



REFUGEE RESETTLEMENT IN INDIANA (2022)

BACKGROUND

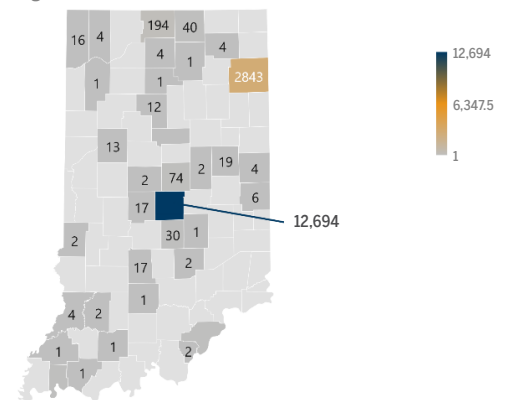
A refugee is someone who leaves their home country and is unable or unwilling to return because of “a well-founded fear of persecution” due to their race, religion, nationality, political opinion, or membership in a particular social group.¹

There are approximately 27,800 refugees in Indiana. From 1970–2007, between 200 and 500 refugees resettled in Indiana each year. The Syrian civil war led to a 63% increase in refugee arrivals in the Hoosier State from 2011 to 2015. In 2016 alone, 1,934 primary refugees—those who entered the United States through Indiana—resettled in the state.³ In the most recent count, 202 refugees arrived in the state between October 2020 and September 2021.³

The largest refugee group in Indiana consists of Burmese people, who account for more than 80% of all arrivals since 2007.⁴ Other predominant refugee groups in Indiana are from Afghanistan, Democratic Republic of the Congo, Somalia, Haiti, Sudan, and Syria.⁵

Primary refugees are generally resettled in Allen or Marion counties. Asylum-seekers and secondary refugees—those who enter the United States elsewhere and then move to Indiana—tend to settle statewide.

Refugee resettlement in Indiana, 2008-2019



As refugee populations grow, states must have the necessary infrastructure in place to resettle and support these individuals. This brief describes the unique challenges and barriers of resettling refugees in Indiana, highlights gaps in services, and pinpoints practices and policies that may effectively and sustainably address refugee needs in Indiana.

COUNTRY OF ORIGIN	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	TOTAL
Afghanistan	-	2	3	9	-	18	7	8	21	5	13	86
Bhutan	-	21	25	41	7	31	-	7	3	-	-	135
Burma	1,118	957	1,061	961	1,322	1,259	1,486	1,271	480	296	627	12,166
Democratic Republic of the Congo	-	44	34	21	39	34	166	230	155	136	164	1,024
Eritrea	15	23	7	6	14	20	17	18	50	24	21	219
Ethiopia	3	22	12	5	4	7	-	21	6	-	7	87
Iraq	51	149	59	61	76	151	47	44	23	1	-	681
Somalia	1	38	29	38	47	58	26	67	97	4	-	406
Sudan	1	26	8	25	20	19	11	28	10	10	8	166
Syria	-	2	-	5	8	-	24	179	143	-	11	372
Other	54	70	46	41	54	50	36	61	76	66	123	727
TOTAL	1,243	1,354	1,284	1,213	1,591	1,647	1,820	1,934	1,064	542	947	

METHODOLOGY

Researchers conducted in-depth interviews with service providers from two agencies serving refugees in Indiana. These interviews highlighted unique barriers that refugees face and strategies to address these issues. The research team also reviewed existing literature to understand the landscape of refugee resettlement in the state of Indiana.

BARRIERS TO REFUGEE RESETTLEMENT

The Refugee Act of 1980 established a permanent procedure for vetting, admitting, and resettling refugees in the United States. The Department of State serves as a refugee's first point of contact. It coordinates the process with other agencies, such as the Department of Homeland Security which approves applications and the Department of Health and Human Services which funds and administers resettlement programs.⁶ Refugee resettlement applications typically take 18–24 months to process.

U.S. policy toward refugee integration typically focuses on economic self-sufficiency. Indiana's refugee population encounters several barriers that negatively impact becoming self-sufficient, including:

- Language skills
- Affordable housing
- Stable jobs
- Health care
- Reliable transportation
- Coordinated social supports systems.

These intertwined challenges were evident in previous studies and in interviews with Indianapolis-based social service providers.

