household, and parent mental health problems (Fazel, 2012). Risk factors (e.g., pre-flight exposure to violence) are linked to negative outcomes (e.g., negative mental health), while protective factors (e.g., stable home environment post-flight) are linked to positive outcomes (e.g., post-relocation school involvement) (Almqvist & Broberg, 1999; Kia-Keating & Ellis, 2007; Mace, Mulheron, Jones & Cherian, 2014; Montgomery 2011). Environmental risk and protective factors that mitigate refugee child outcomes may be present pre-flight or post-flight. Various pre- and post-flight risk factors are reviewed below.

Pre-flight factors. Prior to fleeing their home country, refugees anticipate, experience, and cope with many devastating events (Lustig et al., 2004). Many refugee children are actually participants in combat and other violent conflicts which may influence their moral development (e.g., they may come to believe that killing for political reasons is justified) (Lustig et al., 2004). Children who witnessed a traumatic event in their own village, actually had lower rates of post-traumatic stress than those who were not present for the event (Geltman, Grant-Knight, & Mehta, 2005). In addition, an absence of certain risk factors (e.g., poor physical/emotional wellbeing, delayed development) prior to the start of violence and conflict in the home country was

strongly related to later well-being. Surprisingly, research indicates that pre-flight socio-economic status was neither a risk nor protective factor, as it had no effect on later well-being or mental health (Angel, Hjern, and Ingleby, 2001; Hjern, Angel, & Jeppson, 1998; Montgomery & Foldspang, 2006).

Post-flight factors. Refugee children's ability to adapt after fleeing from their country of origin results from a complex interaction between risk and protective factors (Almqvist & Broberg, 1999). Exposure to violence and inadequate safety after relocation are important to mental health outcomes. In contrast to much of the pre-flight literature, Almqvist and Broberg (1999) argue that current surroundings in the country of relocation among those who have been resettled, including peer relationships and peer victimization, are equally important to previous exposure to violence in their home country. For example, Almqvist and Broberg (1999), initially evaluated 50 Iranian preschoolers resettled to Sweden via observation and child and parent interview (interviews included a series of questions developed and verbally administered by the researchers about exposure to trauma, mental health, self-worth, and adjustment), 12 months after arrival (aged 4-8) and re-evaluated them 2½ years later (aged 6-10). The authors found that both exposure to war and political violence in addition to individual vulnerability were substantial risk factors for lasting post-resettlement (i.e., after being legally relocated to a third country, typically a Western country) PTSD symptoms in refugee children. A main limitation of the study should be noted: all refugee participants were from one cultural background who were resettled during a single, short, time window. Similarly, in a sample of 76 Somali adolescents (aged 12-19) relocated to the U.S., based on self-report measures, an increased sense of post-resettlement school

belonging was associated with lower rates of depression and higher levels of self-efficacy, regardless of previous exposure to adversity (Kia-Keating & Ellis, 2007). Additionally, in a sample of 332 refugee children (aged 4-18) resettled in Western Australia, post-resettlement migration factors such as family separation and mandatory detention were significantly associated with various child mental illness symptoms, primarily PTSD symptoms, depressive symptoms, and developmental issues (Mace et al., 2014). However, the results are limited by the sole use of self-report measures. In sum, post-flight risk and protective factors including school involvement, peer relationships, language proficiency, family separation, and detention are all related to refugee child mental health post-resettlement (Almqvist & Broberg, 1999; Kia-Keating & Ellis, 2007; Mace et al., 2014; Montgomery, 2011). In my qualitative analyses of the refugee boys' group interview, I explored various pre- and post-flight risk and protective factors within an ecological framework as they relate to microlevel mental health and the child's overall experience.

Emotion Regulation among Refugee Children

Emotion regulation is the ability to respond to emotion-provoking situations in a socially acceptable manner which is flexible enough to permit spontaneous reactions as well as delay spontaneous reactions as necessary (Cole, Michel, & O'Donnell-Teti, 1994). Zeman, Shipman, & Suveg (2002) argue that there are three aspects central to effective emotion regulation: (a) emotional awareness, or ability to identify one's internal emotional experience; (b) expression management, or the inhibition or exaggeration of emotional responses; and (c) emotion coping, or strategies used to manage negative emotions in a constructive way. Individuals, often unconsciously, use emotion regulation

strategies as a way of coping with difficult situations and emotions (Rolston & Lloyd Richardson, 2016). Watson and Sinha (2008) argued that it is unclear whether emotion regulation and coping are separate constructs, or whether they are actually overlapping processes. Many psychological disorders are viewed, at least partly, as problems of emotion regulation (Mennin, Holaway, Fresco, Moore, & Heimberg, 2007), thus, there may be an association between how refugee children manage their negative emotions and their mental health. Given that refugee youth may regulate their emotions differently than their non-refugee peers, and that there may be an association between emotion regulation and mental health, it is important to acknowledge the possible bidirectional relation between mental health outcomes and emotion regulation patterns. In this study, it remains unclear which variable causes the other given the cross-sectional design, thus, I will not claim a causal relationship.

Differences in the use of emotion regulation strategies. It is important to understand how emotion regulation differs across individual characteristics including demographic group (e.g., gender, age) and culture, particularly since refugee youth have unique cultural experiences in comparison to their non-refugee peers (Boyer, 2012). Literature suggests that emotion regulation strategies do vary across cultural groups (e.g., racial, ethnic, region) and demographic characteristics (e.g., sex, age). For example, they vary by culture (Boyer, 2012) in dimensions such as expressivity and suppression, which may lead to differences between refugee and non-refugee children (Chen, Zhou, Main, & Lee, 2014; Cole, Bruschi, & Tamang, 2002; Louie, Oh, & Lau, 2013; Matsumoto, Yoo, & Nakagawa, 2008; Morelen, Zehman, Perry-Parrish, & Anderson, 2011). For example, Korean and Asian Americans displayed less observable emotions (e.g., exuberance and

sadness) than European American children (Louie et al., 2013). Specifically, in Burma, it may actually be culturally adaptive to regulate one's emotions by controlling them (Ahmed, 2004). Furthermore, research suggests that children from non-Western cultures are less likely to communicate negative emotions than children of Western cultures (Cole, Bruschi, & Tamang, 2002). Emotion regulation strategies may also differ by sex; males are more likely to use the emotion regulation strategy of suppression than females, while females are more likely to control their anger more and sadness less, in addition to reporting greater intensity of anger and sadness compared to males (Gulione, Hughes, King, & Tonge, 2009; Morelen, et al., 2011; Silk, Steinberg, & Morris, 2003). Emotion regulation strategies may vary by age, avoidance of anger and sadness increases and remains stable throughout adolescence; in turn, older adolescents use more adaptive emotion regulation strategies than younger adolescents (Silvers et al., 2012; Zimmerman & Iwanski, 2014).

Children's emotion regulation and mental health. Overall, literature suggests there is a relation between mental health symptomology and use of emotion regulation strategies. Research with children has identified emotional competence, the ability to act efficaciously in regulating emotions in highly arousing situations, as a key to children's social functioning and psychological well-being (Eisenberg, Fabes, & Losoya, 1997). The ability to effectively regulate emotions, particularly within relationships and difficult situations, is crucial for healthy child development (Zeman, Cassano, Perry-Parrish, & Stegall, 2006). Emotion regulation influences mental health; several studies suggest that effective emotion regulation is beneficial to children's mental health and leads to psychological well-being (Garnefski, et al., 2002; Hill, Degnan, Calkins, & Keane, 2006;

Moscardino, Scrimin, Capello, Altoe, & Axia, 2008; Rydell, Thorell, & Bohlin, 2007; Silk, Shaw, Forbes, Lane, & Kovacs, 2006). In turn, difficulties in emotion regulation, or an inability to regulate emotions effectively, are associated with negative mental health outcomes, like PTSD and depression (Badour & Feldner, 2013; Beauchaine, Gatzke-Kopp, & Mead, 2007; Braet et al., 2014; Fainsilber Katz, Stettler, & Gurtovenko, 2016; Tull, Barrett, McMillan, Roemer, 2007; Silk et al., 2003).

Children's emotion regulation and psychopathology likely share a reciprocal relation in which individuals who use less adaptive emotion regulation strategies may be at risk for psychopathology, and, in turn, those with an existing mental health diagnosis may use less adaptive emotion regulation strategies (Beauchaine et al., 2007). For example, emotion regulation difficulties such as an inability to identify emotional states, inhibition of anger, and dysregulation of anger and sadness (i.e., over- or under-control of emotions) predicted internalizing symptoms in 4th and 5th graders (Zeman et al., 2002). Adaptive emotion regulation strategies allow individuals to cope with emotions in ways that benefit the self and others, while maladaptive emotion regulation strategies have negative effects on the self and others, often leading to further emotional distress. For example, the Emotions as a Child II, used in the current study, is a self-report measure that assesses the frequency which a child will react in a certain way when experiencing specific emotions. It includes adaptive strategies (e.g., discussing feelings with mom) and maladaptive strategies (e.g., yelling and stomping around) (Magai & O'Neal, 1997).

Literature suggests that specific emotion regulation strategies may be related to certain mental health outcomes, for example, self-blame, rumination, and catastrophizing were related to increased reports of mental health symptomology, while adaptive

strategies were related to the reporting of fewer symptoms in children (Garnefski et al., 2002). Similarly, Garnefski and Kraaij (2006) found that worry was associated with greater use of self-blame, rumination, and acceptance, but lower use of positive refocusing and positive reappraisal, while fearfulness was related to greater use of self-blame and rumination, but lower use of positive reappraisal among youth (aged 12-18) via self-report measures. Research also indicates that the use of emotion regulation strategies and their link to mental health may depend on the particular emotion experienced, for example, in a sample of 8-9 year olds, ineffective regulation of anger (e.g., inability to control one's anger) was associated with concurrent externalizing problems, while poor regulation of fear (e.g., inability to control fear-related thoughts) was associated with social anxiety or other internalizing problems (Rydell et al., 2007). In sum, specific emotion regulation strategies may be related to certain mental health outcomes and the use of emotion regulation strategies and their link to mental health may depend on the specific emotion experienced.

Emotion regulation and PTSD. Research on emotion regulation strategies in children with PTSD demonstrates a relation between PTSD symptoms and emotion regulation, but the relation may be reciprocal. Traumatic events can challenge the regulatory system, including the regulation of emotions. Therefore, individuals who develop PTSD will have difficulties in emotion regulation, and, reciprocally, emotion regulation difficulties are strongly associated with the development of post-traumatic stress symptoms (Badour & Feldner, 2013). Among adults, severity of post-traumatic stress symptoms was associated with lack of emotional acceptance, difficulty engaging in goal-directed behavior while distressed, lack of impulse-control, and limited use of

emotion regulation strategies; overall difficulty with emotion regulation was associated with severity of PTS symptoms (Tull et al., 2007). In children, PTSD has been found to be associated with specific emotion regulation strategies such as denial, rumination, and blaming others (Amone-P'Olak et al., 2007). Traumatized children who have difficulty regulating intense emotional reactions to traumatic events are at risk for developing post-traumatic stress symptoms (Fainsilber et al., 2016). The experience of trauma itself may actually disrupt a child's emotion regulation by sensitizing the child to signs of trauma so that they become hyper-aware of potential harm in the future (Courtois & Ford, 2009). After exposure to trauma, a child may have lower tolerance for negative emotions and be more likely to utilize avoidant strategies, which may detract from the child's ability to process the trauma in an adaptive manner and may lead to post-traumatic stress symptoms (Shenk, Putnam, & Noll, 2012). From the literature, it is clear that the relation between PTSD and emotion regulation among non-refugee children is evident and potentially bidirectional, which will be important as we attempt to understand the association among refugee children.

Emotion regulation and depression. Research on emotion regulation strategies in children with depression also demonstrates a potential association between depressive symptoms and emotion regulation. In particular, maladaptive emotion regulation strategies (e.g., withdrawal, giving up, denial, self-blame, other-blame, catastrophizing, and disengagement) have been found to be associated with depression among children (Braet et al., 2014; Garnefski et al., 2006). In addition, the tendency to engage in rumination, or repetitive thinking about the causes and consequences of negative events and emotions, is common among depressed youth and is associated with concurrent and

prospective depressive symptoms (Roelofs et al., 2009). Research suggests that specific emotion regulation strategies are associated with depression. For example, among a sample of 7th and 10th graders, adolescents who self-reported more intense emotions and less effective emotion regulation also reported more depressive symptoms (Silk et al., 2003). The authors found, via self-report measures, that responding to negative emotions with disengagement strategies (e.g., denial, avoidance, wishful thinking, escape, and inaction) or involuntary engagement (e.g., rumination, involuntary action, and impulsive action) was ineffective in regulation of participants' negative affect, and, in turn, an increased use of these strategies was associated with higher levels of depressive symptoms. Additionally, Betts, Gullone, and Allen (2009) found that adolescents experiencing higher levels of depressive symptoms self-reported significantly more use of expressive suppression and less use of positive reappraisal compared to peers who reported lower levels of depressive symptoms. Based on trends in the literature, the relation between depression and emotion regulation among youth is evident, which will be important as we attempt to understand the same association in a refugee child sample. In sum, research indicates that specific emotion regulation strategies are associated with depression among youth.

Emotion regulation among conflict-affected children. Four studies have examined emotion regulation strategies and their relation to mental health among children who have experienced war and conflict, which are reviewed below (Amone-P'Olak et al., 2007; Kithakye, Sheffield, Moriris, Terranova, & Myers, 2010; Moscardino et al., 2008; Punamäki, Peltonen, Diab, & Qouta, 2014), but there is only one study which examined mental health and emotion regulation among refugee children (Paardekooper et

al., 1999). Although the study by Paardekooper et al., (1999) evaluated rates of mental health symptoms and use of emotion regulation strategies among post-conflict, Sudanese refugee children living in Uganda, it solely relied on self-report mental health measures rather than clinical interviews (unlike the current study). Thus, the authors did not examine mental health diagnoses, instead, they only examined a symptom count. Since there is only one study which examines emotion regulation and mental health among refugee students, it is useful to examine the trends in the literature on emotion regulation and mental health among conflict-affected children, who may share similar experiences with refugee children.

Research examining emotion regulation in a refugee child sample is limited to one study. As alluded to earlier, Paardekooper et al., (1999) found that South Sudanese refugee children relocated to Uganda use different coping strategies than their non-refugee peers. Refugee children scored higher than their non-refugee peers on emotion-inhibiting regulation strategies like keeping quiet and blaming one's self and on emotion-focused coping strategies such as spending time with others and trying to see the good in things. The results from this one study suggest that refugee children may have different emotion regulation patterns than their non-refugee peers, which makes it useful to study emotion regulation in a refugee child sample.

More literature exists on emotion regulation patterns among conflict- or war-affected children. Since war- or conflict-affected children may have many shared experiences with refugee children, it is useful to examine the trends in the literature on emotion regulation among conflict-affected children. For example, among war-affected children, there are strong associations between rumination and post-traumatic stress symptoms and

between rumination and internalizing problems (Amone-P'Olak et al., 2007). There is a positive relationship between blaming others and post-traumatic stress symptoms. Finally, a strong relationship exists between denial and the experience of negative life events (Amone-P'Olak et al., 2007). In contrast, adaptive emotion regulation strategies are associated with positive mental health outcomes among conflict-affected children (Amone-P'Olak et al., 2007; Kithakye et al., 2010; Punamäki et al., 2014). For example, among war-affected children there are negative associations between perspective taking/planning and post-traumatic stress symptoms (Amone-P'Olak et al., 2007). Similarly, in a study of 3 to 7 year olds living in Kenya during the 2007 violent political conflict, which nearly resulted in a civil war, ability to regulate one's emotions was associated with less aggression and more prosocial behavior after the political conflict (Kithakye et al., 2010). In addition, among Russian adolescents, emotion regulation characterized by emotion control acted as a protective factor on the negative impact of trauma on mental health after a terrorist attack (Moscardino et al., 2008). Contrary to most of the existing literature on emotion regulation and mental health, in a study of Palestinian children of war aged 10 to 13, general decreases in emotion regulation as measured by self-report questionnaire from pre- to post- intervention (Teaching Recovery Techniques; TRT) were associated with decreases in depressive and PTSD symptoms measured by self-report symptom rating scales (Punamäki et al., 2014). Overall, research among conflict-affected children suggests an association between mental health outcomes and emotion regulation; it indicates effective emotion regulation is beneficial to child mental health, while maladaptive emotion regulation strategies (e.g., rumination) are associated with negative mental health outcomes (e.g., depression). These trends are

important to understand given the similarities between refugee children and conflict-affected children.

Current Study and Contribution to the Literature

This study will examine unique post-conflict child refugee experience, emotion regulation, and mental health. Much of the refugee mental health research focuses on adult refugee populations, while this study focuses on refugee children. Of the existing refugee child literature, most research is conducted in high-income Western countries with resettled refugees, not in post-conflict settings to which refugees flee, where they often face discrimination and persecution. Although several studies have examined emotion regulation among conflict/war affected children, there is only one study on emotion regulation among refugee children (Paardekooper et al., 1999). In sum, this research seeks to fill a gap within the existing literature on refugee child mental health in post-conflict settings, which is lacking, and refugee children's emotion regulation, particularly as it relates to mental health. This study is the first to use quantitative and qualitative data to examine mental health (via semi-structured psychiatric interviews) and emotion regulation among refugee children.

Questions and hypotheses.

