

SOCIO-STRUCTURAL BARRIERS, PROBLEM DRINKING BEHAVIORS, AND  
INTIMATE PARTNER VIOLENCE WITHIN A BHUTANESE-NEPALI REFUGEE  
COMMUNITY: A QUALITATIVE EXAMINATION USING A GENERAL STRAIN  
THEORY FRAMEWORK

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SOCIO-STRUCTURAL BARRIERS, PROBLEM DRINKING BEHAVIORS, AND INTIMATE  
PARTNER VIOLENCE WITHIN A BHUTANESE-NEPALI REFUGEE COMMUNITY: A  
QUALITATIVE EXAMINATION USING A GENERAL STRAIN THEORY FRAMEWORK

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## ABSTRACT

Beginning in 2008, thousands of Bhutanese-Nepali refugees who had been forcefully displaced from their homes were re-settled in northeast Ohio. Service providers that work within this community noted significant levels of problematic alcohol consumption among Bhutanese-Nepali refugees. This alcohol misuse was noted to be associated with intimate partner violence and major health problems among refugees. The goal of this dissertation was twofold; to examine the relationships between social barriers and the sources of strain that refugees deal with in their daily lives, and to explore the link between these barriers and adverse behavioral outcomes such as problem drinking and violence. Agnew's (1992) General Strain Theory (GST) is used to explain the relationship between refugee barriers and deviant behavioral outcomes. This research is based on an analysis of 66 qualitative interviews collected from April to July 2017 with 100 Bhutanese-Nepali refugees from a single community. Findings show that major sources of strain for Bhutanese-Nepali refugees include language acquisition, employment problems, and acculturation stress. These sources of strain contribute to problem drinking behaviors due to a lack of coping resources among Bhutanese-Nepali refugees that would support non-deviant coping. The use of alcohol to cope may then contribute to criminal behavioral outcomes such as intimate partner violence. These findings imply that interventions aimed at reducing problematic alcohol use within this community must also be aimed at reducing the underlying sources of refugee strains that can lead to the misuse of alcohol and the negative consequences thereof.

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## CHAPTER I

### INTRODUCTION

The United Nations estimates that in 2016 there were nearly 65.6 million refugees scattered across the globe, displaced from their homes due to persecution and warfare (UNHCR 2017). This shows an increase of nearly 300,000 in comparison to 2015, and the number of known refugees in the world remains at one of its highest levels (UNHCR 2017). Given these trends in forced migration, there is a need for researchers to examine the behavioral health impact that resettlement has on refugees. This includes the social, psychological, and socio-structural barriers they face for achieving economic and psychological security. These factors may cause mental health disorders such as PTSD and depression, suicide, educational struggles for children, and alcohol or drug abuse (Kim 2002; Hwang et al. 2007; Ao et al. 2016; Hagaman et al. 2016). This dissertation focuses on one specific behavior that may occur as a result of the struggles that refugees face, the misuse of alcohol and its consequences.

Language barriers and acculturation stress can impact the daily lives of refugees. This dissertation investigates these social problems. Specifically, I use Robert Agnew's (1992) general strain theory to examine if and how sources of strain experienced by refugees contribute to the prevalence of problematic drinking behaviors within their community. I discuss existing literature on social inequalities experienced by refugees, and how prior research has addressed substance abuse within this group. I rely on general



strain theory to understand the refugee experience and explain why it can expand our knowledge of both refugees and the theory itself. I then present qualitative data that illustrates refugee experiences of strain and the link to problem drinking behaviors.

I utilize in-depth qualitative interviews from a Midwest refugee community to examine central themes revolving around the experiences and consequences of refugee strain. The examination of these data is broken down into three distinct analytical chapters. In chapter two, I focus on investigating the primary sources of strain that refugees face. Here, I focus on language barriers and acculturation stress within the refugee community. In chapter three I examine how these strains lead to problematic drinking behaviors, which can be identified by the consumption of alcohol to a point in which it causes significant social, psychological, or occupational problems (Hasin, Grant, and Endicott 1990). Here, I focus on problem drinking as a response to strain, as well as barriers to healthy coping with strain. In chapter four I show how these strains contribute to problem drinking, which in turn leads to criminal behaviors in the form of intimate partner violence.

#### *Elements of the Refugee Experience: Social Inequalities and Consequences*

Refugees differ from other migrant groups because refugees by definition have been forcefully removed from their home nations due to negative circumstances, including war, persecution, and natural disaster (Hein 1993; Cortes 2004; Goodman et al. 2017; Reed and Barbosa 2017). This exposure to violence and other threats means that refugees may fare worse when it comes to personal health and behavioral outcomes in comparison to other migrant groups. Refugees must cope with the lingering trauma and mental health consequences that occur as a result of these experiences (Reed and Barbosa

2017). Therefore, researchers should not assume that all migrant groups experience the integration process in the same manner. By distinguishing refugees from other migrant groups, we can focus on those who may face the greatest obstacles to integration due to a combination of limited resources and traumatic past experiences.

Refugees have very limited capital upon arriving to their host nation, other than their social connections to other migrants. Due to this lack of social capital, refugees often face economic hardships when they arrive in their host nations (Stein 1979; Portes and Stepick 1985; Stepick and Portes 1986; Borjas 1994; Borjas 1995). They often struggle to find employment. Where they are able to find jobs, they often turn to low paying or informal jobs (Portes and Stepick 1985). Even when refugees have credentials and work experience, research shows that they have limited success getting jobs within their areas of expertise. Prior credentials and work experience of refugees may not be perceived as legitimate by employers in their host nations (Stein 1979; Portes and Stepick 1985).

Refugees also experience difficulties when it comes to acquiring certain forms of cultural capital, the most important being language (Chiswick and Miller 1995; Dustmann 1999; Carliner 2000; Dustmann and Fabbri 2003; Hwang and Xi 2008). When refugees cannot speak the language of their host nation, this severely hinders their ability to interact with important social institutions and acquire resources. Language acquisition can be difficult for refugees, considering that they often live in enclaves that limit exposure to the general population (Hwang and Xi 2008). Because of their limited economic resources, refugees often do not have the time required to learn elements of language and culture, and must find ways to get on their feet as soon as possible.

Therefore, while overcoming language barriers leads to greater economic success, structural barriers make this very difficult to accomplish (Stepick and Portes 1986; Chiswick and Miller 1995, Dustmann and Fabbri 2003).

Refugees also face difficulties when attempting to adapt to an entirely foreign culture and environment. These difficulties can cause a mental strain on refugees, which researchers refer to as acculturation stress (Stein 1979). Acculturation stress may be caused by factors such as: language barriers, racial discrimination, separation from family members, unemployment, educational difficulties, and struggles with the resettlement process (Mena, Padillo, and Maldonado 1987; Hein 1991; Noh et al. 1999; Kim 2002; Kam et al. 2010; Benson et al. 2011). For many refugees, adopting these new cultural expectations is a stressful process, especially if the norms drastically differ from those in their home nation (Lueck and Wilson 2010).

Differences in customs across cultures can create confusion for refugees, who may have difficulty understanding the “correct” forms of behavior in certain social settings. Refugees also highly value their own traditional culture, and giving up or changing elements of it can be stressful. This may create a sense of identity conflict, as they try to construct an identity which incorporates both familiar traditional culture and a foreign new culture (Berry et al. 1987). This can lead to feelings of alienation, and may lead refugees to perceive themselves as being outsiders to both their traditional ethnic group and to the general population. (Berry et al. 1987).

These feelings of alienation and stress are also amplified by differences across generational groups of refugees. The children of refugees, or “second generation” refugees, usually have greater success learning the norms and culture of the society that

they grow up in (Alba and Nee 1997; Zhou 1997). Because second generation refugees have an easier time acquiring cultural capital, this can benefit their social standing. However, this can also contribute to identity conflict within the refugee community as a whole. Older members of the community may try to hold on to traditional norms and values, and they may perceive the assimilation of their children as a loss of these traditions (Stein 1981). This can further amplify the acculturation stress that first generation refugees must cope with.