LANGUAGE SKILLS

Most refugees said not knowing English created a critical challenge to integration, as language skills impact all areas of resettlement. Although agencies commonly provide language classes, many people are unable to attend due to work and other responsibilities.⁷

Refugee agencies also flagged a lack of interpretation facilities and awareness surrounding language options as

barriers to resettlement. Individuals with low English literacy often fail their citizenship test because they are not aware they can petition to have an interpreter at the interview. All health care services that accept Medicaid or other federal financial assistance are required by law to provide an interpreter. However, many providers are uninformed. An Indiana-based social service provider highlighted that resettlement agencies have made a concerted effort to get the state's Bureau of Motor Vehicles (BMV) to use interpreters. The BMV now has foreign language access for a variety of languages used by refugees, yet few other service providers have followed suit.

AFFORDABLE HOUSING

Access to long-term affordable housing is a significant barrier for refugees in Indiana. The state follows the 1998 Fair Housing Act which only allows two people per bedroom in a home, though this rule can vary based on the size of the bedroom and the ages of children. Previous researchers have interviewed several refugee women who cared for multiple children and dependent family members. Within their sociocultural framework, these women prefer to rent and share a one- or two-bedroom home. However, doing so would violate the Fair Housing Act and forces them to instead seek out larger unaffordable houses to stay within the law.

Another challenge refugees face is affordability once certain financial support has ended. Resettlement agencies may initially pay for a refugee's housing. Once that financial support is gone, the individual may not be able to afford their lease or may fall victim to predatory landlords. Refugees often have limited knowledge of their rights. Therefore, legal education and guidance is an important element of refugee housing.

In an interview with a social service provider, they pinpointed several housing-related issues, including the lack of adequate, available, and affordable housing, specifically options along public transportation routes.

"Housing is an issue across the nation for Americans, more so for refugees. Many refugee families do not currently live in affordable housing, but there is no other option! National agencies are trying to create partnerships, like with Airbnb, to

temporarily house people in hotels, but long-term, sustainable, and affordable housing on bus lines seems rough.”

- Social service provider

STABLE JOBS

A lack of consistent employment affects refugee income, housing, and health insurance. Typically, prominent resettlement agencies receive a lump sum per refugee from the State Department to finance an individual's first 30–90 days. After that, these organizations are encouraged to help refugees find work. However, most refugees must find a job sooner because the financial assistance provided is not sufficient.

While many refugees experience high upward mobility, transitioning from blue collar and service jobs into white collar positions and entrepreneurship, most of them initially work in minimum-wage and hourly jobs. These types of positions contribute to the struggle for self-sufficiency. Maintaining consistent employment is difficult, and many refugees felt they were fired due to their lack of language skills.⁶ Not having a car also has a huge impact on people's lives and employment opportunities.

“I just worked with an employer who said the shift starts at 7 a.m. The bus does not even go at that hour! If you are not willing to flex that, there is no reason to think about hiring refugees.”

- Social service provider

Resettlement agencies are always looking for starting-wage employers who are willing to work with people who do not speak English, and may have never held a job before. One of the social service providers interviewed mentioned that English language classes at the workplace improved productivity, decreased mistakes, and improved employee retention.

HEALTH CARE

A barrier unique to the American experience is inconsistent access to health insurance and health care. A study done on health inequities among Congolese women in Indianapolis reported systemic barriers related to health care access. Refugees expressed confusion about multiple state- and

federal-level programs, including the Healthy Indiana Plan and local version of Medicaid. Their frustration was exacerbated by cumbersome medical appointment systems and not being able to see a doctor at crucial times. Some women suggested that a lack of interpreters may have contributed to their long wait times, while others believed discrimination played a role.⁷

“Culturally competent care is another challenge that we come across. . . . Who is a good, culturally competent, available, affordable psychiatrist who takes Medicaid in [city in Indiana]? I don't know!

That is a huge service gap.”

- Social service provider

Older clients and people with disabilities face additional barriers. Many chronic illnesses are not declared as disabilities because underlying issues cannot be identified.

TRANSPORTATION

Transportation was identified as both an asset and barrier for refugees. In one study, Indianapolis refugees regarded the IndyGo service as a central component of their lives, helping them access the doctor, groceries, and other service providers. However, a majority of refugee women also expressed frustration at the long waits, lack of walkability and pedestrian safety in the city. More importantly, multiple people revealed that they could afford to buy a car but lacked the language skills to obtain an Indiana driver's license.⁷

SOCIAL SUPPORT

Existing research emphasizes the critical importance of social support for successful refugee integration. For example, Burmese refugees in Indianapolis benefit from having a well-established community.⁷ It provides them with access to resources—such as restaurants and grocery stores—and people who understand their culture and want to help them. In contrast, Congolese people do not have a well-established community and, therefore, rely on refugee services more than their Burmese counterparts.