- 1) *What are the mental health diagnosis rates and symptom counts among refugee students in Malaysia, and how do they differ by demographics?*
- 2) *Are emotion regulation strategies associated with mental health outcomes?*
 - a) Endorsement of emotion regulation strategies is associated with PTSD and depressive symptoms.

- b) *How do emotion regulation strategies differ among refugee students with a diagnosis compared to students without a diagnosis?*
- i) Students with diagnosis of PTSD and depression use different emotion regulation strategies than those without a diagnosis.
- 3) *What was the nature of the post-conflict stressors and emotions experienced by refugee children in their (a) flight from Burma, and (b) lives as hidden post-conflict refugees in Kuala Lumpur, Malaysia?*

Chapter 3: Methods

The current study examined mental health, emotion regulation, and the relation between the two among post-conflict refugee youth. The qualitative part of this study examined narratives of four refugee boys regarding their stress and emotion-related experiences surrounding the flight from Burma and as a refugee in Malaysia with the purpose of illuminating the quantitative findings. This research used archival data collected in 2011 in Kuala Lumpur, Malaysia by Colleen O’Neal as part of a Fulbright Scholar Award.

Relationship-building

Relationship-building is an essential first step in a research process (Nastasi & Schensul, 2005). Since there is often mistrust of outsiders by refugee communities living in countries that are hostile to refugees, Dr. O’Neal first established relationships with refugee schools with help from World Vision-Malaysia, HELP University-Malaysia, UNHCR–Malaysia, Muslim and Christian groups, and other local community refugee school leaders beginning in 2010. World Vision-Malaysia is a Christian philanthropic organization, and the most respected nonprofit in Malaysia for their work in marginalized students’ education; they fund the largest refugee school. The World Vision–Malaysia leader introduced Dr. O’Neal and her colleagues to the largest refugee school leader. Then, that refugee school leader introduced Dr. O’Neal to UNHCR-Education officials and many of the community refugee school leaders at a training organized by the center refugee school and UNHCR, where Dr. O’Neal and colleagues gave a brief overview of their interest in developing collaborations with the goal of future interventions and research. The involvement of UNHCR–Malaysia was limited but, essential. UNHCR is

hardly welcomed into Malaysia by the government, since the government is not a signatory to the U.N. convention protecting refugees. Thus, UNHCR's lobbying efforts on behalf of refugee children are restricted. HELP University, a private higher education institution with one of the strongest psychology undergraduate and graduate programs in Malaysia was another partner. Dr. O'Neal was a Fulbright teacher/research scholar based at HELP University from 2010–2011. At the time, HELP's official involvement with refugee children was nonexistent, but faculty and students volunteered to be part of this research project's data collection in 2011. This research was made possible by collaboration with the partners described above who helped guide and inform the decisions made during this research process.

Participants

Refugee participants in the quantitative part of the study included 90 refugee students living in Kuala Lumpur Malaysia and attending a non-public, informal “center refugee school” (see table 1 for demographic information). There are only eight center refugee schools which are funded by UNHCR and typically well-resourced. Participants were from Burma (74.4%), Sri Lanka (11.1%), Pakistan (11.1%), and Iran (3.3%). Of the Burmese participants, the majority were Chin (40.3%) or Rohingya (29.9%) ethnic backgrounds; 22.3% of Burmese participants did not further specify ethnic identity, and the remaining 5 participants were Shan, Zomi, or Yuan. There were 44 males and 46 females aged 10-19 years ($M = 14.22$ years old). A majority of the sample lived in two-parent homes (74.4%). Many children (45.5%) had been living in Malaysia for three or more years; 21.5% of children were living in Malaysia for 24-35 months, 17.1% lived there for 12-23 months, and 15.9% of the sample had been living in Malaysia for less

than a year. Participants were of Christian (33.4%), Muslim (38.5%), Buddhist, (17.9%) or Hindu (7.7%) religious backgrounds. Qualitative participants were four refugee boys from Burma who were approximately thirteen years old at the time of the interview. They all attended a community non-public informal refugee school in Malaysia and self-identified as Burmese Chin ethnic background.

Procedure

It should be noted that the process of conducting culture-specific research and collecting data internationally comes with its own set of unique challenges (Benatar 2002; Nastasi & Jayasena, 2014; O’Neal et al., under review). The researchers who collected the data for this study adopted a Participatory Culture-Specific Consultation (PCSC) model (Nastasi, Varjas, Bernstein, & Jayasena, 2000) which emphasizes a participatory interpersonal model of consultation, relying on ethnographic and action research methods to develop culture-specific interventions. They experienced culture shock and realized quickly how much they did not know about the population they would be serving. Entry into a culture, particularly a culture in hiding, is difficult and it requires time and commitment (Nastasi et al., 2000). This data was part of a formative research process utilizing the PCSC model which informed later culture-specific intervention (see O’Neal, C., Gosnell, N., Ng, W. S., & Ong, E., under review). This work can get very messy and it can be a struggle to produce large sample sizes given the challenges that come with international, cross-cultural work with a hidden community.

Quantitative procedure. Participants were individually administered semi-structured psychiatric interviews by clinical psychology graduate students in English under the supervision of Dr. Colleen O’Neal in Malaysia. Note that the center refugee

school that these students attended conducted classes in English, so they were used to communicating in English. However, English was a challenge for some of the newer refugees, so interviewers were trained to speak slowly, use nonverbal elaboration and enlarged visual response sets, and have respondents follow along with the written questions, as the questions were delivered verbally. The school coordinator decided that approximately five students could not participate due to their lack of English skills.

Measures included demographic questions, the Depressive Disorders and PTSD modules of the semi-structured psychiatric interview Kiddie-SADS-Present and Lifetime Version (Kaufman, Birmhauer, Brent, Rao, & Ryan, 1996), and the Emotions as a Child-Emotion Regulation questionnaire (O’Neal & Magai, 1999). Interviews were conducted in an unused classroom at the center refugee school, with other students being interviewed nearby, but usually out of earshot, and most interviews took 20 to 30 minutes, on average. All refugee children gave verbal assent; passive consent was obtained from refugee caregivers/parents. The study was approved by the Kuala Lumpur, Malaysia-based HELP University Psychology Department IRB. Data were collected in 2011.

Qualitative procedure. It should be noted that the qualitative data was obtained via a group interview of four refugee students by Dr. O’Neal at a small “community refugee school” in Malaysia. There are almost 100 community refugee schools in Malaysia. At community refugee schools, most teachers are refugees themselves and the schools are under-resourced. The refugee students who participated in the group interview were four fourteen-year-old refugee boys from Burma. The purpose of the qualitative data collected was to give some context of stressful events and related

emotions which may underlie the mental health, emotions, and emotion regulation results in the quantitative portion of the study. Collecting qualitative data in this context was difficult. The interviewer was an outsider fortunate enough to be permitted to meet with the refugee boys in a hidden refugee school. This group interview was viewed by the interviewer as a rare opportunity which she seized, despite the small sample size. In addition, the interview process required the assistance of a translator due to the participants limited English proficiency. Given the limitations of the data, I do not claim saturation (Nastasi & Schensul, 2005) in regard to the qualitative portion of this study. For the qualitative group interview of refugee boys, verbal child assent was given to Dr. O'Neal and verbal parent/caregiver consent was given to the school directors who organized the group interview session. Four refugee boys participated in the group interview led by Dr. O'Neal at the refugee students' community refugee school. These interviews occurred after school, and the interview consisted of open-ended questions regarding their post-conflict experience of flight from Burma and life as a refugee in Malaysia (see Table 2). At the beginning of the interview, Dr. O'Neal, explained that she was not a representative of UNHCR, and was not there to judge their potential for resettlement; the goal of the study and assent were then explained to the students. The group interview lasted for an hour and a half, and the interview procedure consisted of asking a question, then each of the four boys took turns responding to the question. The boys required a great deal of prompting in order for the interviewer to glean information. The refugee school director acted as the translator because all four boys were weak English speakers, and they were stronger speakers of the Chin dialect of Burman, the

Burmese language, of which the Chin school director was a native speaker. The school director's English was average. See Appendix C for the interview transcript.

Quantitative Study Measures

Demographics. The demographics included questions such as age, sex, ethnicity, country of origin, refugee status, religion, number of months in Malaysia, and household makeup (i.e., living in a two-parent home).

Kiddie-SADS-Present and Lifetime Version (Kaufman et al., 1996). The Schedule for Affective Disorders and Schizophrenia for School-Age Children-Present and Lifetime version (K-SADS-PL) is semi-structured, diagnostic interview. The K-SADS-PL has been utilized across various clinical, naturalistic, follow-up, treatment, psychobiological, family-genetic, and epidemiological studies of child psychiatric disorders. According to Kaufman et al., (1997) data support the concurrent validity of screens and K-SADS-PL diagnoses; the K-SADS-PL has been validated on a diverse sample of children and adolescents with equal gender representation. Interrater agreement in scoring screens and diagnoses was high (range = 93% - 100%). In addition, test-retest reliability coefficients were in the excellent range for present and/or lifetime diagnoses of major depression, any bipolar, generalized anxiety, conduct, and oppositional defiant disorder (.77 - 1.00) and good for posttraumatic stress disorder and attention-deficit hyperactivity disorder diagnoses (.63 - .67). Previous research has validated use of the K-SADS-PL with refugee child populations (Möhlen, Parzer, Resch, & Brunner, 2005; Steel et al., 2004).

For the refugee youth, the Depressive Disorders and PTSD subscales were individually administered by trained clinical psychology masters students from HELP

University. Based on the present data, Cronbach's alpha was .85 for the depressive subscale and .76 for the PTSD subscale. In order to administer the KSADS, the examiner must ask all Diagnostic Screen questions first, then if the student meets criteria, the interviewer continues to the Supplemental questions. The Depressive Disorders subscale consists of 8 main diagnostic screen questions (with subquestions) on Major Depressive Episodes (e.g., "have you ever felt sad, blue, down, or empty?"), and an additional 14 supplemental questions (e.g., "is this feeling different than the one you get when a friend moved away, or your parent went out of town for a while?") to be asked if the child reached the threshold on the first 8 questions. The PTSD subscale consists of 5 traumatic event questions (with subquestions; e.g., "has there ever been a time when you had a lot of nightmares?") and 15 supplemental questions (e.g., "has there ever been a time when you felt bad when you were somewhere that reminded you of what happened?"). Note that questions regarding sexual and physical abuse were omitted from the interview.

For each symptom, the examiner asked how the child has felt during the past month (i.e., current MDD or PTSD) and during the past year (i.e., past year MDD or PTSD), to determine current and year-long symptom count and diagnosis. Items are to be phrased using both duration and frequency anchor points (e.g.: "Have you ever felt sad, blue, down, or empty during the past month? How about during the past year?" Then follow up with: "How often? Every day? How long did it last?"). Examiners need not ask all of the many probes for each item. However, if it is necessary to clarify the threshold rating, the probes may be used. For symptoms coding, the interviewer codes an item as Subthreshold (2) when the item strongly resembles a symptom but does not reach threshold for a specific reason (e.g., not cross-situational, frequency, severity). The

interviewer codes an item as Threshold (3) when it interferes with the child's functioning and meets specific threshold criteria unique to each item (e.g., "feels depressed most of the day more days than not"). If the child screens positive for a diagnosis (or screens positive for a "possible" diagnosis), then the Diagnostic Supplemental interview will be administered. If there is even one threshold response rating, the Supplement should be continued. If there is one or more subthreshold rating, the examiner should seriously consider administering the supplement. If the examiner thinks that a potential cluster of symptoms might meet the "Possible" level of diagnostic certainty, they will continue with the supplement.

However, if the examinee does not reach a subthreshold or threshold rating for any screen item, then the supplement will not be administered to that child. If the child reaches a subthreshold rating for one or more screen items, the examiner can skip the supplement questions if he/she is confident the child would not meet the "Possible" level of diagnostic certainty. After the interview, the interviewer completes diagnostic coding, by using KSADS criteria for diagnosis to decide whether or not the interviewee receives a MDD and/or PTSD diagnosis and the level of certainty of the diagnosis. A diagnosis of MDD is given when a cluster of MDD symptoms are present (e.g., "depressed mood") and there is evidence that they cause marked distress or impairment. Similarly, a diagnosis of PTSD is given when a cluster of PTSD symptoms (e.g., "recurrent thoughts or images of events") are present as well as evidence that the symptoms cause the individual marked distress or impairment. For diagnostic coding, the examiner will indicate all possible diagnoses in order of importance. Levels of Certainty are coded as either no diagnosis (0), possible (1), probable (2), definite (3), or no information (4).

“Possible Diagnosis” is coded when a cluster of symptoms is present but there is no marked distress or impairment present. “Possible” level of certainty should also be coded when the informant’s reporting is questionable. In contrast, examiners should code “Probable Diagnosis” when impairment or marked distress exists, but there are either less than the full threshold level of symptoms or other criteria not met (e.g., age of onset, duration).

PTSD symptom total scores were calculated by totaling scores on all event-related screen item responses currently occurring and that occurred in the past year (KSADS PTSD Event Total Current and KSADS PTSD Event Total Past). Additional PTSD summary scores were calculated by totaling all symptom-related responses currently occurring and that occurred during the past year (KSADS PTSD Symptom Total Current and KSADS PTSD Symptom Total Past). MDD symptom summary scores were calculated by totaling all symptom-related responses currently occurring and those that occurred in the past year (KSADS MDD Symptom Total Current and KSADS MDD Symptom Total Past).

Emotions as a Child II (O’Neal & Magai, 1999). The Emotions as a Child II measure is a 5 point likert-type scale that assesses the child’s self-reported emotion regulation strategies’ frequency of use when they experienced specific negative emotions. First, the child is asked to think of times they felt a certain emotion (e.g., “angry,” “sad”). The child then rates how frequently they use different emotion regulation strategy items in response to the emotion, on a 5-point likert scale that ranges from “not at all like me” to “exactly like me.” For both anger and sadness emotions, the subscales consist of: withdrawal, express (express to friend, express to caregiver, express, in general), and

distract. “Express to caregiver” includes questions like, “When I was sad, I would go to my caregiver or caregiver” and “Express to friend” includes questions like, “When I was angry, I would share my feelings with a friend.” Express includes questions like, “When I was sad, I would show my sadness.” Withdrawal includes questions such as, “When I was sad, I would clam up and keep to myself.” Distract includes questions such as, “When I was sad, I would read or watch TV.” Each emotion-specific scale has four express items, three “express to caregiver items,” two “express to friend items,” four withdraw items, and five distract items. I created an average for each subscale. There is also a frequency scale to measure the frequency a child feels angry and frequency that they feel sad. Previous research has evaluated the predictive validity of the scale by correlating scores on express ($r = .22, p < .05$), distract ($r = .24, p < .01$), and withdraw ($r = .34, p < .001$) items with the internalizing portion of the Achenbach’s Child Behavior Checklist (CBCL), youth self-report version (O’Neal, 2000). Based on the present data, Cronbach’s alpha was .79 for the Emotions as a Child II scale.

Data Analyses

Quantitative analyses. First, this study tests question 1, *What are the mental health diagnosis rates and symptom counts among refugee students in Malaysia, and how do they differ by demographics?* Descriptive statistics were first carried out. Then, t-tests and ANOVA’s were conducted with each emotion regulation and mental health scale by demographics like gender, age, ethnicity, country of origin, months in Malaysia, religion, and living situation. Second, question 2 asked, *Are emotion regulation strategies associated with mental health outcomes?* Correlations were conducted to examine the relations of specific emotion regulation strategies to one another and to

mental health symptoms and diagnoses. To address question 2b, *How do emotion regulation strategies differ among refugee students with a diagnosis compared to students without a diagnosis?* Stepwise regression analyses were carried out.

Qualitative analyses. To investigate the question, *What was the nature of the post-conflict stressors and emotions experienced by refugee children in their (a) flight from Burma, and (b) lives as hidden post-conflict refugees in Kuala Lumpur, Malaysia?*

An interpretive approach to the qualitative data was utilized based on the qualitative methods of a previously published study (O’Neal, Espino, Goldthrite, Morin, Weston, Hernandez, & Fuhrmann, 2016). Coding the data employed an inductive approach to develop codes. After an initial read-through, I created a preliminary codebook, and later, I detailed in further depth an interpretive thematic content analyses of two cases to develop codes for the unique experiences and stressors surrounding flight from Burma and living as a post-conflict child refugee in Malaysia. Throughout the coding process, additional codes were added if they were mentioned in more than one narrative, and the previously-coded interviews were re-examined for these codes (see Appendix A for Codebook). Qualitative themes were devised by first coding the interviews for broader topics (codes) as described above. Next, I began the process of synthesizing and interpreting the parts of the interview transcript which were coded under a particular topic in order to develop a deeper qualitative theme that was representative of how the participants addressed the topic. The purpose of the qualitative theme is draw an overall inference and reach a deeper meaning based on the participants’ discussion of a common topic. See Appendix B for the list of qualitative themes. It should be noted up front that

my analysis of the qualitative narratives may have been impacted by my cultural background as a white American female.

To ensure trustworthiness in my qualitative work (Lincoln & Guba, 1985; Nastasi & Schensul, 2005), I met with my committee chair, who conducted the group interview, at different points in the data analysis process to discuss codes and results interpretations. Additionally, another graduate student who was unfamiliar with the project served as a secondary coder in order to calculate inter-rater reliability. I discussed my codebook at length with the graduate student and thoroughly explained to her the codes and the purpose of the coding. We coded a small portion of the interview together to ensure that she understood the coding process. After training, the graduate student independently coded the interviews.