Research shows that refugees face a range of social inequalities, particularly when it comes to the acquisition of economic and cultural capital. They often lack economic resources, and frequently have little to no understanding of the language or customs (Betancourt et al. 2015). Given the seriousness of these disadvantages, it should be our duty as researchers to study the struggles they go through daily. Despite their disadvantaged position, refugees are still contributing members to our society. We should be motivated to understand their experiences, just as we would any other social group. A major aim of this dissertation is to build on our knowledge of refugee experiences with employment, acculturation stress, problem drinking, and intimate partner violence. I accomplish this aim by examining how a specific refugee group describes the ways that each of these experiences impacts their community.

Through empirical research and theory-driven, evidence-based policy, we can devise intervention strategies that are more effective at helping refugees deal with the consequences of resettlement. Refugees may not utilize common treatment methods due to a lack of resources, knowledge, and different cultural expectations for effective coping (Reed and Barbosa 2017). For those who are dealing with mental health conditions such

as depression or addiction, we can develop more culturally sensitive interventions. These interventions can target key sources of strain for refugees; such as economic, language, and cultural barriers, as well as psychological trauma. We can better understand the specific needs of these communities and find ways to make treatment more widely accessible to them.

#### *Theoretical Framework: General Strain Theory*

Criminological research has used a variety of theoretical perspectives to examine substance abuse and misuse, each with its own advantages and disadvantages. In this study, I utilize general strain theory (Agnew 1985) to examine substance misuse within a specific cultural group. General strain theory has been highly influential in the study of deviant and criminal behavior. The theory focuses on the notion that crime is caused by individuals who experience strain, which is comprised of events or conditions that the individual dislikes (Agnew 2008). General strain theory bears similarities to Merton's classic strain theory, and his concept of anomie (Merton 1938). However, Merton focused solely on strain, or anomie, that was caused by the tension between cultural goals, and the socially acceptable means of achieving those goals. Therefore, Merton's strain was primarily a product of economic competition (Merton 1938). Agnew extends the causes of strain to three primary sources: the inability to achieve positively valued goals, the removal of positively valued stimuli, and the introduction of negatively valued stimuli (Agnew 1992). Agnew's general strain theory allows for the examination of more than just financially based strain.

This theory emphasizes the negative affective state caused by strain, and how the inability for individuals to cope with these negative emotions leads to the commission of

deviance (Agnew 1985). Agnew places great importance on the emotion of anger, and how strain that causes anger is correlated with deviant or criminal behavior (Agnew 1985; Agnew and White 1992; Agnew et al. 2002). However, research shows that other emotions that stem from strain such as depression, anxiety, and guilt are also tied to deviance (Jang and Lyons 2006). Other factors also condition the effect of strain on crime, including: gender race / ethnicity, peer groups, self-efficacy, parenting, and social support (Agnew and White 1992; Broidy 2001; Eitle and Turner 2003; Hay 2003; Cheung and Cheung 2010).

Coping mechanisms play an integral role in explaining how general strain theory may lead to deviance. These mechanisms can be identified as strategies that a person implements in order to reduce or eliminate the negative emotional, mental, or behavioral impact of strain. According to Agnew (1992), coping mechanisms to strain can either be delinquent or non-delinquent. Agnew describes three broad categories of coping: cognitive strategies, behavioral strategies, and emotional strategies. These categories include a wide range of possible coping mechanisms, including minimizing the importance of negative outcomes of adversity, and maximizing positive outcomes (Agnew 1992). Agnew argues that when cognitive and behavioral coping mechanisms are not available to an individual, he or she will be more likely to resort to emotional strategies. Emotional strategies involve acting directly upon the negative emotions and may involve deviant actions such as the abuse of drugs to suppress them (Agnew 1992). Therefore, a person's coping resources and social support play a crucial role in determining how a person might respond to experiences of strain. Individuals who are

more constrained in their available ways of coping will be more likely to commit deviant acts (Agnew 1992).

Multiple studies have examined the influences of general strain theory on substance misuse (Agnew 1992; Drapela 2006; Swatt, Gibson, and Piquero 2007; Kam, Cleveland, and Hecht 2010; Botchkovar and Hughes 2010; Eitle, Eitle, and Johnson-Jennings 2013). These studies indicate that the emotional responses to sources of strain, as well as one's available coping mechanisms, act as significant predictors of substance misuse. Swatt and colleagues (2007) found depression and anxiety to be significant mediators between strain and alcohol misuse. Eitle and colleagues (2013) examined the effects of coping mechanisms, and found parental control, self-restraint, and religiosity to all moderate the effects of strain on substance misuse. These studies appear to consistently show that in the absence of socially acceptable avenues of coping, substance misuse may be substituted as a means for coping with emotional strain.

#### *General Strain Theory Versus Stress Process and Critical Race Theories*

Before explaining the gaps in the general strain theory literature, I must acknowledge its similarities with another sociological theory that explains the relationship between stress and problematic drinking behaviors. Within the "stress process model (Pearlin and Bierman 1999)", stressors are defined as experiences individuals struggle to adjust to, which result in emotional, cognitive, and physiological consequences. The stress process model assumes that everyday lived experiences cause stress, and these experiences are impacted by one's social characteristics (Turner, Wheaton, and Lloyd 1995; Pearlin 1999). Coping plays an important role in this model. Coping can come in various forms; including controlling the meaning of stressful

situations and managing the emotional consequences (Pearlin and Schooler 1978). Coping includes both one's cognitive ability to cope, as well as one's social support (Pearlin and Bierman 1999). Agnew (1992) drew upon Pearlin and Schooler's (1978) definitions of coping when he developed his explanation of the different forms that coping can take.

The stress process model assumes that if an individual lacks the moderating resources to deal with various forms of everyday stressors, he or she will experience negative cognitive and behavioral outcomes (Pearlin 1999). The misuse of drugs and alcohol could be one such outcome that stems from a lack of appropriate coping and social support. Therefore, the stress process model shares many similarities with general strain theory's explanation for substance misuse. However, stress process and general strain theory differ in one regard. Stress process theory frames substance misuse as a mental health outcome related to experiences of stress and a lack of coping (Pearlin 1999; Pearlin and Bierman 1999). General strain theory frames substance misuse as a deviant or criminal adaptation that occurs due to the absence of conventional coping mechanisms (Agnew 1992; Agnew and White 1992; Botchkovar and Hughes 2010).

For this study, I selected general strain theory over stress process because I am interested in examining the more deviant or criminal aspects of problem drinking. The misuse of alcohol can be directly perceived as socially deviant, given that it may lead to significant clinical impairment or distress (Hasin et al. 2007). Multiple studies have concluded that alcohol abuse and dependence can be socially stigmatizing for those who engage in it (Fortney et al. 2004; Room 2005; Keyes et al. 2010; Schomerus et al. 2011a; Schomerus et al. 2011b). Unlike other mental health disorders, substance misuse is



frequently perceived to be the responsibility of the person who engages in it, something that he or she should be able to control (Fortney et al. 2004). As a result, those who abuse or are addicted to alcohol may be more stigmatized than those with other health disorders. This stigma may lead to one's exclusion from social circles. Stigma can also contribute to structural barriers that make treatment more difficult, such as medical insurance companies who are unwilling to cover alcohol abuse treatment (Schomerus et al. 2011a).

Because of the stigma associated with it, problem drinking behaviors are often perceived as being socially deviant. Therefore, a theory of deviance such as general strain theory can be appropriately used to examine the nature of problem drinking in research. Problem drinking can also result in a wide array of potentially harmful consequences, including but not limited to: accidents, intimate partner violence, psychological impairment, personal economic costs, decreased productivity, and long-term health deterioration (Hasin et al. 2007). Within the population I am studying, problem drinking is tied to other behaviors that can be more clearly categorized as deviant or criminal, such as intimate partner violence. Therefore, I believe that general strain theory provides a better theoretical foundation for this study. As a theory of crime and deviance, general strain theory can effectively show how refugee experiences of strain contribute to deviant and criminal behavioral outcomes such as problem drinking and intimate partner violence.