Socializing within the refugee community and with those outside the community fulfill different needs. This is especially true for women with domestic responsibilities,

who are often excluded from opportunities outside their homes. Socializing allows them to share experiences and deal with daily stress. These activities help them better integrate into their new homes and secure higher-paying jobs. Many women expressed cultural barriers to socializing, including distance between city homes and belonging to different ethnic groups and tribes.⁷ Conversations with social service providers also reveal the critical absence of childcare facilities.

“A lot of women want to work, but they are like, ‘Who is going to take care of my kid?’ That is a great question. Well, you need to alternate shifts. Okay, but how can they get to their shift when there is no bus? It’s like a crazy puzzle piece that you need to put to together. But people do it, they figure it out. People are resilient and they figure this stuff out every day.”

- Social service provider

IMPLICATIONS

INTERSECTIONALITY OF ISSUES

It is important for refugee agencies to understand how multiple barriers to resettlement interact with each other to provide holistic services that meet refugee needs.

Resettlement activities are funded by public or nonprofit grants, which generally outline meeting basic needs. With limited resources, agencies prioritize the most vulnerable people to ensure they have food, housing, and employment. However, different refugee populations have different requirements. For example, Indiana’s Afghan community mostly consists of middle- and high-income earners who were forced to flee their country for political reasons. Many of them speak fluent English and have advanced degrees from their home country. A social service provider interviewed expressed that resettlement agencies are not equipped to address their needs of a decent lifestyle, access to education, and degree completion.

Another challenge arises while serving refugees who have other minoritized identities, such as LGBTQ+ populations. Although many refugee service providers are sensitive about asking pronouns and not making heteronormative assumptions, they are ill-equipped to deal with the specific

needs of queer populations. Individuals who identify with this community are often not vocal due to fear of stigma and exclusion. This poses additional barriers to resettlement and widens the gap in services. In this way, many refugee groups with unconventional needs are further marginalized in the resettlement process.

Refugees also have legal needs to consider as they navigate the immigration system and employment authorization process. While an individual may enter the country with no documentation, certain Congressional provisions may enable them to adjust their status in the United States. Yet to do this, refugees need legal guidance. Without appropriate resources—including language support—refugees may not be able to navigate this complex system.

CULTURAL SENSITIVITY

Cultural sensitivity encompasses an awareness of values, norms and beliefs characteristic of a different cultural group accompanied by a willingness to adapt to them. A lack of cultural sensitivity on issues like food or clothing can serve as major barriers. Clothing becomes relevant for staff members interacting with clients to ensure mutual respect, as well as while providing clothing to clients for their personal use.

One social service provider explained that food also can become a cultural barrier. For example, many clients are unable to eat food provided by agencies because it may not be culturally or religiously appropriate or may simply make them sick.

Similar issues may arise in health care as well.

“Knowing that, for instance, a female may not be the decision maker in a family is crucial because you may give her medications but, without the permission of a male member, she may not take your advice. It is important to ensure that we understand who the decision makers are in a community and involve them while making changes.”

- Social service provider

It is vital for service providers to understand the power hierarchies in their clients’ cultures and work with them to ensure successful resettlement. Without this, barriers to

service access can be aggravated.

COVID-19 IMPLICATIONS

The COVID-19 pandemic created new opportunities and challenges for refugee resettlement in Indiana. Refugee agencies across the state prioritized digital access to services like online language and citizenship classes. This shift reduced attendance barriers—such as transportation and child care—and increased engagement.

Yet the pandemic also exacerbated other barriers to resettlement. Low-skilled refugees are likely to have frontline jobs, making them more vulnerable to losing their jobs during the pandemic. This shifted individual priorities from learning language skills and citizenship to more basic needs, such as income assistance. In addition, many refugees have a high school education or lower, and often work in jobs that do not provide health care benefits. As a result, agencies prioritized the most basic needs of income and employment over other services.

RECOMMENDATIONS

The United States Refugee Resettlement program has demonstrated commitment to successful refugee resettlement. However, there are opportunities for improvement. Research and experiences of those within this space can help guide what refugee resettlement programs should look like.