Chapter 4: Results

Descriptive Statistics

Descriptive statistics were carried out in order to answer the question, *What are the mental health diagnosis rates and symptom counts among refugee students in Malaysia, and how do they differ by demographics?* Total MDD scores ranged from 0 to 23 with an average score of 3.30. Total Post-Traumatic Stress Disorder scores ranged from 0 to 10 with an average score of 2.17. As expected, rates of MDD diagnosis were high among participants, with 13.3% ($n = 12$) given a diagnosis of MDD based on current and past year symptoms, compared to 8.2% past year prevalence of MDD for 12 - 17 year olds in the general population (Substance Abuse and Mental Health Services Administration [SAMHSA], 2013). Rates of PTSD were also high among the refugee child sample, with 11.1% ($n=10$) receiving a diagnosis of PTSD compared to 4.8% past year prevalence of PTSD for 13 - 18 year olds in the U.S (National Comorbidity Survey: Adolescent Supplement [NCS-A], 2010). There were no significant differences in mental health symptoms by demographics, but there were significant differences in use of emotion regulation strategies by demographics. Withdrawal when sad (Withdrawal-sadness) differed significantly by sex, $t(1, 85) = 4.47, p = .019$; girls ($M = 2.88, SD = .86$), were more likely to use the emotion regulation strategy of withdrawal to regulate their sadness than boys ($M = 2.42, SD = .91$). Express-anger was positively correlated with age, $F(1, 85) = 5.113, p = .026, \beta^* = .238$; older children regulated their anger by expression more often than younger children. Express-sadness was also correlated with age, $F(1, 85) = 5.826, p = .018, \beta^* = -.253$; younger children expressed sadness to their caregiver more often than older children. In addition, expression of sadness to caregiver

differed significantly by country of origin, $F(4, 82) = 3.027, p = .022$; Sri Lankan students used the strategy most ($M = 3.33, SD = 1.71$), while Iranian students used it the least ($M = 1.44, SD = .385$). Finally, expression of anger to a friend was predicted by number of months living in Malaysia, $F(1, 83) = 10.447, p = .002, \beta^* = .334$; the longer a child lived in Malaysia, the more frequently they regulated their anger by expressing it a friend.

Quantitative Results

Correlation analyses (see table 5) were carried out in order to answer the question, *Are emotion regulation strategies associated with mental health outcomes?* I hypothesized that emotion regulation strategies (e.g., withdrawal) are associated with PTS and depressive symptoms. First, there were significant associations among the specific emotion regulation strategies. There was an expected significant positive correlation between Withdrawal-sad and Withdrawal-anger, between Withdrawal-sad and Express-anger, between Express-sad and Express-anger, between Distract-sad and Distract-anger, and between Distract-anger and Withdrawal-anger. Emotion regulation strategies were associated with one another at a statistically significant level. In addition, there was a significant positive correlation between MDD symptoms and Withdraw-sad, Express-sad, Withdraw-anger. There was a significant correlation between PTSD symptoms with Express-anger. The hypothesis was supported: emotion regulation strategies are associated with PTSD and MDD. As expected, emotion regulation strategies are associated with mental health outcomes.

Differences in emotion regulation. *How does endorsement of emotion regulation strategies relate to PTSD and MDD symptoms and diagnoses?* I hypothesized that emotion regulation strategies will be related to PTSD and MDD symptoms; in

addition, students with a PTSD or MDD diagnosis will use different emotion regulation strategies than those without a diagnosis. First, it is important to note that T-test analyses revealed that emotion regulation of sadness via expression to caregiver differed by presence or lack of an MDD diagnosis, $t(85) = 2.18, p = .032, d = .80$. Those without a diagnosis were more likely to use the emotion regulation strategy of expression to caregiver to regulate their sadness ($M = 2.42, SD = 1.11$) than those with a depression diagnosis ($M = 1.67, SD = .70$). However, this was one significant finding out of a series of about 20 t-tests examining the use of strategies by diagnosis, so it may have occurred by chance.

In order to determine whether use of emotion regulation strategies predict the number of PTSD and MDD symptoms among refugee students, two separate regression analyses were performed. Using a backwards stepwise regression, total PTSD scores were regressed on the emotion (i.e., anger, sadness) regulation strategies (i.e., withdraw, distract, express, express to caregiver, express to friend). Use of Express-anger significantly predicted PTSD symptoms with a small to medium effect (see tables 6 and 7). These results suggested that emotion regulation strategies differ among refugee students with PTSD symptoms and those without PTSD symptoms. In particular, use of the emotion regulation strategy, Express-anger had the strongest association of all the emotion regulation strategies with PTSD symptoms.

Total MDD scores were regressed on the emotion-specific (i.e., anger, sadness) emotion regulation strategies (i.e., withdraw, distract, express). The backwards stepwise regression process resulted in a best-fitting overall multiple regression model, in which the significant predictors of Express-anger, Express-sad, Express-anger caregiver, and

Withdraw-sad remained statistically significant predictors (see table 6); withdraw in response to sadness was the strongest predictor of the four. These results suggest that use of the emotion regulation strategies of sadness expression, withdrawal in response to sadness, anger expression, and anger expression to caregiver are related to MDD symptoms. Use of Express-sad and Withdraw-sad predicted MDD symptoms with small to medium effect sizes, while less frequent use of Express-anger and Express-anger to caregiver predicted more MDD symptoms with small effect sizes (see table 7). In sum, the hypothesis was supported: emotion regulation strategies predicted PTSD and MDD symptoms. Endorsement of emotion regulation strategies is associated with PTSD and depressive symptoms.

Qualitative Results

The qualitative results of this study explore the unique narrative of refugee youth who fled from Burma to Malaysia. The group interview with four thirteen-year-old refugee boys (named for the purposes of this thesis as Thet, Myat, Kyi, and Htun) uncovered the experiences of refugee children forced to leave their home country and embark on a treacherous journey to a foreign country into which they entered illegally. In addition, it explored what life was like for these boys in Malaysia, a country that was more than unwilling to host them. Interview questions focused on why the children had to leave their home country, their journey to Malaysia, reflection on their experiences, life in Malaysia, and their dreams for the future. Despite the small n, I find it more useful to compile the detailed narratives of these four boys, than to have no qualitative data at all on the experience of being a refugee child.

Overall, results indicated that the boys' experiences were highly traumatic, dangerous, and impactful, leaving them feeling sad and afraid. The results suggest several main themes that emerged out of an analysis of the interview including: (a) intense ethnic and religious oppression by the government creates a crisis situation for Burmese minority groups, forcing ethnic minorities to flee, (b) refugee flight to Malaysia involved unimaginable stressors, including safety hazards and fear of discovery, (c) post-flight life in Malaysia is marred by the challenge of living in a country openly hostile to refugees, (d) the challenge of being a refugee child results from macrolevel factors impacting microlevel emotions and overall well-being, and (e) a limited set of hopes and support may be the primary coping mechanism for these refugee children. In order to illustrate these themes, I have included representative quotes from participant narratives. See Appendix A for the codebook which includes a list of all qualitative codes used in interview coding and Appendix B which is a list of the qualitative themes.

It is important to note that the way the qualitative results are presented here may appear different from a more traditional qualitative report. First, given the highly traumatic nature of the content discussed during the interview, there may be elements of hyperbole in children's accounts. People who have experienced trauma may under or overstate it (Ford, Grasso, Elhai, & Courtois, 2015). For example, when discussing how long they remained hidden in a particular place, they may overestimate, as it was likely difficult to track time and days. The four refugee boys did not typically elaborate upon the responses they gave to the interviewer's questions. They tended to give very brief answers, despite open-ended questions and follow-up questions. The writing below will include brief quotes from the interview transcript because the boys' responses tended to

be very brief, often consisting of one-word yes or no answers. The interviewer had to do a great deal of prompting and clarifying in order to glean information from the boys. Their manner of communication was more fact-driven than exploratory or reflective. This may have been due to a number of reasons including fear of the consequences of self-disclosure as a refugee, lack of trust, shyness, age, education level, language barriers and use of a translator, and an overall unfamiliarity with the process of interviewing. Typically, they did not expand on their responses or offer the deeper thematic insights which are typically associated with qualitative work. In sum, their responses were largely concrete, pithy, and fact-oriented.

Theme: Intense ethnic and religious oppression by the government creates a crisis situation for Burmese minority groups, forcing ethnic minorities to flee. The refugee boys fled their homes in Burma due to the government's oppression of groups who were religious and ethnic minorities. These boys were an ethnic minority group named Chin and Christian, which was a religious and ethnic minority targeted for persecution by the majority Burman Buddhist government. The techniques of oppression used by the government are detailed in the narratives below. Macrolevel government oppression of ethnic minorities impacted the boys on exosystem, mesosystem, and microsystem levels. Macrolevel oppression of ethnic minorities included religious persecution, educational discrimination, and knowledge deprivation. Oppression resulted in family separation and, ultimately, flight from Burma. Three of the boys listed more than one reason for leaving their home country. All the boys had in common a desperate need to flee.

Lack of knowledge about government oppression and related macrolevel

factors. Myat, who could not give a specific reason as to why he fled Burma, explained that his parents “called him,” but he did not know why he was leaving. He felt that no one (his age or even adults) really knew why or what exactly was going on back in Burma. He told the interviewer that none of the children really know why they leave:

Most people that did not know, maybe the same age of me, maybe... 13 years old, 45 years old, some people, most of the governments, you know, made [us] forget everything, we do not know ourselves, we do not know who we are.

Myat framed government oppression of ethnic and religious minority individuals as deprivation of knowledge. He expressed a lack of understanding of oppression and the various macrolevel factors at play shaping his experience and life in Burma. His phrase that “the government...made us forget everything...ourselves...who we are,” implies that he understood that the government prohibited his full understanding of how he was being politically oppressed when he lived back in Burma. But, now, he seems to have gained a new political awareness of how his knowledge of government oppression of his ethnic group had been suppressed by the Burmese government. His words imply that he resented the unformed ethnic identity formation he experienced back in Burma due to government suppression. Since, back in Burma, he could not understand himself in the context of government oppression, he questioned “who we are,” in his understanding of himself as a targeted ethnic minority. The tightly controlled media and education in Burma shaped the lens through which he viewed himself, leaving him angry that his self- and ethnic-understanding had been clouded completely by the government.

Educational discrimination and lack of ethnic minority cultural identity

knowledge. Myat also discussed his educational experience in Burma including the discrimination he faced. He talked about his lack of knowledge of his own culture - his Chin ethnic background. He was forced to learn the Burmese language and study in Burmese, even though it was not his native dialect. "They force us to study in Burmese. We do not know anything about Chin. I do not know about my history. We do not know what is the history or the story." Burmese government educational control makes Myat feel like he was robbed of his ethnic, cultural, and religious identities during a developmental period when identity formation was crucial. He also explained the more direct educational discrimination he faced in Burma via the translator:

In the village also, they cannot stay in the school. It's the government school, but they do not run properly. If there are no teachers, they going to close. Maybe 1 week, or 2 weeks, they do not care. It's not regular class, it depends on the teacher. I want to do something that I want, I think I can do everything here, in Malaysia. I can study, I can study everything, in Malaysia.

It is evident that the Burmese government not only oppressed minority groups by stripping them of their cultural identities, controlling and influencing their identity formation, but also, it actively deprived these groups of an education. The Burmese government ensured the educational quality of minority individuals will be low quality, inconsistent, or nonexistent. Unequal educational opportunities are simply another means of oppressing ethnic and religious minority individuals.

Family separation as a necessary means of survival in the process of fleeing

Burma. Myat explained that he had been separated from his father. He and his mother

remained in Burma, while his father had already fled to Kuala Lumpur. He and his mother traveled alone in order to be reunited with his father. Another boy, Htun, had also been separated from his family. His father was in Malaysia, but his mother and younger sister remained in Burma and he traveled alone. Htun stated, "I want to stay with my father, that's in Malaysia, I want to see him." These instances of family separation further illustrate the theme that government oppression of minority groups created a crisis situation for ethnic minorities in Burma. The environment that results as a byproduct of oppression forces families to separate due to a desperate need to flee the country. Minority individuals flee as a means of survival even if it means separation from their family. Similarly, they flee to be reunited with those who have already been forced to leave the country. The oppression that divides the family unit creates a dangerous situation fueled by desperation; it results, even, in children fleeing alone.

Government oppression via direct religious persecution. Unlike the other boys, Thet faced intense religious persecution in the most direct form. In his village, all of the Christian houses were burned to the ground by Burmese soldiers impersonating Buddhist monks. Thet told the interviewer that soldiers impersonated monks to facilitate the attack on the Christian Chin, an attack which was organized by the government junta military; this may be hard to believe but there are consistent, repeated reports by human rights groups of the violence perpetrated and instigated by, of all people, Burmese Buddhist monks (Smith, 2013). Horrifically for Thet, his parents and his uncle were killed in the fire. In total, about 15 houses were burned, including the Christian minister's home. Thet then lived in a Christian orphanage school, but its space was eventually taken over by the government -- all 30 children were forced to leave and the

Christian school was closed. The translator explained on Thet's behalf: "He has no choice and nowhere to stay, so ...[the orphanage director's friends provided him with financial travel assistance which] brought him into Malaysia."

Through Thet's story, it is evident that the Burmese government's oppression knows no boundaries. They inflicted brutal violence upon ethnic and religious minorities without consequence. Government action left Thet a homeless orphan who was completely alone, but was lucky to receive financial assistance to get to a "safer" place, Malaysia. In sum, an overall theme emerged from the group interview that ethnic and religious minority children were forced to leave their homes and flee to Malaysia due to government oppression on the basis of religion, which took other forms in addition to direct religious persecution. From an ecological perspective, government oppression of ethnic and religious minorities influenced the children on various ecological levels -- their villages, families, and themselves -- and took different forms including: direct religious persecution, educational discrimination, and family separation.

Theme: Refugee flight to Malaysia involved unimaginable stressors, including safety hazards and fear of discovery. The four refugee boys shared their stories about their flight to Malaysia and explained the safety hazards and related challenges they encountered en-route which were unique to the refugee child experience. All of the boys, in an effort to avoid discovery, experienced unparalleled danger and hardship as they persevered on the treacherous journey from their native Burma to Kuala Lumpur, Malaysia. The events of their journey are likely unfathomable for a typical child of the same age.

Fear of discovery. A desperate need to avoid discovery and remain hidden was the primary challenge the boys were forced to endure after fleeing Burma in pursuit of illegal entry into Malaysia. A constant fear of discovery was expressed by all of the boys and had it had the greatest impact on the route they traveled. This fear of discovery made their journey all the more difficult and led to safety hazards which put their lives in danger and other challenges which made their route all the more treacherous. If the boys were discovered, they would face severe consequences. The refugee boys feared discovery because they were afraid of being detained (detainment came with its own set of hostile conditions as described later), sent back to Thailand (if in Malaysia), sent back to Burma, or worse (their lives were at risk).

Safety hazards. The refugee boys, in a desperate effort to make it to Malaysia without being discovered encountered safety hazards which put their lives at risk, such as, being piled on top of each other for long periods of time in a hot motor vehicle, walking around checkpoints to sneak by checkpoint police searching for refugees taking flight, being cramped or hidden while traveling via boat over a river through Thailand, hiding in the jungle with little/no food or water, and being defecated on by young children.

Piled in a motor vehicle. Thet shared his experience riding in the back of a truck without seats, where the children were stacked on top of one another, the oldest children at the bottom and the very young children at the top. The children in this truck were stacked five people high with stacks arranged side by side so that fourteen children in total could fit in the truck bed. Thet had one little girl about the age of five laying on top of him while three more older children lie stacked beneath him. He said it was painful to

lie within this stack of children and very difficult. With the help of a translator he described the experience:

Oh, in the truck they just laid on the wood [of the truck bed], with the old one on the bottom and the baby on the top...and they lay on each other. No, no. Just on top of each other. Maybe I am the one that is a bit stronger, I will stay at the bottom and then it will go lighter and lighter and the baby will be on top. Yes...and people will lay side by side.

In order to make progress toward his final destination while remaining hidden, Thet endured the experience of traveling as if he were cargo. He experienced a situation of utmost physical discomfort, unimaginable for most adults, as a child.

Thet also traveled in the trunk of a car for three hours with five other people breathing through a hole. Kyi traveled by boat and car for two weeks and was stacked in a truck with fifteen other children. He, too, was in stacks of five people near the top with adults at the bottom. Similarly, Htun rode in the trunk of a car with four other people for five hours and then was stacked in stacks of five in a truck with 48 other people for two days. He explained, “forty-eight in a big truck, so they come with other children, so they, lying down, the floor, in the car, five [stacked] on top is two babies.” These children traveled as human cargo, their perseverance fueled by a desperation to reach Malaysia without being discovered as a result of government oppression.

Walking around checkpoints. Thet and the other refugees taking flight were forced to walk around checkpoints in order to avoid going through them because they would be prompted to provide necessary documentation that they obviously did not possess. He explained that the agent (a non-refugee hired to assist refugees on their

flight) knew where the checkpoints were and told you when to get out of the car and where to go. The car then went through the checkpoint and the child met the car again after spending two to three hours on foot. The refugee boys were forced to walk for hours around these checkpoints because they were members of ethnic and religious minority groups in Burma which was hostile to ethnic minority movement across Burma and in Thailand which was hostile to Burmese refugee movement in or across Thailand to get to Malaysia. Their experience is unique to that of a hidden refugee.