Because this dissertation examines the experiences of a particular racial minority refugee group, a theory which focuses on the impact of race could be applicable as well. For example, "critical race theory (Crenshaw et al. 1995)" serves as one of the most

dominant theories in the field that examines the impact of race within everyday experiences and social structures. Critical race theory emphasizes the prevalence and “normality” of racism within the operations of social institutions (Crenshaw et al. 1995, Delgado and Stefancic 2001). Racial categories are socially constructed, and groups are racialized differently depending on time and place. Theories such as critical race theory also place a strong importance on racial minorities having a “voice” by which they can discuss the nature of their race and racism from their own lived experiences (Crenshaw et al. 1995; Delgado and Stefancic 2001).

Theories such as critical race theory have made significant contributions in the study of social problems faced by racial minority groups. A critical race perspective could be used to examine the various struggles faced by refugee groups post-resettlement. However, I did not select critical race theory or other theories that focus on the impact of race for this study because I am more interested in looking at the impact of experiences tied to the refugee status, rather than those tied to racial identity. There is undoubtedly a racial aspect to the refugee experience, and research shows that refugees do contend with racism and discrimination (Noh et al. 1999; Pumariega et al. 2005; Ellis et al. 2008). However, these experiences of racism and discrimination, both at the individual and institutional level, are beyond the scope of this current project. Future research should investigate the impact of institutional racism on refugee barriers to integration and achieving economic stability. Because this study focuses more on the barriers that refugees face, as well as the strains and behavioral consequences of these barriers, general strain theory is a more applicable theory for this dissertation.

#### *Limitations and Gaps in the General Strain Theory Literature*

While general strain theory has been tested and supported by decades of empirical research, the theory still needs to be expanded in scope by applying it to different populations. Much research on this theory has focused on populations of male adolescents in Western society (Agnew 1992; Agnew and White 1992; Agnew 2008). Therefore, definitions of strain are often limited to those faced by Western youths. Examples of strain include excessive parental discipline, struggle in schools, living in impoverished neighborhoods, or unemployment (Agnew 2008). Different groups of people may experience different forms of strain. Alternatively, individuals may experience the same forms of strain, but through a different lens that is colored by gender, race/ethnicity, or cultural differences. Some studies have worked towards expanding the scope of strain through these lenses, but the field can be expanded further (Eitle and Turner 2003).

Another limitation of strain theory stems from Agnew's focus on the emotion of anger and anger-based delinquency (Agnew 1985; Broidy 2001). A person's ability to control strain-induced anger, whether through internal psychological mechanisms or external social mechanisms, acts as a significant determinant of deviant behavior (Agnew et al. 2002). Agnew (1985) argues that anger brings about a desire for retribution and aggression, which can then translate into deviant or criminal behavior. However, sources of strain may not necessarily create the same emotional reactions across different groups of people. And more importantly, individuals may not necessarily react to anger in the same ways that Western adolescent boys do.

For example, research conducted by Jang and Lyons (2006) found that anxiety and depression may have more of an impact than anger as a result of strain among

African Americans. These feelings may contribute to social withdrawal, rather than deviance or crime. Research by Horton and colleagues (2012) shows that perceptions of anger differ across cultural contexts, and that anger may be less impactful on deviant behavior in cultures where anger is perceived as a more harmful or destructive emotion.

The literature on general strain theory generally does not account for the influence of culture on coping mechanisms. According to Agnew (1992), social support plays an important role in the coping process. However, different cultures may experience support in different ways, and may not have access to the same forms of coping that individuals in Western society have access to (Horton et al. 2012). For example, populations that lack economic resources or knowledge about formal methods of medical or mental health treatment are less likely to seek out that form of coping (Subedi et al. 2015).

Cultures that are much more collectivist in nature are more likely to rely on community or family members for support. However, fear of social stigma has a significant impact on help-seeking behaviors in collectivist cultures, and may impact social support and coping as well (Raj and Silverman 2007). These cultural differences in experiences of strain, emotions, and coping show that the components of Agnew's general strain theory may have variations in the way they operate across different groups. Therefore, research on general strain theory needs to more effectively consider how the experiences of different groups may influence the strains they experience, and the ways in which they react to them.

#### *General Strain Theory and the Refugee Experience*

Research conducted by the United Nations shows that refugee numbers continue to grow on a global scale (UNHCR 2017). This means that a greater number of people on

a global scale are coping with the consequences of being forced from their homes. As a result, it is important for researchers to expand our understanding of the lived experiences of these people so that we may devise ways to improve their living situations. However, research rarely approaches this topic from crime or deviance theoretical perspectives. Prior research has identified that the struggles that migrant groups face may contribute to deviant or criminal behavior. This includes substance misuse, particularly the misuse and abuse of alcohol (Caetano, Clark, and Tam 1998; Gutmann 1999; Ehlers et al. 2009). Given the nature of the refugee experience, general strain theory (Agnew 1985) can expand our understanding of the causes of problem drinking among refugees by illustrating the link between refugee barriers and deviant coping in the form of problematic drinking behaviors.

In this study, I expand the scope of general strain theory by examining the theory within the context of the refugee experience. Refugees, by definition, have fled their home nations due to fear of persecution due to race, religion, belonging to a social group, or political opinion (Hein 1993). The very fact that these people have been involuntarily removed from their homes and must now learn to adapt to a completely foreign lifestyle and culture could understandably be a recurring source of strain (Benson et al. 2011). Agnew defines one source of strain as the removal of a positive stimulus (Agnew 1992). Although refugees did face great hardships in their home nations prior to leaving, many still feel the loss of a feeling of “home” when coming to a new nation (Hein 1993).

Parallels can be drawn between the struggles of acculturation and general strain theory’s primary sources of strain. When examining the lives of refugees, all three of Agnew’s types of strain can be found in the struggles they experience daily. The

economic struggles that refugees experience, coupled with the difficulties learning a new language and other cultural norms, highlight their experiences of goal blockage (Stepick and Portes 1986; Chiswick and Miller 1995, Dustmann and Fabbri 2003). The loss of home, separation from family members, and the perceived loss of cultural identity all provide examples of the removal of positive stimuli (Reed and Barbosa 2017). Finally, experiences of discrimination, poverty, and a completely foreign culture all demonstrate the introduction of potentially negative stimuli (Portis and Stepick 1985; Berry et al. 1987; Pumariega et al. 2005).

Although past studies have examined problem drinking among refugees and other migrant groups, very few examined this phenomenon from the perspective of criminological or deviance theory (Weaver and Roberts 2010). By examining refugees through the lens of general strain theory, we can better understand how refugee experiences may contribute to problem drinking, and other deviant behaviors that may be linked to problem drinking such as intimate partner violence. General strain theory literature generally lacks consideration of cultural variation. Examining refugees can also help to build on the theory itself, as it will allow us to identify cultural variance within types of strain. We can better understand what the major forms of goal blockage, the loss of positive stimuli, and the experience of negative stimuli look like among refugees.

This dissertation can help bolster our understanding of what strain looks like in a different cultural group. I demonstrate how cultural expectations of behavior impact the use of coping mechanisms, and how lived experiences of refugee groups contribute to the likelihood of problem drinking. In the following dissertation, I describe ways in which general strain theory can be utilized for this purpose.

### *Population Profile: Bhutanese-Nepali Refugees*

This dissertation focuses on the experiences of one specific refugee group, a population of Bhutanese-Nepali refugees who had resettled in a community in northeast Ohio. While the Bhutanese-Nepali people have experienced struggles comparable to other refugee groups, it is important to illustrate the characteristics of this group in order to portray who they are as a people. However, it is also important to point out that while the characteristics of the group are important to understanding their overall experiences, I do not want to imply that these characteristics are the cause of their struggles with strain and problem drinking. In other words, I am not arguing that the Bhutanese-Nepali people experience problem drinking and violence due to specific elements of their culture or personality. The strains and behavioral outcomes that are discussed in this dissertation are a product of socio-structural barriers that this group must overcome as a result of resettlement. This purpose of this section is simply to provide a clearer picture of who these people are.

The country of Bhutan is a small land-locked nation located within the Himalayan Mountains between India and China with a current population of around 800,000. For much of its history, Bhutan maintained a policy of cultural isolationism with the intent of remaining culturally and economically independent from the world. However, families from Nepal began to migrate to Bhutan beginning in the late 19<sup>th</sup> century. They were recruited by the Bhutanese government in order to help clear the jungles that dominated southern Bhutan (Roka 2017). These ethnically Nepali citizens living in Bhutan were known as the Lhotsampas (literal translation is “people of the south”). Culturally, this group retained some its Nepali heritage, while also adopting elements of Bhutanese

culture as well. Most Lhotsampas are bilingual, speaking both Nepali and the native Bhutanese language Dzongkha (HHS 2014). Some Bhutanese-Nepali people who received formal schooling may also speak English. But most elders in the community did not receive a formal education, and therefore only speak their native languages (Summit County Health N.d.).