INCREASE FUNDING

Increased government funding can help address barriers that prevent successful resettlement and integration. Agencies require funds to hire more staff, provide additional points of contact, support refugees for longer periods of time, and support a wider scope of resettlement issues. Additionally, language access funding can improve integration efforts.

INCREASE STATE AND LOCAL AUTHORITY

Research shows a distinct disconnect between federal resettlement agencies and state and local agencies. Since state and local agencies often work directly with refugees, they are better acquainted with refugees' needs and how policies or funding could be effectively targeted. The

federal government should remain an active participant in the process while giving more authority to state and local authorities who receive and provide aid to refugees. Furthermore, communication and coordination between all levels of service providers must improve.

EXPAND RESEARCH ON REFUGEE SETTLEMENT

In an effort to better understand and respond to refugee populations, their cultures, and specific needs, officials should prioritize local research on unique barriers and successes.

A gap exists in the existing refugee resettlement research that examines issues from state and local levels. Successful refugee resettlement cannot follow a predetermined, one-size-fits-all approach and thus requires more targeted research and knowledge.

Shifting to a more localized research approach will provide detailed knowledge of resettled refugees and their subgroups. This will allow agencies to better support self-sufficiency and community integration. If overlooked, agencies and the broader community might lack cultural sensitivity and further alienate refugees seeking aid.

One social service provider emphasized the focus should be on policies that:

“ . . . are related to accessibility, as well as also understanding the needs of the individuals. We take the microcosm of a white individual's needs and apply that on everyone else's needs.”

- Social service provider

REDUCE BARRIERS TO SELF-SUFFICIENCY

One of the main goals of the resettlement program is to provide refugees the resources necessary for stability and independence. But there are multiple barriers that must first be addressed to reach self-sufficiency. Priorities must be two-fold: (1) addressing barriers to ensure refugees can attain independence, and (2) working with refugees to understand their definition of self-sufficiency.

“I think it would look like people taking [a] lot more time to get adjusted to this life. People having lot

more autonomy in decision making, and when they want to and are able to work.”
- Social Service Provider

Increase access to language services

Learning English is paramount to successful integration in the United States. Yet learning any language takes a significant amount of time. While an individual works toward English proficiency, translation services must be readily available at essential community services, such as medical offices, banks, legal offices, and governmental agencies. With increased funding, more community agencies and businesses could offer translation services.

Expanding language services impacts every aspect of self-sufficiency and integration from housing to transportation, employment, and health care.

Increase access to affordable housing

With additional funding, resettlement agencies could further support refugees' housing expenses while they find adequate work. Additionally, those guiding resettlements must ensure that refugees understand the terms and conditions of housing contracts.

Refugees are better able to thrive when they resettle in a place where they have social or cultural ties and the acceptance of an established community. In many cases, this may mean finding housing in an area where others have similar backgrounds. This strengthens their social network and support system. However, housing should also be in areas that make it convenient for them to access employment and social services.

Increase access to reliable transportation

Resettlement agencies should help refugees understand how to acquire an American driver's license. Having a personal vehicle greatly increases a person's independence and is critical to self-sufficiency.

If financial support is not available to help a refugee buy a vehicle, reliable public transportation must be accessible. Resettlement agencies should help refugees acquire necessary bus passes and learn how to navigate the bus system. Language barriers may affect a refugee's use of

public transportation, so local transit authorities should improve translation services.

Increase access to gainful employment

Minimum wage jobs do not provide stability for individuals and often do not pay enough to afford safe housing, household necessities, or potential medical bills. Therefore, access to education and vocational training should be a priority.

In addition to job-specific training, the inclusion of English language courses is imperative in improving job prospects and long-term employment.

Increase access to health care

In the United States, access to quality health care is often intertwined with a stable, well-paying job. Other options may include state-sponsored health plans or going without insurance. It is imperative that refugees can access quality health care during and after resettlement. Resettlement agencies should educate refugees on how to traverse both the health insurance marketplace and health provider marketplace

Likewise, the health care industry must make the process more transparent and accessible. This may include increasing translation service availability and implementing cultural sensitivity training for health care teams. Taking these steps also may increase trust between the refugee population and the health care system and improve outcomes for everyone.

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PREPARED BY

Nidhi Arun, *CRISP Program Analyst*

Kristi Schultz, *CRISP Program Analyst*

Roxy Lawrence, *CRISP Director of Evaluation*

340 W. Michigan Street
Indianapolis, IN 46202

Phone: (317) 278-1305

Email: iucrisp@iu.edu
go.iu.edu/CRISP

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