Cramped or hidden traveling by boat. In addition, Thet traveled by boat to cross from Burma to Thailand also from Thailand into Malaysia because he could not cross the bridge over the border into Malaysia or he would be required to show a passport. Legally he could not enter the country. Crossing from Thailand to Malaysia, they traveled at night to stay hidden during the time that the nearby road was busy. Traveling by boat meant the possibility avoiding a checkpoint, but it could also mean waiting a few days, a month, or up to three months if they did encounter a checkpoint and were forced to wait outside it and stay hidden. Myat also traveled by car and boat for three weeks, but could not remember much about the details of his route. Htun, too, traveled by boat. Traveling by boat was especially anxiety-provoking for the boys because they did not know how to swim, so they grappled with a fear of drowning.

Waiting in the jungle without food or water. Thet described his experience of waiting in the jungle on the Thailand-Malaysia border for three days without any food. While waiting in this jungle, he hid under waterlilies in a lake for a whole day out of fear of being arrested and taken to Thailand. He stated: "Three days without food. Just hiding inside the water for one whole day. Inside Malaysia. Sometime we from Thailand

go inside Malaysia...most of the people arrested inside Malaysia, go and send back to Thailand.” Kyi told the interviewer about the many checkpoints located in Thailand that forced him to hide in the jungle as well. He told the interviewer that he was hidden in a jungle in Thailand for five days without any food or water (he was likely without water or food for less than five days, and may remember the experience as longer than it really was). Htun also waited in the jungle in Thailand where he said he remained hidden for three weeks (again, he may remember this experience as lasting longer than it actually did). He explained that there was not enough food and he had to wear the same clothes every day. In order to avoid discovery, the boys remained hidden for periods of time with little or no food, and had a fear of abandonment there, not knowing if the agent would ever return or not.

Vomited and defecated on by small children. Htun experienced young children vomiting and defecating on him while he was trapped, stacked in a truck that did not stop. He said, “and the boot (trunk), inside the car, sometimes they just, [urinate] from the top, just ...go down... and some, they vomit.” He and those he was traveling with endured harsh conditions to remain hidden.

Theme: Post-flight life in Malaysia is marred by the challenge of living in a country openly hostile to refugees. After fleeing their home country and gaining illegal entry into Malaysia, a country unwilling to host them, the refugee boys faced continued to experience hardship in their new lives in Malaysia. Treated as illegal immigrants, they endured challenges such as being detained, child labor, and financial and/or family stress. Two of the boys explained how their experiences led to poor mental health, which is discussed in more detail below.

Effects of child detention. Despite Thet's efforts to avoid discovery on the journey to Malaysia, he was detained after he had been living in Malaysia for a few months. Thet explained to the interviewer that he had been discovered by Jabatan Sukarelawan Malaysia (The People's Volunteer Corps [RELA]), a paramilitary civil volunteer corps formed by the government, and he was put in refugee detention for entering Malaysia illegally. He was put in a detention facility near the Kuala Lumpur airport where he stayed for three months. He was given small amounts of food and drinking water from the toilet, which was untreated, raw water that made him ill. He said, "provide a little bit of food and a little bit of water every day from the toilet for drinking water, you know the water supply; it's not boiling water, not drinking water, the raw water." Even after reaching the finish line of Malaysia, his refugee status subjected him to difficult conditions inside Malaysia.

The impact of financial stress. Myat discussed financial challenges in his family. The translator explained on his behalf, "his family, quite difficult, not enough money, he can eat every day, [but] they are outside, the child want to buy something, and no pocket money." Although, it seems like Myat's family had enough food to eat, it seems that they had no means for recreational spending which made Myat feel restricted. Kyi experienced financial challenges as well, and described how his father got into a serious accident at work which required the family to pay medical expenses and left his father out of work:

We do not have money, my dad got accident, in 2009, in March, all the toes was cut by grain. They are carrying the metal, and the grain, just press, and all the toes was lost. [The boss] did not pay. My mum working. And my aunt working for, government.

Kyi's father's accident had a profound influence on his family. His mother and his aunt were working to support the family now that Kyi's father was no longer able to. The accident coupled with the boss' refusal to provide compensation, likely due to the father's refugee status, placed a strain on Kyi's family. Financial stressors contributed to poor quality of life due to refugee status in Malaysia.

The impact of family stressors. Htun talked about his separation from his father while living in Malaysia. He stayed in an apartment with his younger cousin and his father. His father rented the apartment and was only present for a short time about every four months. The two boys lived in the apartment alone for much of the time. A translator helped to explain, "his father rent a flat, sometimes maybe, four months once he used to come here, not every day, they are orphan in the house." Htun's father did agricultural work such as harvesting tea leaves in northern Malaysia and every three months or so he would begin working on a different farm. Htun admitted that he really missed his father while he was away for such long periods of time. Htun lived with limited parental support. His father held a job that required him to be away from his son for long periods of time, but this job was better than no job at all. With limited job opportunities for refugees, Htun's father likely took what he could get despite the impact on his son. Htun's uncle's murder at the hands of another Chin refugee further contributed to his isolation and experience of negative emotions. He referred to it as the bad thing that happened in Malaysia. The translator explained, "his uncle was killed two months ago, in front of the Plaza Phoenix." Htun endured the hardships of family separation and violence while living in Malaysia. These family stressors contributed to negative emotions, poor mental health and quality of life as a refugee in Malaysia.

Effects of child labor. Before being detained in Malaysia, Thet worked in a Malaysian factory which manufactured rubber gloves with other refugees for two months until RELA captured him. He was the only child worker and worked from seven in the morning until seven at night for fifty Malaysian ringitt a day, which is about twelve U.S. dollars. The family's financial situation after his father's accident forced Kyi to go to work as well. He worked nights at a "snooker," a Malaysian billiards bar. He would bring beer to people playing pool, working from six at night to six in the morning, after which he was expected to go straight to school. He discussed with the interviewer how difficult and tiring it was to work such long hours and that not having money made it very difficult to live in Malaysia. Given their refugee status, no one in Malaysia questioned their exploitation for little pay and long hours as child labor. Thet and Kyi worked long hours and went to school, leaving them little time to be a kid.

Theme: The challenge of being a refugee child results from macrolevel factors impacting microlevel emotions and overall well-being. Two of the boys, in few words, expressed the negative emotions they felt during their journey to Malaysia and while living in Malaysia. In describing their experiences and hardships, they rarely talked about how situations made them feel, they only mentioned their emotions, matter-of-factly, on occasion. Kyi, after explaining to the interviewer a time when he had to hide in the jungle for five days without food on his journey to Malaysia said, "I feel very sad." He also admitted to the interviewer his feeling of fear. Thet, after discussing his journey to Malaysia, his various living situations, and the extended period of time when he was unable to attend school, expressed his sadness. The translator explained on his behalf, "he is unhappy, he miss something." He also explained his feelings of being

trapped in Malaysia because he was unable to go outside and run and play and be a kid. He said, “just feel restless staying here.” Kyi, expressed a similar feeling about life in Malaysia, he said, “it’s very hard, it’s very hard to stay in Malaysia.” Although their discussion of emotions was brief, their emotional experience was salient. These group interview results suggest a theme that macrolevel oppression, and perhaps the resulting trauma unique to the refugee experience, had a microlevel impact on the individual child. Even though their articulation might have been limited, I inferred that persecution in Burma forced them into a treacherous journey to Malaysia, coupled with the similar but different persecution, and resulting hidden status and impoverished quality of life in Malaysia has left its deep mark on these children’s emotions and well-being.

Theme: A limited set of hopes and support may be the primary coping mechanism for these refugee children. Hope that the future might offer something better than the experiences of their past, coupled with limited but positive supports in Malaysia may have functioned as means of coping for the refugee boys. The refugee boys’ hopes were of being resettled in a safer country and having a career in the future, while their main source of support in Malaysia was going to school and playing soccer with their schoolmates.

Playing soccer in the school community. The refugee boys’ description of playing soccer appeared to be a means of support, a time to feel like a kid again, and for peer bonding. All of the boys expressed a love for soccer, and they all played on a team through their refugee school. The head teacher of the school coached the team and the boys looked forward to an annual refugee community soccer tournament their team played in, the “Faizal Cup.” During the interview, Htun told the interviewer that he was

the captain of the soccer team, and the head coach, who was the interpreter present at the interview, commented on Htun's talent. Soccer offered the boys a means of coping with life in Malaysia. It was something they had that made them feel like normal kids. They couldn't talk about soccer enough and it seemed that it served as an outlet for them.

The opaque possibility of resettlement. One hope the boys held onto was the possibility of being resettled to a third country, away from Malaysia. They discussed the prospect and waiting process that is resettlement. Kyi's family was scheduled to be resettled to America, but they were rejected after a long waiting process and reassigned to Australia, so, again, they waited. He was one of four children. Kyi discussed with the interviewer waiting to go to Australia and wanting to play soccer when he got there. Two other participants also discussed hopes of being resettled. They expressed that this was his hope because he did not want to stay in Malaysia. He had been waiting in the resettlement process for a year at the time of the interview. The prospect of resettlement may have promised a new beginning, perhaps a life very different than the one they led in Malaysia. A hope that their future would be a stark contrast from the past provided them with a means of coping with their current situation. At the same time, the waiting process for resettlement seemed like it might be frustrating, even if the students did not directly voice their frustration.

Aspirations for a future brighter than the past. The interviewer talked with the boys about what they wanted to be when they grew up. The boys were eager to talk about their career aspirations. Their love for soccer was clearly evident in their future goals, as three of the boys told the interviewer they wanted to be professional soccer players. Myat and Htun wanted to play for Manchester United and Kyi wanted to play

for Chelsea. Thet had a different career goal -- he wanted to be an astronomer and go to another country to study at a university. Similar to the prospect of resettlement, aspirations for future careers and, thus, a potential for a fulfilling future may have functioned as a coping mechanism for the refugee boys.

In sum, refugees experienced support through playing soccer and in the safety of school, and they expressed some limited hopes: possible resettlement and future career aspirations. The current support of soccer and school in addition to the ability to hold onto hope for their futures seems to be the only opportunities these children had to cope with life as a refugee child.

Chapter 5: Discussion

As a result of macrolevel government oppression, refugee children are faced with countless traumatic experiences unique to being a hidden refugee (e.g., Fazel & Stein, 2002; Fazel 2012; Lustig et al., 2004; Low et al., 2014). Such experiences impact refugee children on a deeply personal level and are likely to influence the child's microlevel well-being. Specifically, refugee children who have fled their native Burma to Kuala Lumpur, Malaysia experienced unimaginable government oppression, discrimination, and trauma which may have been associated with negative emotions and mental health outcomes (Low et al., 2014; CRC Malaysia, 2013). How refugee children regulate these negative emotions is associated with mental health outcomes (Paardekooper et al., 1999). This study both described post-conflict child refugee mental health and emotion regulation strategies, and the relations between them, in addition to fleshing out the nature of the unique stressful events and emotions they experienced in flight and life as a hidden refugee in Malaysia as a result of oppression. Quantitative results indicated that refugee students experienced negative mental health symptoms, and that emotion regulation was related to mental health outcomes in that (a) endorsement of emotion regulation strategies is associated with PTSD and depressive symptoms and (b) children with and without a diagnosis regulated their emotions differently. Qualitative results suggested that refugee children, as a result of macrolevel government oppression, encounter countless stressful experiences during their journey to and while living in Malaysia which impact both their emotions and mental health. The discussion that follows will revisit the Developmental-Ecological model, summarize key quantitative and

qualitative findings, integrate qualitative and quantitative results, and address study limitations and implications for further research and practice.

Theory: Developmental Ecological Model

Based on the Developmental Ecological model (Suarez-Orozco et al., 2011) which was adapted from Bronfenbrenner's Ecological model (2006), I argue that macrolevel risk factors influence microlevel mental health. More specifically, I argue macrolevel oppression resulted in traumatic experiences unique to being a child refugee which then impacted microlevel factors within the individual child (e.g., emotions, mental health). In order to support this argument linking these distinct levels within the ecological model, I utilized both quantitative and qualitative data, although the qualitative data provided most of the evidence for the impact of macrolevel factors, like Burmese government persecution, on microlevel factors like child flight and mental health. Through quantitative analyses of the PTSD and MDD results, I was able to explore microlevel refugee mental health. Similarly, through further quantitative evaluation, I explored microlevel emotion regulation patterns among refugee youth, and the relations between emotion regulation and mental health. In contrast, a qualitative analysis of a group interview with four refugee boys shed light on macrolevel factors which had an impact on the boys' well-being, including government oppression, religious persecution, discrimination and hostile attitudes, racism, and a treacherous flight from country of origin complicated by fear of discovery. I argue that the macrolevel factors which emerged from an analysis of the qualitative data impact the microlevel mental health and emotion regulation outcomes examined in the quantitative data.

An in-depth analysis of the refugee narrative further supports the interaction between macrolevel and microlevel factors. Participants discussed macrolevel factors (e.g., government oppression which resulted in flight from Burma) at length, but also touched on microlevel factors of emotions and mental health. Overall, the interview supported the idea that macrolevel oppression factors affects microlevel emotions. For example, one participant discussed being forced to hide in the jungle for five days without food because of macrolevel factors (e.g. hiding so as to not be discovered and arrested while attempting to gain illegal entry into Malaysia) and, on a microlevel, how this made him feel sad and afraid. The macrolevel factor of being forced to embark and remain hidden on a journey that ends with entering a country illegally influenced microlevel emotions of fear and sadness. For another participant, macrolevel restrictions on refugees in Malaysia led to microlevel feelings of restlessness and unhappiness. In addition, I was able to gain insight into potential protective factors (i.e., soccer, school, possibility of resettlement, future aspirations) through the group interview, addressing the resiliency aspect of the Developmental Ecological model. These future hopes and support not only served as protective factors, but actually functioned as a coping mechanism for refugee children. These hopes revolve around change in context at a macrosystem level, like resettlement. In contrast, soccer was organized through the community offering support at the exosystem level within the refugee school environment. School offered a chance for some resemblance of being a normal kid. Both hopes and support also functioned as resilience processes at the microlevel, as well, given their function as a coping mechanism for the individual child in the absence of more traditional child coping methods.

Quantitative Findings

Quantitative results indicated refugee children's regulation of emotions are related to their mental health. Specifically, endorsement of emotion regulation strategies is associated with PTSD and depressive symptoms. In addition, children with a mental health diagnosis regulate emotions differently than those without a diagnosis. For example, MDD is associated with the strategy of withdrawing from sadness, while PTSD is associated with expressing anger. There were also significant associations among emotion regulation strategies which provides insight into constellations of associations among emotion regulation strategies (e.g. withdrawal, expression, and distraction).

Results also indicated that use of emotion regulation strategies are associated with PTSD and MDD symptoms among refugee students. Use of Express-anger was the strongest, significant predictor of concurrent PTSD symptoms, while use of Express-anger, Express-sad, Express-anger caregiver, and Withdraw-sad significantly predicted MDD symptoms. In sum, the way in which refugee students choose to regulate their emotions is associated with their mental health symptoms. Findings support existing research on the association between endorsement of emotion regulation strategies and mental health outcomes (specifically PTSD and MDD) (Badour & Feldner, 2013; Beauchaine, Gatzke-Kopp, & Mead, 2007; Braet et al., 2014; Fainsilber et al., 2016; Tull et al., 2007; Silk et al., 2003) and have implications for advancements in mental health practice. An understanding of which emotion regulation strategies are associated with specific mental health outcomes can be used to incorporate emotion regulation skills training into mental health treatment.

Qualitative Findings

Qualitative analyses explored the unique narrative of refugee children who traveled from their native Burma to Kuala Lumpur, Malaysia. Through a group interview, four thirteen-year-old refugee boys shared their experience of flight from their country of origin to a new life in a country hostile to refugees. Qualitative analyses revealed five themes which emerged from the group interview: (a) intense ethnic and religious oppression by the government creates a crisis situation for Burmese minority groups, forcing ethnic minorities to flee, (b) refugee flight to Malaysia involved unimaginable stressors, including safety hazards and fear of discovery, (c) post-flight life in Malaysia is marred by the challenge of living in a country openly hostile to refugees, (d) the challenge of being a refugee child results from macrolevel factors impacting microlevel emotions and overall well-being, and (e) a limited set of hopes and support may be the primary coping mechanism for these refugee children. Overall, the interview illuminated the challenges, trauma, and intensity of the hidden child refugee experience as a result of government oppression. It also provided insight on how the experiences of a refugee child impact wellbeing, yet, it proved that these children are not without hope. As mentioned previously, there may be hyperbole in the way that the students spoke, however this may have functioned as a way of imploring people to really hear their story.