The Lhotsampas are also a diverse group in terms of religious practice and social standing. When it comes to religious practice, most Lhotsampas are Hindu (60%), with a smaller percentage of Buddhists (27%), Kirat (an indigenous religion, 10%), and Christians (3%) making up the rest of the population (HHS 2014). This group also adheres to a caste system similar to those found in Nepal and India. This system is complex, and the number of castes varies by religion. It is estimated that there are up to 64 different castes recognized by various groups making up the Lhotsampas people (HHS 2014). Traditionally, Lhotsampas would be expected to only form relationships with members of their own caste, and marriages were often arranged by parents. However, exposure to Western influences has caused some of these traditions to fade, and many younger Bhutanese-Nepali are now choosing their own partners (Maxym, Upadhyay, and Dhital 2010).

When it comes to family, the Lhotsampas are a very communal society, and it is common for large extended families to live in the same household, or in close proximity (Maxym et al. 2010). Family members are expected to remain closely connected throughout their lives. The elders of the society are typically respected and hold positions of prestige. They are often called upon to mediate conflicts within the community (Maxym et al. 2010). This community is also traditionally patriarchal. Women are often



relegated to doing housework, are less likely to work outside the home, and have very limited decision-making power both within the home as well as within the community compared to men (HHS 2014). Elder and more traditional members of the community are more likely to adhere to these gender roles. In recent years, younger Bhutanese-Nepali people living outside of Bhutan or Nepal have been influenced by Western cultures, which has allowed women to work and take on more responsibilities outside of the home (Maxym et al. 2010).

By the mid-1980s, the Lhotsampas had reached a population of around 200,000 living in Bhutan (Schinina et al. N.d.). It was around this time that the government of Bhutan began to fear the growth of this population. They believed that if the primarily Hindu Lhotsampas population grew too large, they could eventually outnumber the population of the traditionally Buddhist Bhutanese people (HHS 2014). Due to these fears, the Bhutanese government began a cultural campaign in the mid-1980s known as “One Country, One People.” The goal of this campaign was to force the traditional Druk culture on all citizens living in Bhutan, requiring that they adhere to traditional dress code, religious practices, and language (HHS 2014).

This campaign also made it very difficult for citizens of Nepali descent to acquire citizenship. Lhotsampas who had already acquired citizenship had it stripped from them, and were labeled illegal immigrants by the state (Roka 2017). Leading into the early 1990s, the Lhotsampas people continued to be stripped of their rights and freedoms, leading to protests, government crackdowns, and various human rights violations. In response to the unrest, the Bhutanese government then began to forcefully evict citizens of Nepali descent from their homes (Roka 2017).

As a result, the Lhotsampas fled Bhutan by the thousands, and resettled in refugee camps established in Nepal. By 1990, over 100,000 refugees had fled Bhutan and were living in Nepalese refugee camps (Schinina et al. N.d.). These refugees would spend nearly two decades in the refugee camps, until 2007 when the United Nations and other resettlement agencies began a push to relocate these people to the United States, Australia, and parts of Europe (Kohrt et al. 2012). By 2015, over 100,000 Bhutanese-Nepali refugees had been relocated from the camps in Nepal to other parts of the world (Shrestha 2015). The majority of these refugees would end up in the United States.

Between 2008-2015, the U.S. has resettled over 80,000 Bhutanese-Nepali refugees (Roka 2017). In 2018, Bhutanese-Nepali refugees made up the fourth largest group of refugees (2,228 resettled in 2018) admitted into the U.S. (NIF 2019). A majority of these refugees would settle in the states of Pennsylvania, Texas, New York, Ohio, and Georgia (Roka 2017). This dissertation focuses on one Bhutanese-Nepali refugee community located in northeast Ohio. Between 2010 and 2018, near 8000 Bhutanese-Nepali refugees had moved to Ohio either through direct or secondary migration (Albrecht 2018). According to data collected by refugee service providers, approximately 4000 Bhutanese-Nepali residents were living in northeast Ohio communities by 2018 (Albrecht 2018). These statistics indicate that northeast Ohio has a relatively high concentration of Bhutanese-Nepali refugees compared to other parts of the country, and would therefore serve as an optimal location to study this population.

It is important to note that throughout the rest of this dissertation, I will be referring to the Lhotsampas people as “Bhutanese-Nepali refugees.” The term “Lhotsampas” is utilized by the Bhutanese government to refer to this population, and is

not a term that is welcomed by most Bhutanese-Nepali people (Summit County Health N.d.). Bhutanese-Nepali refugees may associate the term “Lhotsampas” with their forced eviction and ethnic cleansing from Bhutan. This term creates a sense of othering, distinguishing the Bhutanese-Nepali people from the rest of the Bhutanese population. This term is also not regularly used on global platforms to refer to this population (Summit County Health N.d.). Therefore, I will be referring to this population as Bhutanese-Nepali from here onward.

It is also important to acknowledge my use of the term “refugee” to describe this population. Many of the respondents in this study had been living in the United States for several years, although very few had been living in the U.S. for longer than a decade. Some of these respondents had acquired American citizenship, and were established members of their communities. Therefore, this may raise the question of whether it is appropriate to refer to respondents as “refugees” rather than just citizens of northeast Ohio. While some refugees were further into the resettlement process than others, all respondents spoke about similar problems that their community faces due to the status of being a refugee. Refugees who had arrived earlier could still relate to the experiences of those who were newly arrived, because they may have seen or experienced similar problems when they arrived.

Therefore, the status of refugee appears to have impacted all participants at some point. While some participants may not consider themselves to be refugees anymore, they can still acknowledge how migration and resettlement impacted their experiences up until the time of data collection. I believe that using the term “refugee” is appropriate for this dissertation because I want to focus on these challenges that people experience as a result

of this particular social position. These experiences are distinct from the general population, so it is important to emphasize the impact of this status.

#### *Aims and Intended Contributions*

This dissertation aims to build on general strain theory literature in four ways. First, I build upon the theory by applying it to a previously overlooked group, specifically Bhutanese-Nepali refugees. I believe that general strain theory can be readily applied to Bhutanese-Nepali refugees because this population regularly experiences multiple sources of strain that may impact behavioral outcomes. These refugees faced great hardships that force them to flee their home nations, and then continue to face difficulties once they get settled into their new homes. Bhutanese-Nepali refugees may also struggle to cope with strain due to a lack of resources and knowledge about mainstream coping mechanisms such as counseling (Subedi et al. 2015).

Second, I also aim to highlight the experiences of refugees, so that we can better understand the struggles these individuals face. Using qualitative data, I highlight elements of Agnew's general strain theory from the perspective of the refugees themselves. These data can provide insight into the lived experiences of the group, and shows how they perceive their community's struggles with strain and problem drinking. By using general strain theory, I show how refugee barriers to integration and other positively valued goals contribute to problem drinking, which in turn contributes to intimate partner violence and other forms of deviance or crime. This information can also potentially help with the development of future strategies to aid this disadvantaged group. By developing strategies to reduce refugee strains, we can then reduce the prevalence of community problems such as problem drinking or intimate partner violence.

Third, this study contributes to general strain theory literature due to its use of qualitative data. General strain theory is supported by a wide range of quantitative studies. Qualitative research can help supplement these quantitative studies by providing a greater in-depth examination of how the elements of theory occur based on the direct experiences and perceptions of the respondents. Using qualitative data, we can see detailed reports of how respondents explain the types of strain they experience, the deviant or non-deviant coping mechanisms they utilize, and the health or behavioral consequences of these strains.