The refugee boys were forced to flee their homes in Burma due to the Burmese government's oppression of ethnic minorities. Macrolevel government oppression of ethnic and religious minorities led to microlevel separation of families, deaths of family members, and deprivation of cultural knowledge/identity. Macrolevel political factors impacted the boys on a deeply personal level. Once macrolevel oppression forced the

boys to flee Burma and embark on the journey to Malaysia they were faced with countless stressors unique to experience of a refugee child. Their flight was plagued with safety hazards and fear of discovery, unimaginable for a typical child. Their lives were in constant danger, yet they were desperate to continue on. Malaysia, however, did not offer them a safe haven. In Malaysia they were viewed as illegal immigrants and challenged with the task of living in a country hostile to refugee, which resulted in a very restrictive existence. Once again they were part of a minority group without rights or freedom. Arriving in Malaysia may have made them feel even more unwanted than they may have felt in Burma, because they seemed unaware back in Burma about how unwanted they were by the Burmese government. Macro level oppression in Burma and the traumatic experiences that occurred as a result on the journey to and in Malaysia impacted refugee microlevel emotions and overall wellbeing. The oppression and trauma has left an emotional mark on these children in ways they likely could not fully understand at the time. It is important to note that discussion of emotions may not be something they are used to, despite the fact that it may be considered commonplace in some Western cultures; in fact, children in Eastern cultures may be less likely to discuss negative emotions than children of Western cultures (Cole, Bruschi, & Tamang, 2002). In addition, it may not be appropriate for Burmese children to acknowledge their own emotions (O'Neal et al., 2016) and it may even be culturally adaptive in Burma to regulate emotions by containing them (Ahmed, 2004). It is possible that if these children were American, they would have discussed the emotional impact of their experiences in much more detail than they did.

While much of the interview brought negative themes to the surface, it was clear that these children were not without hope. Discussing their aspirations for the future was the only time the interviewer saw the boys smile. It seems that the prospect that the future might be different than their past gave them hope. For refugees, hope, in itself, may be a positive regulatory process. Korner (1970) argued that hope is actually necessary to facilitate healthy coping. Other research has found hope to be a positive coping mechanism with other populations like abused women, veterans with PTSD, family members of individuals with OCD, children with sickle cell disease (Geffken et al., 2006; Irving, Telfer, and Blake, 1997; Lewis & Kliewer, 1996; Marden & Rice, 1995), and even among refugee youth (Goodman, 2004). Thus, reflecting upon hopes may provide reassurance for the boys. It is clear the boys were aware of their hopes, but their conceptualization of them was less clear. The ability to have hope coupled with a concrete awareness of their hopes seems to be their primary coping mechanism. Hopes that the future could offer them much more than their past kept them going. In addition, their love of soccer may have functioned as a resilience process. Since soccer is school-based, it provides a sense of belonging to a school team, a form of comradery. Such a sense of belongingness may have functioned as a protective factor as suggested in post-resettlement refugee child literature (Kia-Keating & Ellis, 2007).

The boys' fact-oriented means of communication in the group interview relates to refugee child powerlessness (Goodman, 2004) and an utter lack of coping strategies (with the exception of hope). I argue that hope functions as their primary coping strategy based on their lack of opportunities to use more traditional strategies. The boys' powerlessness likely left them without any coping strategies to discuss and, even so, they may not have

had the words to express how they coped within the Western idea of coping, as coping varies across cultures (Bjorck, Cuthbertson, Thurman, & Lee, 2001). The qualitative interview indicated that these children could not call their mother or hug their father they cannot get up and run around when they are feeling anxious. Thus, they were unable to employ traditional child coping strategies like social support (Thoits, 1986) and exercise (Rostad & Long, 1996). What they did not say is possibly more important than what they did say. Although they might not have the words to express coping strategies, in reality, they could not cope through a traditional means of coping with the macrolevel factors which induced powerlessness. As a refugee in transit there is no freedom, and self-regulation, which is susceptible to boundaries, requires some freedom (Karloly, 1993). Instead, hope was their primary means of coping with the traumatic experiences they endured as a result of government oppression. These findings are consistent with other qualitative work that has explored refugee child trauma, powerlessness, coping, and hope (Goodman, 2004).

Integration of Quantitative and Qualitative Results

The purpose of the qualitative data gained from a focus group was to shed light on some of the risk factors and refugee experiences that could impact quantitative mental health and emotion regulation results. The qualitative data was separated into themes in order to understand the various risk and protective factors within the refugee experience which may influence mental health and emotions. I view the qualitative data as a possible means of explaining the quantitative mental health outcomes and emotion regulation patterns. While clinical interviews provide valuable quantitative mental health data and diagnoses, qualitative data better captures and contextualizes the experiences

that may lead to negative mental health outcomes and offers a bigger picture of the whole child. These results provided a more detailed understanding of individual refugee narratives regarding flight from country of origin and integration into a second country. Both quantitative and qualitative findings suggested that refugee children struggle with negative mental health outcomes. In detailing the refugee boys' unimaginable traumatic experiences, qualitative findings offered an explanation for the quantitative high incidence of mental health symptoms. In addition, qualitative details about the impact these experiences had on refugee emotions and how the boys coped with negative emotions supported the quantitative link between emotion regulation and mental health. The combined methods design led to greater depth than separate methods. For example, the qualitative interview suggested the students have trouble expressing emotions verbally, although quantitative results indicated that they are aware of emotional experiences. In addition, qualitative results offer a more detail explanation of their coping that goes beyond what was reflected in a quantitative emotion regulation questionnaire. Integration of qualitative and quantitative results cemented the link between refugee experiences, emotions, and mental health.

Study Limitations

Several limitations should be taken into account when considering the results of this study. First and foremost, issues surrounding culture created several barriers and obstacles. The data collection was led by a highly educated, white American researcher, who could only spend a limited amount of time in Malaysia. Furthermore, I write this paper through my own cultural lens of a white, college-educated, American female. These facts about our backgrounds and our cultural lenses are highly important. This

research was conducted and written through a western lens. This is even more noteworthy in reference to the qualitative work. Having a focus group led by a White American researcher may have influenced how the refugee boys presented their stories and what information they chose to share. There may have been a power differential among the interviewer, the interviewees, and the translator, which may have impacted the information that was expressed and the way it was presented by both the interviewees and translator. As an educated, White, American the interviewer may have been viewed as an authority figure by both the translator and the refugee boys. The translator, as he was also the refugee school director was viewed as an authority figure by the boys. The presence of such authority figures may have impacted the interview process. Similarly, my research on refugee youth is limited based on my lack of belonging and lack of a shared identity. As I am not an ethnic-minority, hidden refugee child living in a country which is hostile to refugees, I will never be able to fully capture the experience of this population, nor do I claim to. My intention with this work is simply to share their story in the best way that I can and give some sort of a voice to their often overlooked experiences. It is also to raise awareness not only about their experiences and the challenges they face, but about the relation of such macrolevel factors with their mental health (Bronstein & Montgomery, 2011; Fazel & Stein, 2002; Hepinstall et al., 2004; Lustig et al., 2004; Ventura, Liberman, Green, Shaner, & Mintz, 1998)

On a related note, data collection was limited as translators were used to help collect and transcribe data and at times forms were translated into the native language of the participants. The interview with the four refugee boys was facilitated by a translator, who was viewed as authority figure by the boys, and had an average English speaking

ability. It is quite possible that nuances of the interview could have been lost because the translator's English was not perfect. His position of authority may have impacted the information shared by the boys. Overall, it should be understood that language barriers and the use of western measures adapted into the participants' language could possibly affect the integrity of the data. Additional limitations are a relatively small quantitative sample size coupled with an extremely small qualitative sample size and having data for only one time-point. It would have been ideal to collect data at additional time points to analyze change. Moreover, although a portion of the quantitative data was collected via semi-structured clinical interview, which is a methodological strength, I relied on a single self-report measure to obtain emotion regulation data, which has not been specifically validated on a Burmese refugee child sample. It must also be noted that the emotion regulation data, rather than being directly observed in a lab setting, was collected via a self-report scale which relies on the use of an arbitrary metric to measure the construct of emotion regulation.

Another limitation is the use of archival data for this study, particularly in regard to the qualitative data. There were no direct questions in the group interview about emotions or mental health. For example, after a child discussed a highly traumatic incident, they were not directly asked how that experience made them feel. Instead, I had to rely on few emotion-related interviewer probes (e.g., I bet you felt scared too). These types of questions would have been highly valuable in linking the qualitative data with the quantitative emotion regulation and mental health data. Future research, as discussed later in more detail, should utilize a larger qualitative sample and focus on linking experiences with emotion and well-being. This research might be viewed as a

preliminary study to guide future research. Future research should include longitudinal analyses with larger quantitative and qualitative samples. Additional emotion regulation measures, a more diverse refugee sample, and a qualitative interview that focuses specifically on the links between experiences, mental health, and emotions would also be useful.

Implications

Implications for school psychologists and other professionals. This research is meant to raise awareness of immigrant trauma and emotional functioning for school professionals who will work with refugees since, it is easy, as an American, to become numb to migrant trauma given the recent overwhelming media attention to refugees and migration (Erbenraut, 2015). This work has implications for practitioners and educators worldwide, but particularly in those countries with large populations of resettled refugees, especially refugee children. For example, in the U.S. over a third of the resettled refugees are children (BRYCS, 2016) who are now attending American schools. There is an overwhelming necessity for the professionals who serve refugee children in countries of resettlement to understand their experiences before they were resettled. The refugee narratives analyzed in this research illuminate the traumatic experience of being a refugee child prior to winning the resettlement lottery. Such experiences are unimaginable for most children in the western world and often unfamiliar to western practitioners. Having some knowledge of what a refugee child might have faced in their past will give professionals a better sense of the whole child. In addition, this work will help those professionals to understand some of the mental health and emotional difficulties faced by the refugee youth they serve which are likely a byproduct of their experiences. It also

provides insight into possible protective factors like team sports and a sense of belonging, which raises practitioner awareness of the benefits of involvement in extracurricular activities for the migrant populations they serve. Understanding refugee mental health, emotions, and experiences will help school psychologists, professional psychologists, and school staff to better serve refugee children.

Implications for future research. This research can help guide further research as it is the first study of its kind to quantitatively examine mental health (via clinical interview) and emotion regulation in a population of post-conflict refugee children, paired with qualitative narrative data. It is an important step to first understand mental health among a specific population before developing a treatment or intervention (Nastasi & Jayasena, 2014; Nastasi, Varjas, Bernstein, & Jayasena, 2000). One of the most important contributions of this research is that it can inform future research on treatment or intervention development for similar post-conflict refugee populations. The link between emotion regulation and mental health among post-conflict refugee children may encourage researchers to examine this link in refugee children who have fled to countries other than Malaysia, in a larger sample, and at more than one time-point. The interesting illumination of the quantitative results via the qualitative analyses may encourage further research to replicate this work using a true mixed-methods design that really expands upon the role and possibilities of the qualitative portion of this work. Further research might consider a much larger qualitative sample and even a larger quantitative sample from multiple countries of origin with a qualitative interview that specifically focuses on the impact that macrolevel factors have on microlevel mental health. For future qualitative research on refugee emotions, researchers should ensure the interviewer is not

viewed as an authority figure by the interviewees. Researchers may also consider preliminary activities to help participants feel more comfortable discussing emotions.

Conclusion

Given that the 33 million displaced children around the world face extreme challenges in their resettled countries, this study sought to examine the nature of mental health, emotion regulation strategies, and experiences in a subset post-conflict population of mostly Burmese refugee children. In this paper I have argued that macrolevel factors can influence microlevel mental health among refugee youth. With the goal of understanding the stressors that may cause mental health challenges, this work explored themes raised by Burmese refugee students in qualitative interviews addressing persecution and related stressors faced in Burma, their flight to Malaysia, and their life as a refugee in Malaysia. Quantitative results indicated that refugee students do experience negative mental health outcomes and their mental health outcomes are related to their patterns of emotion regulation. Additionally, qualitative narratives supported the overall argument that macrolevel factors have an impact on refugee students' emotions and mental health. This and future research may raise awareness about the experiences of hidden refugee children, a population so often overlooked. If nothing else, such research gives their hidden stories a voice, so that hearing their stories is a call to action.

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Table 1

Refugee Student Demographics

<i>Variables</i>	
Age (<i>mean and SD in years</i>)	14.22(2.08)
Gender (%)	
Female	51.1
Male	48.9
Ethnicity (%)	
Burmese - Chin	30.0
Burmese - Rohingya	22.2
Burmese- not specified	16.7
Burmese - Shan	2.2
Burmese- Zomi	1.1
Burmese- Yuan	2.2
Pakistan- Pakistani	11.1
Sri Lankan- Tamil/Indian	11.1
Iran- Iranian	3.3
Religion (%)	
Christian	33.4
Buddhist	17.9
Muslim	41.0
Hindu	7.7
Living Situation (%)	
Two-parent home	74.4
Country of Origin (%)	
Burma	74.4
Pakistan	11.1
Sri Lanka	11.1
Iran	3.3
Months in Malaysia (%)	
<12	15.9
12-23	17.1
24-35	21.5
>36	45.5

Table 2

Group Interview Questions

<i>#</i>	<i>Question</i>
1	Where did you live in Burma?
2	Why did you leave Burma
3	How old were you when you left Burma?
4	How did you flee Burma?
5	How did you get to Kuala Lumpur and how long did the trip take?
6	How many people fled with you?
7	What did you experience en route? Did anyone help you?
8	Were you detained or imprisoned? How were you treated?
9	What happened upon arrival in Kuala Lumpur?
10	Who came with you to Kuala Lumpur?
11	Who do you live with In Kuala Lumpur?
12	How long have you been in Kuala Lumpur?
13	Has anything bad happened since your arrival; anything good?
14	Do you like living in Malaysia?
15	What is your hope for the future?

Table 3

Emotions as a Child Rating Scale (Anger)

<i>#</i>	<i>Emotion Statements</i>
1	When I was angry, I would go to my mother or caregiver.
2	When I was angry, I would go off by myself.
3	When I was angry, I would try to get my mind off of it.
4	When I was angry, I would cry.
5	When I was angry, I would share my feelings with a friend.
6	When I was angry, I would show my anger.
7	When I was angry, I would clam up and keep to myself.
8	When I was angry, I would read or watch TV.
9	When I was angry, I would withdraw.
10	When I was angry, I would tell a friend about what made me feel angry.
11	When I was angry, I would go to sleep.
12	When I was angry, I would go hang out with a friend.
13	When I was angry, I would yell or stomp around.
14	When I was angry, I would tell my caregiver or caregiver about what made me feel angry.
15	When I was angry, I would spend time alone.
16	When I was angry, I would show an angry face.
17	When I was angry, I would share my feelings with my Mom.
18	When I was angry, I would eat to make myself feel better.

Table 4

Emotions as a Child Rating Scale (Sadness)

<i>#</i>	<i>Emotion Statements</i>
1	When I was sad, I would go to my mother or caregiver.
2	When I was sad, I would go off by myself.
3	When I was sad, I would try to get my mind off of it.
4	When I was sad, I would cry.
5	When I was sad, I would share my feelings with a friend.
6	When I was sad, I would show my sadness.
7	When I was sad, I would clam up and keep to myself.
8	When I was sad, I would read or watch TV.
9	When I was sad, I would withdraw.
10	When I was sad, I would tell a friend about what made me feel sad.
11	When I was sad, I would go to sleep.
12	When I was sad, I would go hang out with a friend.
13	When I was sad, I would yell or stomp around.
14	When I was sad, I would tell my caregiver or caregiver about what made me feel sad.
15	When I was sad, I would spend time alone.
16	When I was sad, I would show a sad face.
17	When I was sad, I would share my feelings with my Mom.
18	When I was sad, I would eat to make myself feel better.

Table 5

Correlations between Mental Health and Emotion Regulation Strategies

	MDD	PTSD
MDD	-	-
PTSD	.091	-
ER Sad Withdrawal	.386**	.127
ER Sad Express	.249*	.198
ER Sad Distract	.046	.166
ER Angry Withdrawal	.240*	.030
ER Angry Express	.078	.303*
ER Angry Distract	-.011	-.071

*p < 0.05

**p < 0.01

Table 6

Regression Models: Emotion Regulation Strategies as Predictors of Mental Health

Model		Sum of Squares	df	Mean Square	F-Statistic	P-value
MDD						
	Regression	629.649	4	157.412	7.138	.000
	Residual	1808.305	82	22.053		
	Total	2437.954	86			
PTSD						
	Regression	34.801	1	34.801	4.345	.043
	Residual	344.399	43	8.009		
	Total	379.200	44			

Table 7

Regression Coefficients

	B	Std. Error	β	T-Statistic	P-value
MDD					
ER Sad Express	2.597	.860	.325	3.019	.003
ER Sad Withdrawal	2.580	.607	.441	4.253	.000
ER Anger Express	-1.567	.829	-.217	-1.890	.062
ER Anger Express to Caregiver	-.944	.480	-.191	-1.969	.052
PTSD					
ER Anger Express	1.272	.610	.303	2.084	.043

Appendix A

Codebook

1. Reasons for leaving Burma	<ul style="list-style-type: none"> a) Do not know why b) Religious persecution c) Educational discrimination d) To be reunited with family in Malaysia
2. Flight to Malaysia: safety hazards en-route	<ul style="list-style-type: none"> I. Hidden in Yangon II. Piled in a motor vehicle (i.e. truck bed, trunk [boot]) III. Walking around checkpoints IV. Cramped/hidden traveling by boat <ul style="list-style-type: none"> I. Waiting in the jungle water II. Waiting in the jungle III. Little/No food or water IV. Being vomited/defecated on by younger children V. Constant fear of discovery
3. Feelings about experiences	<ul style="list-style-type: none"> a) Expression of negative emotions (e.g., sadness) during journey or while living in Malaysia
4. Challenges as a hidden refugee boy in Malaysia	<ul style="list-style-type: none"> a) Detention b) Child labor c) Financial and Parental Stress d) Family separation e) Poor mental health
5. Supports/hopes as a hidden refugee boy in Malaysia	<ul style="list-style-type: none"> a) Possibility of resettlement b) Soccer
6. Aspirations for the future	<ul style="list-style-type: none"> a) Professional soccer player b) Astronomer

Appendix B

List of Qualitative Themes

- 1) Intense ethnic and religious oppression by the government creates a crisis situation for Burmese minority groups, forcing ethnic minorities to flee.
 - a) Lack of knowledge about government oppression and related macrolevel factors.
 - b) Educational discrimination and lack of ethnic minority cultural identity knowledge.
 - c) Government oppression via direct religious persecution.
 - d) Family separation as a necessary means of survival in the process of fleeing Burma.
- 2) Refugee flight to Malaysia involved unimaginable stressors, including safety hazards and fear of discovery.
 - a) Fear of discovery
 - b) Safety hazards.
- 3) Post-flight life in Malaysia is marred by the challenge of living in a country openly hostile to refugees.
 - a) Effects of child detainment.
 - b) The impact of financial stress.
 - c) The impact of family stressors.
 - d) Effects of child labor.
- 4) The challenge of being a refugee child results from macrolevel factors impacting microlevel emotions and overall well-being.
- 5) A limited set of hopes and support may be the primary coping mechanism for these refugee children.
 - a) Playing soccer in the school community.
 - b) The opaque possibility of resettlement.
 - c) Aspirations for a future brighter than the past.

Appendix C

Refugee Boy Group Interview

LEGEND

- **Interviewer: C**
- **Translator: A**
- **Translator 2: L**
- **Participant 1: P1**
- **Participant 2: P2**
- **Participant 3: P3**
- **Participant 4: P4**

Speakers	Verbatim Transcription
C	So you guys are how old?
P1	15
P2	15
P3	14
P4	14
C	Ok. So let me explain, I think Anthony explained why we are interested in talking to you. We don't know how people get from Myanmar, Burma down to Kuala Lumpur. I know there a agent right that may take you and I know sometimes people are put into detention or jail, arrested and imprison and we want to understand this and so that we can help other refugee who come down. If we know what is like, then we can help other refugees who just come, who just arrived and it is a very hard trip and so we think we can better help them if we know.
A	*translates*
C	Is that ok?
All participants	Yes, Ok.
C	I didn't introduce myself, I'm Colleen and this is Edward and I am from US, remember US? Where we are all refugees... Remember that, remember that? And I am a teacher, professor at a university in the US who helps children feel better and Edward is also a teacher, he helps teaching at HELP University here. Ok?
A	*translates*
C	So I want to like at Harvest Centre, and other schools, Karen school, Rohingya and other ethnic group, plus Chin, we try to help children feel better... and if they were like in detention or jail, we help them feel better after. Does that make sense?
A	*translates*
C	I am not from UNHCR. I am not! I don't give registration cards... I don't... So you can say anything to me and it won't affect your status with UNHCR, you know it won't affect anything. This is private... right? I am not showing who you are either, right? Is just so that we can understand how to help children feel better. That's it.
A	*translates*
C	So I cannot take away your refugee card just to be clear. No matter what you tell me, I cannot take away your refugee card. I am no UNHCR. No power.
A	*translates*
C	So that is clear? Ok good... So I am going to start asking you questions, first about where you live in Myanmar, you know in Chin state... all in Chin state... different areas in Chin state... so like I just went to Myanmar and near Mount Victoria or near India? Like somewhere around in that area.
P1	Near the Indian border
C	For you is Chin state, Indian border. What is your town called?
P1	Kalaymyu

C	*To P2* What is your town called?
P2	Mindat
C	*To P3* And how about you?
P3	Matupi
C	*To P4* Same Matupi?
P4	Nodded
C	Did you come together?
P4	No
C	No, separate.
A	Different village also
C	So different tribe? So different dialect?
A	Different village only
C	Oh but in the same Matupi area. *To P3 & P4* You do not know each other in Myanmar?
P3 & P4	No *laugh*
C	Ok. Why did you come? Why leave Myanmar?
P1	I come from an orphanage school.
C	Is a Buddhist? Buddhist school or a government orphanage school?
A	Christian school but he is from Mindat, but he grew up in Kalaymyu
C	Oh so he is originally from Mindat but you (P1) went to Kalaymu because of the orphanage school.
A	He is from Machong
C	Machong, it is near Mindat? Oh near Mt Victoria. I heard that is beautiful. So you went to a Christian orphanage school?
P1	Yeah
C	Ok, from what age to what age? When do you start? From the age 5 or... when do you move to the orphanage?
P1	Age 4
C	Age 4, you went to the orphanage. Ok and you stay at the orphanage till what age?
P1	Until I came here
C	Until you came here? So that is 13? When you left Myanmar, how old were you?
A	*translates*
P1	12
C	So you have been here for 3 years?
P1	Almost 3 years...
C	And before age 4, you live in a Mindat state, the area, you did you live with then?
P1	With uncle
C	Did your parents died at what age? How old were you? When they left?
P1	I don't know...
C	Oh ok... you don't know... No knowledge. So you live with your uncle and then you moved to the orphanage... and were you Christian before you moved or become one when you join the school?
A	*translates*
P1	Before
C	Oh you were a Christian before... So were they all Christian before they came here?
A	Yes
C	Ok... So the majority of Chin are Christian or...?
A	Minority of Chin are Christian
C	Ok, so the group that moved here are Christians. All of them
A	So this is what I heard from them. There are 15 houses of Christians, one of the minister (13.11)
C	They burned? They burned the house?
A	Yeah they burned the Christian houses
C	Oh gosh... and which village?

A	Machong village, near Mindat. Near his (P1) house
C	They burned his (P1) uncle house?
A	Yes and his (P1) parents'
C	So is that how they died?
A	Yes
C	They died in the fire?
A	Yes. They were burned in the house. Well this caused frustration, I don't know. If you are a Christian, usually all with the same religion will stay together. That why they stay there
C	So was it the Buddhist that came or...?
A	Yes, the Buddhist
C	The Buddhist Chin burned the houses not the government
A	No, the Buddhist Chin
C	Buddhist Chin burned about 15 homes... because they thought that the healing will caused people to die by the Christian minister
A	Yeah because of religion. So there are some that stay with us
C	Are they from the same village or different village?
A	Some of them come of the same village
C	Hmm... Because of the burning
A	Yes
C	Ah... wow... So awful tragedy to happen from a misunderstanding.
A	Yeah so what they say is some of monks were actually soldiers
C	Oh really? So they pretended to be monks but they were really soldiers...
A	...Yeah the monk is really not a real monk... You know, all the soldiers. They built a big border and one of them is the general who pretends to be a monk... but they still have...(showing an action)
C	Monks with gun
A	Yes
C	That's right. Only in Myanmar
A	They call this missionary. The Chin missionary for the Burga
C	And so those monks you think who ordered people to burn the Christians?
A	Yes
C	So it was actually the military, right? So that is how the military do it. They pretended to be monks and then they burned down the Christians because the Christians are the group who is enemy of the government
A	Sometimes if they burned the church also... that is why these monks they ordered, they have to be obey..., have to listen to these monks, what they say is right.
C	And people obey and they burn... without really understanding that they are being manipulated by the military government, right? That is it is actually the government and not Buddha... Yeah when will Buddha ever say burn people's houses, right? It not violence. Ok, that is what happened to his village and after that did he moved to Kalaymu, to the orphanage school? Because he lost his parents in the fire...
A	Yes
C	So was his village also part of rebel groups? Chin rebel groups in fighting the government?
A	No (Stop at 17.48)
C	No, they were just Christians. Where were the rebel groups who fought the government?
A	They are now fighting at the border. It is in middle of the Chin state. It's everyday, just fighting. And don't stay in the village but in the mountains.
C	So rebels don't stay in the village but in the mountains. They hide... Then, you (P1) were at the orphanage at the age 12, then why did you want to leave Myanmar?
A	*translates*
P1 (A)	The orphanage school, the house was taken by the government

C	Really? So all the kids were kicked out?
A	Yes and they have to close.
C	Really?
A	Yes the orphanage school..
C	Oh my gosh... How many orphans were there? How many? 60 or...?
P1	30
C	30? Okay. Wow.
P1 (A)	So he has no choice and no where to stay, so one of the (unclear) and his friends from America want to call his wife to Malaysia. So from America, the wife come together and brought him into Malaysia.
C	They helped him.
A	Yes.
C	Was there someone from America who is there in the Chin state, Kalaymu?
A	There is one in Kalaymu who helped in the orphanage school. They teach...
C	No one from America was there. Just his wife who was a volunteer teacher?
A	Yes
C	And she was worried about them being no school and no home.
A	Yes
C	And so she helped him come down... Did she go with him down to...? How did she helped you leave Myanmar? How did you (P1) leave Myanmar? Because Chin state is over here and Thailand is over here, right? You got Mandalay and you got, you know, Shalenen (spelling) and Kayen (spelling) and that is so far to go... All over to Thailand. Did you go to Thailand?
P1	Yes
C	So how did you get there safely?
P1	By car and by walking
C	You walked? In Myanmar you walked
P1	Yes
C	And... did she pay an agent or she take you? The teacher took you or the agent took you?
P1	Teacher also
C	Oh, teacher went also. Is she from Myanmar? The teacher is Myanmar?
P1	Yes
C	But she is married to someone from the US.
P1	Yes
C	So teacher went with you. You went in a car. Who else went into the car with you? Your friend went with you right? Was it your friend's family you said...who you went with?
P1	Another friend's family
C	So you, teacher and how many in one car?
P1	3 or 4
C	So you have 6 people in the car?
A	About 14
C	14 people in one car? How is that possible? How did they fit you in? Was it a truck? A big truck? No?
P1	Yes
C	Were you in the back of the truck?
P1	Yes
C	Oh, one of those trucks which there are seats in rows?
P1 (A)	Oh, in the truck they just laid on the wood, with the old one on the bottom and the baby on the top... and they lay on each other.
C	You lay on each other?
A	Yes, on each other.
C	Did you (P1) lay on top of each other?

P1	Yes
C	How did that work?
A	It works.
C	They put wood slabs? Like this (action)
A	No, no. Just on top of each other. Maybe I am the one that is a bit stronger, I will stay at the bottom and then it will go lighter and lighter and the baby will be on top.
C	People laid on top of you?
A	Yes...and people will lay side by side.
C	Oh side by side, like this (action)?
A	*unclear*
C	They stacked on each other?
A	Yes
C	So someone is on top and another and another?
A	Yes
C	The lightest one, the baby will be on top?
A	Yes
C	Oh my gosh, and that must be very hard
P1	Yes
C	Did they hurt?
P1	Yes
C	Did you have someone on top of you? Or you were on top?
P1	Someone on top
C	There is someone on top of you?! And you were 12 years old! Who was on top of you? Like a 5 year old?
P1	A girl
C	A girl who was smaller than you. She didn't had anyone on top of her?
P1	No
C	It was just you and the girl and that's it? Right?
P1	Nodded
C	So how many more were underneath you?
P1	3
C	3 were underneath you? So you have 5 people in one spot?
P1	Yeah
C	Wow. So was that what happen to you? You have 3 people underneath you?
P1	Yes
C	And then you have another stack next to you, and another. And that's how they fit 14 people in the back of the truck, right? It's like a flat truck at the back
A	But sometimes it depends, the border, the check point. Sometimes the check point is quite strict, so we stop there and stay in the jungle. If the check point is not strict and we can pass, they will quickly, they will just drive for another 2-3 hours and start walking again. And if we can take the truck or car...(unclear)
C	So the truck goes through without you, you get out of the car. The car went through and then you meet the car?
A	Yes
C	2-3 hours later?
A	Yes
C	And then you get into another check point and you get out before hand, car goes through, you walk and then you meet them again.
A	Yes
C	And that is within Myanmar
A	Yes
C	So some places have some checkpoints and some don't in Myanmar, right?
A	It depends on the way the agent used. Because mostly we used the agent. They will know the way.

C	Yeah they know when you need to get out before the checkpoint and where to go...
A	Yes yes
C	So that is how you walk, car, walk, car
A	Yes
C	So that is how you get all the way from the west
A	Yes
C	From Chin state all the way to... where did you go? Did you go to Thailand through Kenyan state (spelling) or through Shans? How did you go? Which state did you go through to get into Thailand? Like over the border
A	*translates*
P1 (A)	The used the Yangon way. There is a lot ways.
C	So tell me again, what are these towns?
P1 (A)	*unclear*
C	So Mandalay, Yangon. So what is before Mandalay? (25.46)
P1	Kalaymu
C	Oh Kalaymu. Ok, Kalaymu, to Mandalay and then Yangon and then Pan? How did you know?
A	No, Yangon and then Pya Tho Su
C	What is that?
A	Pya Tho Su, is the border city inside Myanmar.
A	You know it's like air soil
C	Oh is Iriwaty? Is it across Meisang (spelling)?
A	Yes is down to Patong
C	So it's a safer way to get across.
A	Yes
C	They actually went to Yangon and went south.
C	Oh did they go on a river? In a boat?
A	Yes
C	You took a boat?
P1	Yes
C	So car, walk, car, walk, boat? Down the Iriwaty. What you guys called, its different. It's in Mekong but in different name. In Myanmar you called it a different name. Ok you went through Mekong, so you probably pass Paan going down and there is a river also run in Thailand? is that how you cross the border? By river or is through the mountains?
A	*explaining route on the whiteboard. See video* (27.40)
C	So you didn't actually go to Bangkok. He actually went through Pya Tho Su. And then did you go through water again, you cross over in a boat? Like the way you pointed?
A	Is Thailand and Malaysia border (unclear) If we go through the trek border, the bridge, Thailand and Malaysia, so we can't past. So we used the boat.
C	Right, because you can't officially enter. So use a boat and like at night, like how do you do, you have the row the boat at night otherwise they will see you? Or did they care? It is not that tightly watched.
A	Well sometimes when both sides of the road is very busy about 7-9, then we will go.
C	It is good that is busy, then you can go. They don't care and they don't check your passport.
A	Yeah they don't check
C	Really? So you just go across?
A	If only they check on the bridge. Sometimes there is Thai people that work in Malaysia part...(unclear)
C	So they don't go over the bridge where they check the passport? They go on the boat and further down at night
A	And both sides sometimes we need to wait for 2-3 days... you know if they do some checking.. so you wait until you know

C	So you wait... but it sounds like you are doing a lot of waiting
A	Yeah sometimes it could take up one whole month
C	One month?
A	Yeah.
C	To get all the way from Chin state to Thai border? A month?
A	Sometimes it could be 3 months
C	3 months?
A	Yeah sometimes it could take 3 months. Sometimes they stay at Yangon a lot
C	Oh so they stay in Yangon and hide.
A	Yes they hide and just waiting at the checkpoint. Because some agents they will give money...
C	So they give money to someone they trust... to get people across. So all 14 of you went all the way? From Chin state to KL? Or maybe just the 5 of you at the end? Or is it hard to say?
A	*translates*
P1 (A)	Thailand to Malaysia only 5 person
C	So you started with 14 but only...they dropped off, they went in their different ways... Not all went to KL. And the other children?
P1	2 children
C	So you, 2 children and 2 adults?
P1	So there were 3 children and you were one of them? So 2 adults and 3 children.
C	Who pay for you to get there? That's a lot of money. Who pay the money?
A	*translates*
P1 (A)	One of the teacher's husband from America.
C	From the US? He wired some money maybe. And probably they got the money from Yangon. So the teacher's husband paid for you and 2 other children?
P1	Just for me
C	Just for you? You the only one? Where did the other children go?
P1	Other family
C	Another family took care of them. Are they all in KL? Or did they go somewhere else?
P1	Some went to KL and some went to some other places.
C	In Malaysia or do you know?
P1	Don't know.
C	So only one another child came from the orphanage come with you. Ok. So for you, did you say it take one month for you to get from Kalaymu to KL? One month? How many weeks?
P1	2 weeks
C	Oh that's pretty quick. Did you had any bad experiences along the way? Bad or good?
A	*translates* (35.06)
P1 (A)	So what we pass the border from Thailand, from (unclear)water from the jungle (unclear) early 3 days without food
C	You went 3 days without food. And for him (P1) that was true for him too 3 – 4 days without food while waiting for safe time to move forward
P1 (A)	So for him, weekly just hide inside lake (unclear) inside the water hiding there
C	Under the water?
P1 (A)	Yes. Just hiding inside the water for one whole day. Inside Malaysia. Sometime we from Thailand go inside Malaysia ask to (unclear)most of the people arrested inside Malaysia, go and send back to Thailand
C	Is only back to Thailand when they arrest you, they cannot taking them back to Myanmar?
A	No
C	Cause they can't get there, they just taking you to Thailand. So some people are arrested and inserted to Thailand. And then, you actually have to hide in water of all

	day under the water lily. Anything else that was hard on your trip from Chin state to KL?
P1 (A)	So from the border from Malaysia inside KL they said, sometimes inside a car, there's a put bag you know, so keep people...
C	In the truck, or in the back of the car?
P1 (A)	Yes, sometime they take seat sometime they (unclear)use their own car
C	In the boot (switch to American term back and fourth) of the car?
P1	Yes
C	And they lock the trunk?
P1	Yes
C	Were you in the boot?
P1	Yes
C	Oh, for how long?
P1	3 hours
C	3 hours?
P1	Yes
C	In the boot?
P1	Yes
C	With 5 people?
P1	Yes
C	Did you breathe (show inhale action)?
P1	Yes
C	Do you have a hole for you to breathe? They was an air?
P1	Yes
C	It really hard to get air like that, yeah? So 3 hours in the trunk. For some people, I bet they are in it longer than 3 hours?
A	Yes. From Thailand to Malaysia
C	Is Thailand to Malaysia route is in the trunk? Is in the boot? I was wondering where that was, I heard about the boot, but I didn't heard from the border of Thailand, they get the taxi and they paid them to put 5 people in the boot and drive them to Kuala Lumpur. That's longer than 3 hours of drive though.
A	Sometime... It depends on the agent. Some of the agents are different. Some they took the agent from Myanmar to Kuala Lumpur. Some of them they take from Myanmar to Thailand, Thailand to Malaysia
C	Depends?
A	Depends on the agent
C	Ok, so they maybe taking by boat from Myamar to Malaysia, and then it wouldn't be such a long drive to Kuala Lumpur. But from Thailand, that's a long drive.
A	Yea, Thailand is a long drive.
A	Cause most of the ticket (unclear) Thailand because they can (unclear) and see the ocean and (unclear) the water
C	So they can swim?
A	(laugh)
C	No Chin state is not a water state, you guys known hike mountain (unclear) Okay, so they sometime they choose to go Thailand even it is longer
A	Yea, even it is longer. Even how much we walk, we don't care.
C	Yea, some of the boats probably turnover too, right? I mean some of the boat aren't very safe.
A	It's safer
C	Oh, It's safer not to take the boat?
A	Yes
A	(Unclear)
C	But you didn't go through the Thailand, you said. You went Myanmar on the boat to Malaysia, no Thailand?