Fourth, this dissertation builds on general strain theory research by examining strain and coping at the community level. Most general strain theory research examines individual-level experiences of strain, and how it impacts individual behavior (Agnew 1985; Agnew 1992; Agnew 2012). This dissertation examines perceptions of strain at the community-level, and the community-level consequences that occur as a result of this strain. This dissertation also examines community-level barriers to coping. Finally, this dissertation illustrates that general strain theory can be applied beyond deviant individuals, and can be used to help explain the prevalence of deviant behaviors at a community level.

## DATA AND METHODS

For this dissertation, I utilized qualitative data that were collected within a Bhutanese-Nepali refugee community located in northeast Ohio during the summer of 2017. The principal investigator of this research project is Dr. Marnie Watson, former assistant professor of anthropology at the University of Akron, and current assistant professor at Missouri State University. The aim of the original study was to collect data

on problem drinking within the local refugee community to determine the best ways to provide treatment and resources to the community. This dissertation has three goals which are distinct from the purpose of the original study. My first goal is to examine which refugee barriers serve as the primary sources of strain. The second goal is to examine how these strains contribute to the behavioral outcome of problem drinking. The third goal is to illustrate how problem drinking is tied to the behavioral outcome of intimate partner violence. This project was granted full IRB approval from the IRB committee at the university from which it was conducted.

The Bhutanese-Nepali population and the topic of problem drinking were specifically chosen as the subject matters for this study due to community perceptions regarding the seriousness of the problem. This particular Bhutanese-Nepali refugee community acquires many of its services from a local agency. In this dissertation, this organization will be referred to as “the Institute.” The Institute collaborates with many other organizations in the community, and the Institute had been receiving informal reports from medical professionals and other service providers that alcohol misuse appears to be a significant problem among the Bhutanese-Nepali refugees. Therefore, representatives from the Institute approached the research institution from which this study was conducted. The Institute was interested in conducting a study to help determine the best ways to provide treatment for the alcohol problem within the Bhutanese-Nepali refugee community.

While service providers in the community perceived alcohol to be a problem, the research team wanted to make sure that the refugees themselves actually perceived it to be a problem as well. In order to do this, a brief pilot survey was constructed and

distributed to members of the Bhutanese-Nepali refugee community. This survey contained quantitative questions asking participants to indicate whether they perceived problem drinking as a concern among Bhutanese-Nepali refugees. These questions were designed in collaboration with the Institute, so that they could be presented in ways that were neutral and did not appear to place negative accusations on respondents. Employees at the Institute warned that alcohol use is stigmatized in the Bhutanese-Nepali community. Questions would need to be framed in a way so that they would not be perceived as offensive or stigmatizing to the participant. This pilot survey also had a secondary purpose, which was to make community members aware that further research would likely be conducted on the topic. Ideally, this would make the research team's presence in the community less of a surprise once the qualitative study had commenced.

Results from the pilot survey indicated that nearly all respondents perceived the problematic consumption of alcohol to be a concern among Bhutanese-Nepali refugees. Therefore, a qualitative study was developed and conducted to further investigate this concern. Like the pilot survey, these qualitative measures were constructed in collaboration with the Institute. The questions were designed to ask participants about their perceptions of the causes and consequences of problem drinking within the community. Per the Institute's suggestion, questions did not specifically ask participants to discuss their own personal use. The Institute recommended that the research team take this direction because they believed that it would be difficult to get participants to willingly discuss personal use. They informed the research team that alcohol misuse is stigmatized in the community, and Bhutanese-Nepali refugees would experience

discomfort and may withdraw from questions that ask them to speak on their personal use of alcohol.

Our research team conducted a total of 66 face-to-face interviews with 100 members of the Bhutanese-Nepali refugee community living in northeast Ohio. The discrepancy between the number of interviews and participants exists because some interviews were conducted with multiple participants at the same time. The Institute provided an interpreter and information on refugees who were interested in participating in the project. After several initial interviews, a combination of snowball sampling and targeted sampling was used to find further participants. Targeted sampling was utilized to have greater representation of the various religious and ethnic groups that make up the Bhutanese-Nepali refugee population. A full breakdown of the demographics of the sample can be found in Table 1 in the Appendix.

Again, this study was not originally conducted with the intent to study elements of general strain theory. The original goal of this study was to best determine how to help Bhutanese-Nepali refugees with alcohol treatment in the community. However, during the interview process, elements of general strain theory emerged from participant responses, leading to my application of general strain theory as a framework for better understanding the data. Coding and analysis of the data further highlighted the emergence of these themes. Therefore, while this study was not intentionally designed from a general strain theory perspective, many responses to the questions in this interview can be analyzed from a general strain theory perspective and can provide insight into the theory.

Prior literature has concluded that alcohol use and misuse is prevalent within Bhutanese refugee communities (Luitel et al. 2013; Hewlett et al. 2015; Ao et al. 2016).



However, studies on the experiences of Bhutanese refugees tend to focus on communities located in Nepal. Bhutanese refugees in camps located in Nepal have faced conditions that are far more adverse than those who have settled in the United States. These conditions include direct exposure to armed conflict, torture, violence, rape, and loss of family members and peers (Shrestha et al. 1998; Van Ommeren et al. 2001; Luitel et al. 2013). While the conditions of U.S. refugee communities are not nearly as traumatic as the camps in Nepal, refugees are still exposed to many of the stressors that are typically discussed in the literature. Therefore, this research can build on previous research on Bhutanese-Nepali refugees by focusing more on the types of stressors experienced in American refugee communities.

#### *Qualitative Instrument*

These interviews contained questions regarding prevalence of problem drinking within the community, the consequences of problem drinking on the community, and perceptions about those who use alcohol. We asked community members to identify what they believed are the primary contributing factors to problem drinking. For those who identified stress as a contributing factor, we asked them to expand on what the primary sources of stress are for refugees. We also asked community members about treatment, and whether members of the community who misuse alcohol seek help for their problems. Most participants indicated that alcohol misusers do not often seek help, and we asked them to explain why. A few sample questions germane to my research aims have been included below. The full interview guide can be found in the Appendix of this dissertation under Figure 1.

- Why do you think people are drinking?

- Have you seen alcohol cause problems in the community? If so, what problems?
- Do people in the community with alcohol problems seek help?
- Why is it difficult sometimes for people in the community to seek help for alcohol problems?
- What do you think the community needs to treat alcoholism and alcohol-related problems?

These data provide insight into the nature of strain in the refugee experience.

Certain questions, such as the one which asks participants why they believe that people in the community drink, did elicit answers that can be used to understand experiences of strain. Data on coping mechanisms were gathered from the questions that ask respondents about help-seeking habits, and why people may struggle getting help. The answers to these questions highlighted how general strain theory operates within this unique cultural context. These qualitative data provided a picture of the lived experiences of this group and demonstrated how certain elements of general strain theory look within these lived experiences.

### *Interview Process*

The interviews were on average one hour long, and participants were compensated with a ten-dollar gift card. We conducted interviews at participants' homes, and some at the Institute. Many of the interviews were translated through the help of an interpreter. Our interpreter was a well-known member of the Bhutanese-Nepali community. He was a Christian pastor, and he also worked at the Institute. Therefore, many participants knew him prior to the study. He was a very helpful resource, not just for bridging language barriers, but cultural ones as well. He could pick up on cultural nuances that the research team probably would have missed. For example, when certain

respondents discussed traditional behavioral norms or religious customs from Bhutanese-Nepali culture, our interpreter was able to provide a clearer explanation of these concepts.

Our interpreter also helped us to identify members of the community who might have valuable insight on the topic of problem drinking. He was an active member of the community and was well known among most of our participants. Therefore, although most of our team were outsiders to the community, participants appeared to be comfortable speaking on the topic, given their familiarity with our interpreter and the institution that he works for. Interviews were conducted with the interpreter and at least one member of the research team. The research team was made up of the primary investigator and three graduate students from the sociology and psychology departments. The primary investigator trained all the graduate students on the team. The students were allowed to conduct interviews on their own once they had completed several under the primary investigator's supervision.

It should also be noted that interviews and focus groups were conducted with 21 service providers in the community who work with Bhutanese-Nepali refugees. These service providers were asked questions similar to the ones asked in interviews with community members. The service providers discussed the prevalence of problem drinking within the Bhutanese-Nepali refugee community, and described themes similar to those provided by the community members. The data collected from the service providers will not be included in the analysis for this dissertation, as I wanted to focus on the perspectives of the refugees themselves. However, the data collected from the service providers allows for triangulation, as the data show that a separate group of informants

revealed similar themes. This triangulation also serves to boost the internal validity and trustworthiness of the findings in this study (Shenton 2004).

### *Analytical Method*

Analysis of the data was conducted using the software program NVivo 12. Analysis began through open inductive coding, in which I searched for primary themes. Open coding allowed me to search broadly across interviews for patterns (Emerson, Fretz, and Shaw 2011). This open coding was conducted in collaboration with the research team. Each member of the team individually conducted line by line coding on the same subset of interviews. Afterwards, the team met to decide on which themes were prominent, and how each theme would be named and coded. Based on this collaboration, a master code list was created to be utilized for the coding of the remaining interviews. The remaining interviews were divided among members of the team, who individually coded based on the master code list. Changes that were made to the code list over time were agreed upon by members of the team.

Afterwards, I began a more focused coding process based on the themes found during open coding. Focused coding allowed me to target specific themes related to refugee barriers, experiences of strain, problem drinking, and consequences at the community level. I took these themes of interest and examined how they build upon existing theoretical literature (Emerson et al. 2011). Coding revealed themes related to general strain theory that are consistent across interviews, which shows that the data can expand on how this theory can apply to refugees. My goal for this dissertation is to investigate ways that general strain theory can be refined and built upon when examining a population that it has not been previously applied to. I believe that Bhutanese-Nepali

refugees experience unique forms of strain and face unique challenges in dealing with these forms of strain.

This dissertation illustrates the primary sources of strain experienced by Bhutanese-Nepali refugees, and how these strains may lead to problem drinking and other deviant outcomes such as violence. Agnew's (1992) strain theory can be broken down into several essential components: the experience of strain, the negative emotions caused by strain, the coping mechanisms, and the deviant behavioral outcome. Each component of the theory will be explored throughout this dissertation. Chapter two will focus on the first component, the experience of strain. Chapter three will focus on coping mechanisms, particularly the deviant coping mechanism of problem drinking. Chapter four will focus on the deviant behavioral outcome, intimate partner violence, as the result of strain and problem drinking.

#### *Outline of Dissertation Chapter and Themes*

For this project, my research aims are as follows. I illustrate how refugees experience forms of strain which are unique to their experiences as a group. Next, I examine how problem drinking emerges within the community as a response to experiences of strain. I then investigate the barriers that prevent effective coping while structuring the use of alcohol as an option to cope with the sources of strain. Finally, I examine the ways that strain and problem drinking leads to problems within the community, particularly intimate partner violence. Data from this project allowed me to achieve all these goals across three distinct chapters. The first will focus on refugee strains, the second on alcohol abuse as a response to these strains, and the third will focus

on intimate partner violence that occurs as a result of problem drinking in the community under investigation.

This first chapter provides an introduction and a general literature review. Chapter two focuses on the question: “How do refugees define the primary sources of strain in their daily lives?” My goal with this chapter is to identify which strains appear to be most prominent within the community and examine how this impacts problem drinking. Chapter three focuses on problems related to coping with strain and problem drinking. In this chapter, I examine the ways that problem drinking manifests itself as a response to strain, given the lack of effective coping. Chapter four focuses on intimate partner violence as a consequence of problem drinking within the community. After discussing ways in which the refugee experience relates to strain, problem drinking, and community level consequences, the final chapter concludes with a discussion of potential policy and theoretical implications.

In this dissertation, my goal is to add to our understanding of the experiences and struggles of refugees using a theoretical perspective that has not been previously applied to this group. Because of the challenges they face, and the backlash refugees may face from our political administration, research on this group is especially important right now. By examining general strain theory within the context of the refugee experience, I improve our understanding of refugee struggles, problem drinking, and general strain theory itself. By achieving this, we might be able to design services that can help them with concerns such as problem drinking. This research can also help bring attention to misunderstood and disadvantaged groups that continues to face adversity in nations across the world.

## CHAPTER II

### LANGUAGE, ACCULTURATION, AND EMPLOYMENT BARRIERS WITHIN A BHUTANESE-NEPALI REFUGEE COMMUNITY: A QUALITATIVE EXAMINATION OF REFUGEE STRAINS

Researchers define refugees as a group of people who have been forcefully uprooted from their nation of origin and must involuntarily migrate to a new host nation (Black 2001). Migration becomes necessary due to a fear of persecution, should they continue to remain in their home nation. Persecution often occurs on the grounds of racial/ethnic, religious, political, or other group differences between the refugees, and a more dominant social group within their nation of origin (Black 2001). This distinction between voluntary and involuntary migration is crucial to understanding the differences between the experiences of refugees, and other immigrant or migrant groups. Migrants must often cope with a variety of hardships when resettling in a new nation, but refugees experience these hardships coupled with the traumatic experiences of being forced from their homes (Reed and Barbosa 2017).

Because of this distinction from other migrant groups, refugees are a particularly disadvantaged and vulnerable group within any society that they settle in. This should be especially concerning given that the number of refugees on a global scale has been increasing over the last several years due to various wars and social conflicts around the world. According to statistics collected by the United Nations, there were approximately

65.6 million refugees around the world in 2016, a number that has been increasing with each passing year (UNHRC 2017). Based on these trends, and the vulnerability of refugee groups, researchers and community leaders should be concerned with the hardships that refugees deal with in their daily lives. These individuals are contributing members to our society, and their struggles often go overlooked by those outside of their communities.

In the following chapter, I provide an overview of the experiences of refugees. I outline the types of issues they typically face when adjusting to their new settings, as well as the mental health and behavioral consequences. I utilize Robert Agnew's (1992) general strain theory to highlight the major socio-structural barriers that this group faces. Using data collected via qualitative interviews, I seek to answer the question, "How do refugees define the primary sources of strain in their daily lives?" By investigating this question, I hope to provide a clearer picture of how refugee communities perceive their own struggles and needs. This can potentially help with the development of intervention programs to assist refugees with community-wide problems. Refugees have already faced a number of hardships prior to their forced migration. As researchers, we should commit ourselves to understanding their struggle, and finding ways to reduce or remove the socio-structural barriers that they must cope with on a daily basis.

### *Assimilation and Acculturation*

When discussing the experiences of refugees, one must define and distinguish between two key processes that occur during integration. Acculturation refers to the process by which groups of people experience psychological and cultural change due to coming into contact with one another (Sam and Berry 2010). Researchers see



acculturation as a two-way process, in which both the minority and majority groups are affected. However, research tends to emphasize the changes that occur within the minority group, as the effects of the process are usually more pronounced within this group (Teske and Nelson 1974). The minority group usually has less social power and is more strongly impacted as a result. During the acculturation process, each group tends to maintain aspects of their original culture, such as language or customs. Acculturation does not necessarily overwrite a group's culture, but it does often make significant changes for the minority group (Teske and Nelson 1974; Berry 1997).

Acculturation is often confused with assimilation, as both processes describe the experiences of minority groups existing within a larger majority group. Berry (1997) states that the original definition of acculturation has been eroded over the course of research and has been slowly replaced by assimilation. Assimilation refers to the process by which a minority group is absorbed into and accepted by the greater social majority (Teske and Nelson 1974). This concept of acceptance highlights a key difference between the terms. When a group becomes acculturated, its culture is altered, but the group itself may remain as a social out-group. When assimilation occurs, the minority group no longer remains as an out-group, and becomes integrated into the majority group (Teske and Nelson 1974). In this paper, I primarily focus on the effects of acculturation among refugee groups. Many refugee groups, especially those that have arrived recently, are still going through the acculturation process, and have not been fully assimilated into the greater society (Stein 1981). Therefore, acculturation will be the appropriate term for this study.

### *Social Inequalities in the Refugee Experience*

Refugees face a wide variety of barriers when going through the acculturation process, a process which is necessary for the survival of the group within its host nation. This process create various avenues of inequalities, particularly when it comes to the acquisition of economic and cultural capital. When refugees arrive in their new nations, they often arrive with little to no economic resources, as well as little to no understanding of the language or customs (Betancourt et al. 2015). This provides a very steep hill that they must climb to acquire even the most basic necessities for survival.