P1	Thailand..
C	Oh you did some of that Thailand route, just a little bit though Thailand. Not a long way to Thailand, ok. And then you are in the boot and then you coming to Kuala Lumpur. Did you go out to Malaysia at all or just in the back of the car...
A	*translate*
C	Oh right, you walk pretty far from Myanmar to Thailand. Any other bad experience on your way to KL? Any other good experience with people helping you?
P1 (A)	No one is helping,
C	No one is helping, cause everyone is hiding. No one that even knew that they can help them if they wancha. So you are hiding on the way. Okay, Any detention for you, or prison?
P1 (A)	He is in Prison Immigration
C	When you in KL, they found you and then put into a prison.
A	By Rela
C	Rela found him after he coming to KL, not on the way down
A	Not on the way down. After 2 month
P1 (A)	After 2 month, how to get to find them.
A	*translate*
A	(Unclear)
C	What kind of factory they do run?
A	*translate*
P1 (A)	Making a glove
C	Like rubber gloves?
A	Yes
C	And they working at age 12 there, and younger?
P1 (A)	They did
C	They did? And mostly Myanmar Children or all kind?
P1 (A)	Thai, India, Indonesia
C	How many were children? Like what percentage were children working there?
A	*translate*
C	You were the only one?
P1	Yes
C	The rest were adult? You were the only one who is a child, aged 12? Very young should be working. Can ask you how much they pay you per hour?
P1	1 day, RM50
C	1 day equal RM50. Probably higher than some of the people getting paid, actually, for a day. Sometime you don't get paid
A	50 something
C	50 actually pretty good for one day. So you are happy with your paid for one day. For 12 years old, not bad I guess.
C	How long is a day? Like what? 9am to 10pm
P1	7am to 7pm
C	So it's 12 hours a day at RM50. So about RM6 per hour. A long day for 12 years old. So you work there less than 2 months and Rela came in?
P1	Yes
C	They take you and the adults into the detention. Where is the detention, was it in KL or is it further away?
P1	KLIA
C	Is in the airport?
P1 (A)	Yes
	Okay. Detention at the airport, KLIA. Were you just with children in detention, or were you with everybody?
A	*translates*
C	Everybody were put in the same place, or children separate?

P1 (A)	Separate
C	You were separate? You were the only children?
P1	Yes
C	How they treated you?
A	*translates*
P1 (A)	Basically provide a little bit of food and a little bit of water everyday. (unclear) from the toilet for drinking water
C	Toilet?
P1 (A)	Yes. You know the water supply; it's not boiling water, not drinking water. The raw water.
C	It's raw water? It's untreated?
P1 (A)	Yes
C	From?
P1	From the toilet
C	It is sewage?
A	No, it's different (unclear)
C	No, it's before it's get into the toilet. It's the same water, I see. So you could get sick though, because it was untreated. Do you get sick ?
P1	Yes
C	Your stomach, that's it.
P1	(laugh)
C	So how long do you sick in detention? And how many days ? 3 days sick, after first you got there.
A	*translates*
P1	Locked 3 months
C	You were in detention for 3 months?
P1	Yes
C	That's a long time.
C	3 months?
P1	(nodding)
C	How they treat you? Do they yell at you, or they just leave you alone
P1	...
C	They just leave you alone? No talking to you? Why they do let you go, why they don't take you to Thailand? You know, maybe don't know, you don't know why. They just let you leave and go back in KL? Or do they
A	*translates*
C	What happen? They came one day and said you can go?
A	*translates*
P1 (A)	They said just left the room and just leave...
C	They just open the door and said go
A	They don't talk to you
C	They don't even ... about it, just said "go. We done with you", and you came back to KL ? And then what did you do after that?
P1 (A)	After came from prison, so he came here and stay with one of the minister from the same village
C	Oh, you found the minister from the same village
A	One of the minister from the same village
C	Christian minister who had the houses burned, and the church?
A	Yes
C	That's his church that had being burned? The church that have being on fire?
A	Yes. I don't know
C	No, not on fire. But he left his (unclear) being burned
A	Yes
C	Okay, and so you stay with the Christian ministry?

A	Yes
C	He's Chin, right?
A	Yes
C	And then he met you guys
A	Yes. Became (unclear) one of the minister, they had to move to America very soon. So, he also had to stay there. So I come with him, the minister also... with me...
C	OK. So how long that he was moved with you?
P1	January
C	OK. So he been with you for about 6 months
P1 (A)	It's already 6 months
C	So how long did you live with the Christian Minister ? A year and the half?
P1	7 months
C	About 7 months, and then 6 months with the guys. So, you were in long time with no school, right ? I mean you haven't see you for less than a month, you were travelling, I mean getting from Myanmar to here, and then couple of months working, manufacturing, and then few months in the detention, and then you come to the Christian minister, were you in school then ? How long this is school have been up being?
A	First school from here start from 2000. Oh from 2007, I'm sorry
C	Ok. About the past a year and the half he been in the school here.
A	Yes
C	Okay. But that was over a year with no school, right? And then Maybe there was no school back in Myanmar for a day. A little bit?
P1	Yes
C	Okay. Anything else you want to tell me about, you know, life in KL for you ?
P1 (A)	He said he's unhappy and beside giving something on a...
C	I'm sorry, he is not happy
P1 (A)	He is unhappy. He miss something
P1 (A)	No, just feel restless staying here
C	Oh you feel restless.
P1 (A)	Yes
C	Because you are trapped in this place
P1 (A)	Em
C	And you can't go run, and play, and the outdoor, is that is?
P1(A)	Yes, you know, and of course, and he forgot to say that he's being restless and you know..
C	He feels restless.
P1(A)	Yes
C	What would make him not restless? Can you ask him, what would have made him happier, happier?
A	*(translate)
A	Because he forgot to say (*unclear)
C	Ok, Ok. What do you have hope for, what do you wish doing over here?
A	(*translate)
P1(A)	Scientist
C	Scientist, yes what kind of science? Hope to be, a scientist
P1(A)	Em
C	What kind of science, like animals, or
A	(*translate)
C	blue (*unsure whether is the word)
A	(*translate)
P1(A)	Space

C	Astronomer, that's the way we call, all right, and so you want to study, like in university, and, maybe go to another country? You want to go Ardiva, you want next stereocard?(*unsure abt the words..)
P1(A)	Yes
C	Ok, so, he's now in line, has he been introduced by your next ER, for your replacement?
P1(A)	Yes
C	Ok, so you are just waiting.
P1(A)	Em
C	And then you could go to school on another country, and study astronomy
P1(A)	Em
C	Ok, ok, good, erm, can I ask you questions?
P1(A)	Yes
C	Yea I wouldn't ask so long, I promise, I wouldn't be so long because I think i understand, I understand the rule, the big part of the rule, yea, ok, could you be able to tell me generally, when you came, let's see, you are, erm, Mindat, yea you left Mindat, how old when you left Mindat?
A	(*translate)
C	You were 12 too, just same, same, he left when he's 12 and you left when you are 12. Ok, and did you take the same route? Or different? Straight to KL? You took car, walk, boat?
P2	Yea, boat
C	Boat too
P2	Car
C	OK. Did you go to Bangkok, or no?
P2 (A)	(*translate)
P2(A)	Hahaha, he can't remember, just come with the river, you know
C	Yes
P2(A)	You see, he doesn't know which place, which place,
C	He doesn't know, doesn't know, but not Bangkok, no, he doesn't take the long route through Bangkok. OK. How many people came with you to KL? How many?
P2(A)	10
C	About 10 people? 10 people to KL? And how long do you take with that route? 3 months? 2 months? One month? Two weeks? To go from Chin state, Mindat, to KL, how long?
P2	3 weeks
C	3 weeks, 4 weeks?
P2	3 weeks
C	3 weeks. And so you were 12 years old when you came here, did you work in the factory too, or no?
P2	No
C	No.. What did you do when you came? How you came to this school?
P2	His father is already applying here.
C	Oh, he came with his parents
P2(A)	The parents, the father is already in KL
C	Ar... OK
P2(A)	So, everything is fine for him.
C	So, the father came first
P2(A)	Em
C	And did he come with his mum then?
A	(*translate)
C	Or did he come by himself?
A	(*translate)
C	Who did he come with?

P2(A)	With his mum
C	Ar, that would must felt like a safer track
P2(A)	Yes, yes
C	Also explain why he wasn't working in a factory
P2(A)	Yes, yes
C	Ok, he came with.. OK. Erm, did his father pay for that, pay the agent, that's why he has to work.
P2(A)	Yes
C	Where his father work?
A	(*translate)
P2(A)	He don't know..
C	Hahaha, he don't know.. How do you not know, he work so hard for you... hahhaha. Where is he working now? Where is your dad working now?
A	I think he's working, I used to saw the father
C	Maybe?
P2	Jusco
A	Jusco?
P2	Maluri Jusco
A	Maluri Jusco, it's in Bukit, before Bukit Bintang, there is Jusco in Subang only (05:31)
C	He's is working at, er
P2	Cheras, Cheras there.
C	I'm sorry?
P2	Near Cheras there
C	Near Cheras, but working at a school?
P2(A)	No, just working at Jusco
C	Jusco, Oh Jusco.. Ok, working at Jusco now.. Working illegally?
A	(*translate)
C	Ok, so working at Jusco legally. (05:54) Ok, and you have been in school the whole time? All 3 years? Since you came?
A	(*translate)
P2(A)	Yes, stay in school
C	Ok, the school for all 3 years .. And, what did you want to do later? What's your hope?
A	(*translate)
C	He wants to be a scientist, to astronomer..
A	Football
C	Football! Manchester United to Chelsea
P2	Manchester United.
C	Well of course, of course, we are Chelsea, we are Chelsea, you are Manchester United. All right, so, professional football, right?
P2	Yes
C	So, you love Faizal Cup then? You look forward every year.
P2	Yes
C	You want to be the star player? You want to be the best? All right, you guys count on him, he's your star player
A	He's striker
C	Striker, all right, hahaha, good good good. Ok, anything bad happening in Kuala Lumpur in 3 years? Anything really good, happen?
A	(*translate)
P2(A)	In his family, in January, his family, quite difficult not enough money, so the father will be working
C	Ok, so not enough money. How about food? Does he have enough food? Or is it hard to get food sometimes?
A	(*translate)

P2(A)	He can eat everyday but, its in (no America striking for !!) (07:55) . They are in outside, the child want to buy something, you know, and no pocket money
C	Ok, no pocket money, no sweets no cakes
A	Yes
C	But he can eat everyday? Or some days no food?
A	He did get food.
C	Or sometimes just small.. Ok.... Thank you. And you, haha, did you leave when you are 12 too, wait let me see where you came from, you came from, Matupi, you are both Matupi.
P3	Em
C	And, did you leave when you are aged 12?
P3	No, when I'm 12... I went when I am 10
C	10.. So you have been here for, 4 years?
P3	Yea 4 years,
C	You are 14, right. Yes, 4 years. When did you leave Matupi, when you were 12? So when you have 2 years, 4 years for you 2 years here. And, was your route similar to their route? To get from Matupi to KL?
P3	I came here, from Matupi, by car, and when I was in Keroto,(09:07) I came by boat, and then by car
C	You went the long boat way, in that ocean
P3	Yes, I came here for 2 weeks
C	Oh, to be 2 weeks, from Matupi, to KL, will be faster because he took the ocean, right? And, how many people were in the car, in Myanmar, with you?
P3	Maybe, 15.
C	15 also, 14, and did you, stacks? Where were you, were you are 2 nd or 3 rd stacked from the top? Were you on top?
P3	Yea
C	Oh, because you were 10, haha. He were 10, he is smiling. Ok, so the grownups, the adults are underneath you, they can run, small small small small, like a pyramid. (10:06) Ok, top of the stack, you are lucky, haha. Top of the stack, of 5 peoples, about, 5 peoples and then, are trapped with 15.. So, erm, u took the tracky walk, track walk track walk track,(10:29) around the check-points.
P3	I walk for a long time
C	You walk for a long time? Do you have to hide too? Like he had hide? In the jungle?
P3	Yes
C	Em,
P3	In Thailand, in Thailand, yea.
C	There are lots of check points in Thailand, they are very serious, I thought there are more checkpoints in Thailand than the Myanmar, actually.
P3	Yes
C	At least some (*unclear 10:55), I was shock, no really, it's like every mile, check point, check point, check point, for people, you know, for the externally displaced people. You know, there are so many check points.
A	Check point, (*cant get what he said) , maybe 50km away, and then the next 50km, the next 50km
C	Yea, it's a lot. So that's why you have to wait, erm, in the jungle, and wait until you can get around at the check point, somehow?
A	Yes
C	Thailand is hard.. It's harder to travel to Thailand than Myanmar
A	Yes
C	And, much easier in Malaysia, I know what is check point in Malaysia
A	Yes, no check point
C	No check point
A	And sometimes you know, they stop and just check,

C	And let you pass anyway? They don't really care, unless they are RELA, the RELA cares but the police don't go in there, in Malaysia. So in Thailand, you were in the jungle, for how many days, waiting?
P3	2 days
C	2 days in the jungle.. And, do you have enough food?
P3	No, I don't have 5 days, for no drink, and no food
C	No drinks and no food for 2 days?
P3	5 days
C	5 days, oh gosh.. How did you survive for 5 days? That's a long time
P3	I just
C	You just, make do? (12:29)
P3	Yes. And I don't have, I feel very sad
C	You feel very sad.. You are probably scared, too.. You are like, where am I going to get food, I don't know whether am I going to get food..
P3	Yea
C	Were you with your mum or dad?
P3	My mum
C	She was with you?
P3	Yes
C	And again, the dad was here? Was your dad in KL waiting for you?
P3	Yes
C	Same thing.. So was your mum, you, and any other sister and brother?
P3	I have two brothers
C	They are with you too?
P3	Yes
C	So 3 boys, your mum, and then anyone else to, pay the agent.. Are your uncles and aunts come with you?
P3	No, just 3
C	3 boys .. And so your dad paid the agent for 4 of you?
P3	Yes
C	It must be a lot of money.. So erm, you are in the jungle, in Thailand, and then you got over the border, and then did you also go into the boat? Or the car, or no, in Malaysia?
P3	No, in taxi
C	Sacked in the taxi normally, sacked in the car, like anyone else
P3	Just my mum, and my (*duno wat he said)(13:59) .. Just 4 peoples in the taxi
C	Oh ok.. So Malaysia is very easy to get through..
P3	Yea
C	Nice try, I like taxi too haha. So you took the taxi to reach your dad, who is in this building? Or living somewhere else?
A	(*translate)
P3(A)	We live in Imbi,
C	Oh, near Imbi market? Jalan Imbi..
P3	Yea
C	Like near Imbi market?
P3	Yea.
C	You know what I mean, the Imbi market?
P3	Yea. Near Timesquare.
C	Near Berjaya, OK.
A	Jalan Imbi behind Timesquare
C	Is there a lot of Chin? Live behind Timesquare?
A	Yes
C	So why did you move here then? Why through us?
P3	We don't have money (*unclear 15:53)