Migrant groups often face economic hardships when they arrive in their host nations (Stein 1979; Portes and Stepick 1985; Stepick and Portes 1986; Borjas 1994; Borjas 1995). Portes and Stepick (1985) conducted extensive research on the economic struggles of Haitian and Cuban refugees that migrated to the United States in the 1980s. They found that these groups experienced limited success with initial incorporation into the U.S. labor market. Many of these refugees were relegated to “fringe” jobs, which often involved informal employment, or jobs limited to ethnic enclaves. Many of the refugees in this study were uneducated and of low social standing prior to entering the United States, which did little to benefit their social standing post-migration (Portes and Stepick 1985).

However, studies show that even when refugees have skilled or professional jobs in their home nations, they still have great difficulty finding better paying work. In this regard, the research on Haitian and Cuban refugees by Portes and Stepick (1985) bears similarities to earlier research conducted by Stein (1979) on Vietnamese refugees. Both studies showed that regardless of one’s education and status prior to migration, many refugees will end up in entry-level dead-end jobs (Stein 1979; Portes and Stepick 1985).

These refugees experience the same cultural barriers faced by other less educated refugees, and also experience the same limited access to social networks that grant entry into the primary labor market (Portes and Stepick 1985).

Language serves as one of the strongest cultural barriers that determines acculturation and economic success of migrant groups (Chiswick and Miller 1995; Dustmann 1999; Carliner 2000; Dustmann and Fabbri 2003; Hwang and Xi 2008). Multiple factors can influence how successful a refugee group is at learning the native language. Hwang and Xi (2008) found that the size of the migrant community, as well as the degree to which it is segregated from native populations, can deter language acquisition. Carliner (2000) found that migrants from countries of greater geographic distance from the United States may face more difficulties learning English upon arrival. Dustmann (1999) argues that language acquisition may depend on how long a migrant believes he or she will participate in the labor market of the new nation. While research illustrates that multiple factors may influence language acquisition, the research consistently shows that overcoming language barriers leads to greater economic success (Stepick and Portes 1986; Chiswick and Miller 1995, Dustmann and Fabbri 2003). Language serves as a crucial form of cultural capital for refugees. Without it, they cannot effectively interact with important social institutions.

Social networks have a significant impact on the acculturation process for refugees. Portes and Stepick (1985) found that ethnic enclaves and networks provide some of the strongest opportunities for employment among refugees. Upon arriving in their new home nations, newer refugees often end up settling where migrants from their ethnic group have established an existing community. This provides refugees with an

opportunity to establish relationships with other migrants of the same ethnic background in their resettled communities. Research on refugee groups illustrates that family and community networks are very important within collectivist cultures (Haines, Rutherford, and Thomas 1981; Starr and Roberts 1982; Kibria 1994). Typically, the strongest social ties are with members of the immediate and extended family, followed by close friends and other members of the same ethnic community (Hynie, Crooks, and Barragan 2011). These network ties may serve as one of the few resources that refugees have access to on arrival.

Social networks between refugees of similar ethnic background often form out of a shared need for social support and resources (Portes and Stepick 1985; Hynie et al. 2011). Individual refugee families may have limited capital upon arrival, but integration into a refugee community network can allow them to access capital that has been accumulated by the community. This can provide them access to valuable resources such as employment leads, transportation, and knowledge of local customs and language (Portes and Stepick 1985; Hynie et al. 2011; Beaman 2012). Research also shows that refugee social networks have a positive impact on mental and physical health (Simich, Beiser, Mawani 2003; Hynie et al. 2011). These networks can reduce feelings of social isolation and can provide emotional support for refugees during difficult times. This can positively impact mental well-being, which in turn may also positively impact physical well-being (Simich et al. 2003; Hynie et al. 2011).

Although these networks help migrants acquire a certain degree of capital, they are not often effective at helping migrants gain access to the primary labor market. In her book *The Managed Hand*, Miliann Kang (2010) discusses the experiences of Korean

immigrants working in low-income jobs such as nail salons. Strong social networks help Korean immigrants find jobs in salons, laundromats, or grocery stores that are owned and operated by members of the Korean community (Kang 2010). These networks provide newer migrants with an ability to more quickly integrate into the labor market. But these networks do not facilitate social mobility, and many immigrants are stuck in these jobs with no other real options. While these jobs do provide a source of income, they often do not provide the required economic, cultural, or social capital necessary for migrants to advance their social position (Kang 2010).

Portes and Stepick (1985) found similar results among Cuban refugees. While networks may help Cuban refugees get jobs, they often find themselves stuck in jobs restricted to ethnic enclaves. This provides limited opportunity for social mobility. Finally, Beaman (2012) found that as refugee social networks increase in size, the competition for a finite number of available jobs increases as well. Refugees who are part of a refugee social network may receive information on job openings, but this same information is passed on to every other member of the network as well. Therefore, while refugee social networks may help provide information to members, they also increase the number of refugees competing for the same job openings (Beaman 2012). These studies demonstrate that although migrants may have access to social capital, this capital does not necessarily help them succeed outside their ethnic circles.

### *Mental Health Aspects of the Refugee Experience*

Research has extensively documented the many adverse mental health outcomes experienced by refugees. Many of these adverse outcomes relate to experiences that refugees face prior to their migration, or the process of migration itself (Pumariega,

Rothe, and Pumariega 2005). Certain refugee groups deal with particularly traumatizing events prior to migration, as many are either forcefully expelled from their homes, or flee armed conflict and persecution (August and Gianola 1987; Porter and Haslam 2005; Ellis et al. 2008). Many refugees must deal with the loss or destruction of their homes as well as the separation or loss of family members (August and Gianola 1987; Hwang et al. 2007). These traumatic experiences distinguish refugees from other migrant groups (Ellis et al. 2008). While other migrants deal with stresses of migration and adapting to a new locale, refugees must deal with these same problems coupled with the trauma of being forcefully expelled from their homes.

Likely due to these experiences, refugee groups experience high rates of depression and posttraumatic stress disorder (August and Gianola 1987; Kroll et al. 1989). Because of economic disadvantage and cultural differences, many refugees do not have the ability to properly cope with these traumatic experiences. These disadvantages can prevent refugees from utilizing conventional mental health services in their host nations, because they either do not know of their existence, or do not have the means to access them (Portes, Kyle, and Eaton 1992). This mental trauma, coupled with the lack of coping options, can lead to serious negative consequences, including substance misuse and suicide (Luitel et al. 2013; Ao et al. 2016).

Once refugees arrive in their host nation, they must then deal with stressors that come from adapting to a new culture. Berry and colleagues (1987) define the term acculturation stress as the negative health outcomes that stem from the acculturation process. Acculturation stress may be caused by factors such as: language barriers, racial discrimination, separation from family members, unemployment, educational difficulties,

and struggles with the resettlement process (Mena, Padillo, and Maldonado 1987; Hein 1991; Noh et al. 1999; Kim 2002; Kam et al. 2010; Benson et al. 2011). The actual process of acculturation itself comes at a cost to refugees, who must learn to adopt an entirely new set of cultural ideals and practices in order to effectively navigate a completely foreign social setting (Stein 1979). For many refugees, adopting these new cultural expectations is a stressful process, especially if the norms drastically differ from those in their home nation (Lueck and Wilson 2010).

Some studies indicate that as migrants become more acculturated, their self-rated health decreases (Burnam et al. 1987; Finch, Frank, and Vega 2004; Kimbro, Gorman, and Schachter 2012). Acculturation stress can potentially account for this outcome, as migrants who are more acculturated must deal with the stress of learning new customs. They may also feel a sense of identity conflict, as they attempt to balance traditional norms with the customs of their new society (Berry et al. 1987). This can lead to feelings of alienation from both the host nation's culture, as well as their original culture as well. This alienation can cause mental health problems such as depression and anxiety (Berry et al. 1987).