C	It's more expensive behind Timesquare yes? Better property in Timesquare, yea.. So this is more, cheap here? OK.. And did your dad work in these 4 years?
P3	No, my dad got accident, in 2009, in March
A	The accident, all the toes was cut by grain. They are carrying the metal, and the grain, just press, and all the toes was lost..
C	Oh my gosh, oh it's so horrible.. In the factory?
A	No, outside in here
C	Outside this building?
A	Outside there is a lady, maybe you can talk with this boss, you can follow and work with them, you know, in a factory, a company
C	So the boss will (*duno wat) and pick some anybody who is going to work, and he went with the boss to... What kind of work was that?
A	The old metals, they try and put in a truck . So they will pick up the grain
C	The grain? Grain by, weeds or rice?
A	Yes, they carry the heavy things in the truck
C	And then fell on his toe?
A	Yes
C	And so you asked the boss to pay for his like, medical or pay for the, or he didn't pay?
A	He didn't pay
C	He didn't pay for any money? There was an accident and they do not... That was 2009, and he can't work since then.. So how did you make money?
A	(*translate)
P3	My mum working. And my aunt working for, government
C	For Parama?
P3	Em
C	So you have been working?
P3	Yes
C	So in the morning you come to school, and then you work in the afternoon, and night? In the weekend?
P3 & A	At night
C	Oh you work at night.. Oh it must be like.. Are you tired?
P3	Yes
C	I bet you are tired.. In Paramount? Where did he work? Where did you work?
A	(*translate)
P3(A)	Snocker
C	Oh the snocker, where people play bull? (17:15) You give them like, beer, Tiger
P3	Yes
C	You bring them Tiger and they give you money and you bring it back.. You give them food, you clean up.. So how late? What time you..
P3	6pm to 6am
C	Wow, and then you come to school? The next day?
P3	Yes
C	You cant go to school.. Is he in school?
A	Last month, he is in the practice month, he came back will be, next month
C	So some months he can come and some months he can't
A	Yes, and sometimes the family difficult, you know, and they will just go out and just leave the school.. Sometimes they come back
C	So not every week, the school, depend on..
	(in a conversation with a lady – dengue)
C	Are you working at night? Last night, did you work? 6pm to 6am?
P3	Yes
A	He is the older one in the family. Traditionally the older one sleeps in the school, and eat/leave (21:29)everything for the family

C	You are like the father, you are right? The second father, the provider, you have to become the provider.
A	Ya
C	Can I ask you, how much money did they pay you? Per hour, 12 hours a shift
P3	One day for 25 mangle
C	I am sorry, one day 25 ringgit... one day 50?? I mean, you know.. (*unclear) Was it a hard job? In the factory?
P3	Yea
C	It was very hard.. Were you very very tired, over there? Very difficult work.. And so snooker, how was the job there?
P3	It's tired
C	You are tired too.. Because it's on the night.. 6pm to 6am.. I know, for someone who is 14, right? That's too long.. And did you come to school today?
P3	Yes
C	Ah, that's study and love for your class, that's dedication. But you can't do it all the time, right, that's too much
A	When he's in the school, he just go morning shift. We have two shifts, for morning and afternoon. I will give him morning, from 9 to 12, and he can take a rest, like maybe 1 to... He can take a rest.
C	Are there other boys who are doing this? Are there other girls doing night shift?
A	Yes, so we will be with them, morning shift, from 9 to 12, the class. Just 3 class, and does not give them (*primary 4?).(22:56) From 1 to 3 is Primary 1 and 2
C	So how many of all the kids are in your school? How many of them are working?
A	Sometimes it depends on their family, but sometimes is about them. But most as their age, they are already working outside, about 13 14. For their parents, they are already adult, they have to help the family.
C	Do they support the coming...
A	Yes they support
C	But do the parents also say "No, I still want you to go to school in the morning"? Or the parents just said "I just want you to work"?
A	The parents will stay their demands and listen to their education,(23:41) but they also don't know about education. They only know
C	They don't try?
A	They don't care
C	Do your parents want you to come to school or they...
P3	Haha
C	They don't care
A	They don't care, they don't know, they don't understand
C	Yea.. Maybe they don't go to school either, maybe they just work..
A	Yea
C	Well that's a lot of work. Why did you keep on coming to school? What's your hope? What do you want to do later? Manchester United? Astronomer? Or what?
P3	Chelsea
C	Chelsea, me too! Oh look at this, he got his Chelsea t-shirt on haha! So you want to be a football, so you like Faizal Cup also
P3	yes
C	Yea you have a good time. I was here last October, I was here for Faizal Cup, I didn't see you guys.. I saw the 18, I watch the 18.. So, anything else about, your experience in KL? That was, let's say bad, or hard, or good, or really really good? Anything you want to tell me? It's very hard..
P3	It's very hard, it's very hard to stay in Malaysia
C	Why?
P3	Because we don't have money
C	And what's your hope? Are you hoping to go to another country?

P3	Yes
C	How long have you had your ID card?
P3	4 years
C	4 years? That's a long time.. For the Chin especially, the Chin I thought, usually by now, usually most people don't have place (25:46), or no? Is that not true anymore?
L	Is that OK if I say? Erm, Kriston family, they have fight for America, and they are rejected, we don't know why, they are got some problem and then, the UN then transfer them, to a fight to Australia, and they were accepted to Australia, and eventually they will go to Australia. Maybe that's why it took longer because they to wait, for the process to go to America, only to be rejected, we don't know why, and then they have to go to the process for Australia also, so quite difficult, four children and..
C	Four children, oh I don't know, there were 3 boys, ok.. And your dad brought, oh ya a baby, and after they have move here, she is 3 or 4 years old?
L	3
C	3, about 3.. So she is born in Malaysia?
P3	Yea
C	Oh ok.. So you got a girl.. But it's very hard in Kuala Lumpur, it's very hard to make money.. They don't let you work.. They pay you.. 25 ringgits for 12 hours.. Wow that is, about 2 ringgits an hour.. You are getting paid about 6 ringgits in an hour in a factory but it's a very very hard work.. Erm, 2 ringgits per hour.. That's very awful. Erm, so your dad can't work, so, you want to do Chelsea.. Anything else you want to do, when you go to Australia? Do you want to go study? Something in particular? At university, maybe, or..
P3	No.. I just want to play football.
C	Ok, just football. Got it, got it.. OK Pink, you are very patience, thank you. Good English too
P3	Thank you
C	So you have been here, right.. You also came from the same town, right? Came from, Matupi, 2 years ago..
P4	Yes
C	And so you went from Matupi to KL?
P4	1 month
C	You took 1 month? OK, the most is about two, three, four weeks long.. You took one month.. Why so long? That's longer actually.. You are the longest to everybody
P4	I don't know
C	Oh you don't know.. What route do you take? The ocean road? Or river? Or.. To Thailand.. How did you...Which one?
A	(*translate)
P4(A)	The ocean route
C	Oh you took the ocean route too, so that should be shorter
L	Maybe there is trouble at the time, or some reasons why it is not easy to cross the border, they have to wait a long time, in some place somewhere
C	How long did you wait in the jungle? Were you in the jungle waiting, or somewhere else.. Where did you wait so long?
A	(*translate)
A	He stay in the Thai, and Burma, between Thai and Burma, they stay together for three weeks in the jungle
C	Somewhere between, Rangoon(29:35) and Thailand.. In Thailand you think? Or in Myanmar?
A	Maybe inside Myanmar, they have check points
C	How many days you think you were in the jungle? Can you guess? Who knows..
A	(*translate)
P4(A)	They used to come at night also, I don't know which place is which part, you know

C	Oh, because they were only move at night.. Ok travelling at night.. So it's hard to say how many days.. But if it's a month, it should been many many days, you know, in the jungle.. Do you have enough food in the jungle, or no?
A	(*translate)
P4(A)	They have no food. Even today, they would, the bags, our extra shirts, longs, (30:56) they have to leave in the border.. So they have people, with the old clothes, pass the border..
C	For days..
A	Yes
C	So you have to leave your clothes, get to wear the same clothes everyday.. Pretty bad, pretty dirty.. Stinky.. And did you have food? Or not enough food?
P4	Not enough food..
C	And then, when you got into Thailand, you didn't go into Bangkok right? Did you go straight? Same quick route in Thailand?
A	Yes
C	And when you got to Malaysia, did you, how did you get down from the border, to KL? Taxi?
P4(A)	Taxi
C	Taxi.. Ok well.. In the boot, or you just sat inside the taxi?
P4(A)	The boot..
C	He was in the boot, so we have two boots.. How many people were in the boot, with you?
P4	4
C	4 peoples in the boot.. How many hours do you think
P4	5
C	5 hours? Wow.. With 4 other people.. And you were once again stacked, stacked on top.. Can you breathe? Was that hard? Do they stop and open the trunk and let you breathe?
P4	No
C	No they didn't stop in the route.. Oh it's ok.. He got it, it sounds that he got it.. I think they also know what I'm saying because I asked the same questions pretty much.. I think he has a pretty good sense.. And he has been translated before too.. So, on that route down, from Myanmar to Malaysia, any bad experiences? You have no food, you hardly get your clothes, you have to wait.. Any bad experiences, anyone treat you bad?
A	(*translate)
P4(A)	He tells that, when he's in Thai, one day he stayed at the jungle, the mosquito was the bad experience.. He fight the mosquito, they can't see the mosquito
C	Yea he couldn't sleep.. It's was hard to sleep, went for days without sleeping
A	They are not allowed to make the fire in the jungle, they stay in the dark
C	Oh, so it's dark, you know, the entire time, wow..
A	And the boot, inside the car, sometimes they just, from the top, just .. go down.. haha
C	Oh they pee? On top of you?
P4	Yes
C	I am sorry, my hearing not right?
L	That's what they said
C	They are urinating, from the top down..
A	Yes
C	Oh they will pee on top of you.. Oh so you are trapped with the urine
A	And some they vomit..
C	Oh no... Because it's a bad ride, probably too..
L	And they can't stop
C	No they can't stop, to urine (*not clear)35:08 wow.. When you are in the truck, you tell me, were you stacked in the truck in Myanmar? In that truck.. It sounds like the only way..

P4(A)	Yes
C	You too.. You got stacked.. How many?
A	(*translate)
P4	Second..
C	He was second from the top? With how many people? 5? Again 4?
A	(*translate)
P4(A)	48 in a big truck
C	8 ? Stacked?
A	48 in a big truck.
C	As in 4, 8.. 48 is a lot! How many were stacked on you? About 5?
A	(*translate)
P4(A)	So they come with other children, so they, lying down, the floor, in the car
L	How many, he is stacked?
A	Five.. On top is two babies
C	2 babies, on top of you? Wow.. How long did you do that?
A	(*translate)
P4(A)	2 days
C	2 days? That's a very long time.. 2 babies on your back.. Probably vomiting on him, right? Wow.. Erm.. So you have been in KL for 2 years? For 2 years, right? You are 14, and you move here when you are 12..
P4	Yea
C	Yea.. Have you been, at (*cant get the word) (37:35), the whole 2 years, at school? The whole 2 years?
A	(*translate)
P4(A)	2 years
C	2 years, ok..
A	The father is already in Malaysia
C	Did you come with your mum?
P4	No
C	Who did you come with?
A	(*translate)
P4(A)	The agent, alone
C	Alone? No family.. He came by himself..
A	Yea
C	So where is the rest of your family?
A	(*translate)
P4(A)	The younger sister and mum still in the village, they are still in Myanmar
C	Oh really.. The younger sister and mum.. So it's two kids.. So she hasn't come yet. Did she going to come later?
A	(*translate)
P4(A)	Yes
C	So, why did you leave then? Why did you leave? Because they wanted you to come to school? No school, in Myanmar?
A	(*translate)
P4(A)	In the village also, they can't stay in the school. It's the government school, but they don't run properly. If there are no teachers, they going to close. Maybe 1 week, or 2 weeks, they don't care.
C	Arh?? They shut down the school.
A	Yes. And the teacher, it's not regular class, it depends on the teacher.
C	That's not as true in other parts of the Myanmar, isn't it? Is it more true in the rural areas? Or because of Chin Christian area or, did you know why?
A	Er sometimes, the teachers, some teachers (*unclear)39:41 less.. So they (*unclear) as a teacher, they have someone else outside, they are in the priority in the school
C	So was that why you came here? Because of the school was bad, not enough teacher

A	(*translate)
P4(A)	Because I want to do something that I want, I think I can do everything here, in Malaysia
C	But you can't do it, in the Chin state..
P4(A)	I can study, I can study everything, Malay.. in the foreign country
C	More freedom to do things in Malaysia
A	Yes
C	How much freedom in Malaysia haha.. How much freedom in Myanmar either haha.. Why no freedom in Myanmar? Because the school not good? Or was the government training, or the soldiers, was in..
A	(*translate)
P4(A)	I also want to stay with my father, that's in Malaysia, I want to see him
C	You miss your father, you miss your dad.. Ya, ok.. What is your dad do here? What is his work, here?
A	(*translate)
P4(A)	Working in Cameron Highland
C	Oh really. So who did you stay with, here?
A	(*translate)
P4(A)	oo.. His father rent a flat, sometimes maybe, four months once he used to come here, not everyday..
C	Oh, every 4 months.. So you stay by yourself? Or you have other people in the flat? You stay with your.. Who lives with you?
A	(*translate)
P4(A)	He stay with a cousin, he is a student
L	The cousin is how old? 10 or..
P4(A)	10 yes, younger than him
L	Oh he is looking after, a younger..
C	Oh so that's the only people in the flat? 14 and 10? That's it? Oh my gosh..
L	They are orphan in the house
C	I bet hahah.. I thought there are something going on haha.. Ok... So, your dad brings you money and you go and buy food, sometimes? How does he manage, you know..
A	(*translate)
P4(A)	So the father will give the money, and they buy what they want to eat, here
C	Oh, so its like, potato chips every night, chocolate for dinner haha.. See its good for them sometimes haha.. Ok, sometimes your dad comes, you must miss him too, because he has gone for a long time
P4	Yea
C	Cameron Highland.. Is he picking, like strawberries, or fruits, flowers.. what they grown in Cameron Highland..
A	(*translate)
P4	Tea
C	Teas..
L	But it changes
A	3 months changes..
L	Busy for the flowers.. He might be in the flower garden, and when he finished, he go to another farm and get pick up some work there and, a few weeks, when finished there, and another place....
C	So it does depend, it rotates... (*unclear).. 44:14 Ok, two more questions for you.. In KL, any bad experiences in KL, or good experiences here in KL, for you?
A	(*translate)
P4(A)	The good one, the best one is, he got a fight shot card, he is the captain
C	Oh you are the captain? Wow haaha..
A	Haha yea under 14..
P4	The striker and the, mid-fielder

C	Oh... captain and the, striker haha.. Striker is for, is offense.. Haha okok.. Wow, we got the whole team here haha.. So where is the defense?
P4	Defend one of my friend..
C	You got to have a defense in bolly.. Haha we only got the offend group today haha, and you are the captain haha..
A	And the bad one is his uncle, was killed in two months ago, in front of the Plaza Phoenix. After you come here, in a few days, someone killed his uncle..
C	Oh.. What happened?
A	I don't know, they drink, and they fight each other
C	Oh no.. Was someone, a Chin that killed him?
A	Yes
C	Oh it was a Chin, it wasn't a local that killed him. Oh, that's horrible..
A	They fight and..
C	Oh an alcoholic.. Is the uncle, I am sorry, I know you probably love your uncle.. Erm, do you find sometimes, drug abuse and alcohol is an issue, after people move to KL, for the adults? No, not so much?
L	Sometimes, I think, like sometimes that you will hear this problem from some people, an alcohol
C	It's alcoholic
L	I don't think it's widely spread, it's not common, but there are a few, yea, alcohol problem..
C	Yea it doesn't sound like a 100% and it's true in US and Australia, you know, to alcohol.. But had the uncle been living with them?
L	In here?
C	Ya, had the uncle been living with them in the apartment? Before that, or no? He lives by himself?
A	No, it's his first time (*unclear)46:55
L	But, was his uncle, living in the same flat..
A	Yes, they are staying in the same flat
C	Erm... what do you want to be, when you grow up?
P1	Player
C	What
P1	Player, football player
C	Football player, Ah...Ok. Which? Which?
P1	Manchester United
C	Ah... Manchester United. You're the minority. Two Manchester, one Chelsea. Well, we'll be the Chelsea. We'll be there too. Ok. So... professional football player. Alright, do you... want to leave KL? Or you want to... Do you want to leave KL to... want to go to another country or you like it here?
A	*translate*
C	He (P1) wants to go to. Are they lined up?
A	*translate*
C	Have they... You know, you haven't heard like... how many years exactly? ID card for 2 years? Or 1 year?
A	*translate*
C	Probably only 1 year. Because he come here 2 years ago. So now we're about, visa-ing. Ya, ok, he's gonna have to wait. Let me just ask you, you two, I didn't get to ask you something. Ah... Oh, why did you leave Myamnar? Why did you leave?
A	*translate*
P2	My mother called me.
C	Your mother... they called you.
P2	Ya.

C	And your parents called you. Oh, ok.Ok. So it's like you told me the last time I came. No one really knows why. You know, how relates to the political. What goes on, back in Myanmar, right? None of the children understand why they come.
P2	It's funny, you know? Maybe... maybe that you think that the political, the most people that didn't know, maybe the same age of me, maybe... 13 years old, 45 years old, some people, most of the governments, you know, made we forget everything, we don't know ourselves, we don't know who we are, sometimes are they force us to study in Burmest in empty ,just to buy heart then is finish, give you a skill on the UOA pass the class every... every... every year.
C	Even if you don't know anything, they just keep on passing, ya?
P2	Yes, yes.
C	And the education is so bad.
P2	Yes. Yes. We don't know anything about Chin.
C	Oh... Because you're not study in Chin, you're studying in Burmest, and you don't understand.
P2	Yes. Yes.
C	I see... I see... Is they force you to learn Burmest.
P2	That's why even though if I would be graduate, I don't know about my history, that's why I can't be racist, you know? We don't know what is the history or the story, you know? So sometimes you know, what I stayed... you know, and moved to Immu in 96,
C	You moved here in 1996?
A & W	A place near Mandalay
A	I stay in Mandalay division in 96, and I stayed in a Catholic of music school. That is not under rules of any states. So far, what we did is, every year, every year, I don't study, and I pass the class. I just, I stayed, and I walk in and I just go to school, then I pass the class, you know?
W	Automatically.
A	Automatically.
C	Ya.
A	Ya, and I just go one Mandalay 2000...