Adult refugees may experience stress because of the differences in the acculturation process across generations of refugees. First generation migrants are older, and were involved in the process of migrating from their previous home to their resettled home. Later generations are usually born in the resettled community. But the differences between the two groups also relate to education and occupational attainment, language acquisition, and greater acculturation within the second generation (Rumbaut 2004). Each generation reaches a further stage of cultural adjustment, as the children of migrants seek

to minimize the differences between themselves and their peers (Alba and Nee 1997; Zhou 1997). This can create conflict across generations, as members of the first generation may perceive a lack of respect for the “old ways” from newer generations (Stein 1981). This can also create identity conflict within the refugee community, as older members of the community attempt to cling to the cultural ideals of their home nations, while the youth assimilate more completely into the new nation (Stein 1981). For adults, this can be a very stressful and emotionally taxing issue.

Refugees also experience risks to mental health due to racial/ethnic discrimination. As migrants become more acculturated, their contact with mainstream society increases. This can increase their exposure to the negative stereotypes and discriminatory actions of native societal members (Noh et al. 1999; Pumariega et al. 2005). Research on Southeast Asian and Somali refugees indicates that discrimination contributes to various forms of psychological distress, including depression (Noh et al. 1999; Ellis et al. 2008). This can further alienate refugees from society and amplify the effects of acculturative stress. As a result, refugees may turn to harmful ways of dealing with this stress, including the misuse of alcohol or other substances (Gutmann 1999, Horyniak et al. 2016a).

#### *Population Profile: Bhutanese-Nepali Refugees*

This study will focus on the experiences of one specific group of refugees, a community of Bhutanese-Nepali refugees living in northeast Ohio. While this particular group of refugees share many of the characteristics of refugees in general, it is important to highlight some of the characteristics that also make this group unique from other refugee groups. Therefore, I provide a brief background about these people, and some of



the unique aspects of their experiences as refugees. I do want to stress that while it is important to acknowledge the characteristics of this group, I am not implying that these characteristics are the primary cause of this group's struggles and behaviors. The purpose of this study is to examine the impact of socio-structural barriers that result from refugee status, and how this can lead to strain and potentially deviant behavior. The goal of this section is only to provide some background information about the Bhutanese-Nepali refugee population.

Bhutan is a small land-locked nation located within the Himalayan Mountains between India and China. In the early 1990s, the government of Bhutan began to enact laws that stripped citizenship and many legal rights from a group of ethnically Nepalese citizens who were living in the south of Bhutan (Roka 2017). After being stripped of their rights and evicted from their homes, the Bhutanese-Nepali people began to flee Bhutan by the thousands during the 1990s. They would eventually settle in refugee camps located in Nepal. Most of these people would remain living in these refugee camps for nearly two decades, as the United Nations did not begin to concentrate its efforts on relocating these people until 2007 (Kohrt et al. 2012). By 2015, nearly all of the refugees living in the camps in Nepal had been relocated to other parts of the world, including the United States, Australia, and parts of Europe (Kohrt et al. 2012). Approximately 80,000 of these Bhutanese-Nepali refugees would settle in the United States between 2008 and 2015 (Roka 2017).

Bhutanese-Nepali refugees have faced a number of stressors throughout their migration from Bhutan, to Nepal, to their final destination of resettlement. Some of these refugees experienced violence and torture at the hands of the government during their

forced expulsion from Bhutan (Thapa et al. 2003). Many refugees were separated from family members, and suffered from the trauma of losing their homes. Another defining characteristic of the experiences of this group is the extensive amount of time that these people lived in Nepalese refugee camps. Life in the camps was very restrictive to these people. They were largely confined to the camps, and had very limited exposure to the general population of Nepal. As a result, many refugees faced very limited opportunities to find legal employment (Schinina et al. N.d.). Extended families often lived together in small homes under impoverished conditions.

These experiences of being forced from their homes, and then being confined to refugee camps for years have been traumatizing to the Bhutanese-Nepali refugee community. This is made evident by the plethora of research that has documented the mental health struggles and vulnerabilities of these people. Among all refugee groups, the Bhutanese-Nepali people have especially high rates of depression, anxiety, and suicide (Ao et al. 2012; Kohrt et al. 2012; Ao et al. 2016). The abnormally high suicide rates are particularly troubling, as they highlight the severity of the mental health struggles that this group faces.

The International Organization for Migration (IOM) conducted research on Bhutanese-Nepali refugees living in the camps between 2004 and 2010. During this time they documented 67 suicides and 64 attempted suicides among refugees living in the camps (Ao et al. 2012). Ao and colleagues (2012) conducted a survey of mental health on the mental health of 423 Bhutanese-Nepali refugees. They found that 21% of respondents reported depressive symptoms, 19% showed symptoms of anxiety, and 4.5% reported symptoms of PTSD. These percentages are significantly higher than the prevalence rates

among the general U.S. population (Ao et al. 2012). Between 2009 and 2012, 16 completed suicides were documented among the Bhutanese-Nepali refugee community living in the U.S. Considering the size of the population, this was the highest rate of suicide among any refugee group living in the U.S. during this time period (Roka 2017).

The findings of these studies indicate that while Bhutanese-Nepali refugees experience many of the same problems as other refugee groups, they appear to be particularly vulnerable to the negative mental health consequences of these experiences. We do not know for certain why this is the case, but there are some speculations about possible causes. Bhutanese-Nepali society is very communal, and family relationships are extremely important. The Bhutanese-Nepali people were forced to migrate twice, first from Bhutan to Nepal, and then from Nepal to their new host nation. These migrations broke up communities and families multiple times, which puts strain on the traditional family support systems that are highly valued (Shinina et al. N.d.).

The breaking of communities places more strain on the main providers within the family. When traditional family roles are altered or broken, and providers must work with limited economic and cultural capital, this can be very difficult for them to cope with. Research conducted by Vonnahme and colleagues (2015) on Bhutanese-Nepali refugees showed that higher odds of depression were associated with being a family provider and being illiterate. It is also important to note that research on Bhutanese-Nepali culture and religion shows that the beliefs and practices of the group do not promote suicide as a response to personal trauma. Traditional Bhutanese-Nepali culture considers suicide to be a religious sin, so the culture of the group is unlikely to be responsible for the high rates of suicide within the group (Shinina et al. N.d.).

Given the general lack of research on the topic, it is difficult to determine the impact that racism or discrimination may have on the mental health and behaviors of Bhutanese-Nepali refugees. Research has shown that other refugee groups can suffer negative mental health consequences when exposed to racism or racial discrimination (Noh et al. 1999; Pumariega et al. 2005; Ellis et al. 2008). But few studies have examined the impact this may have in Bhutanese-Nepali refugee communities. Krishna Roka (2017) conducted a qualitative study of Bhutanese-Nepali refugee communities in several U.S. cities, and a few respondents mentioned experiences of perceived racial discrimination. But some respondents also reported that people outside the Bhutanese-Nepali community were welcoming to them, and did not openly discriminate (Roka 2017). More research in general needs to be conducted on the experiences of racism and discrimination within the Bhutanese-Nepali refugee community. By doing so, we may be able to better assess if this has any impact on the prevalence of mental health disorders, suicide, and other behavioral outcomes such as alcohol misuse.

When discussing the health of Bhutanese-Nepali refugees, it is also important to look at the help-seeking behaviors within this group. Research shows that Bhutanese-Nepali refugees do not often seek help for emotional or mental distress. Part of this is due to a lack of mental health literacy. In other words, refugees are not as aware of the symptoms or potential consequences of mental health conditions (Subedi et al. 2015). Refugee barriers such as language, transportation, and economic resources also hinder refugees from seeking professional help for these types of problems (Subedi et al. 2015). Being a communal society, Bhutanese-Nepali refugees are much more likely to consult with family members or respected members of the refugee community in order to deal

with mental health problems (Yun et al. 2016). These family and community members are much less likely to have the tools and knowledge to effectively deal with depression or prevent suicide (Subedi et al. 2015).

#### *Theoretical Framework: General Strain Theory*

This chapter examines refugee barriers to integration and other positively valued goals from the perspective of Robert Agnew's (1992) general strain theory. This theory focuses on the notion that criminal or deviant behavior is linked to the experience of strain. Strain can be defined generally as life events or conditions that evoke a negative emotional or behavioral response (Agnew 2008). Agnew argues that all individuals experience strains of various levels of severity throughout their daily lives. The determining factor for whether or not a person will respond to this strain in a deviant or criminal behavior rests on their ability to cope with their strain (Agnew 1992).

Coping mechanisms may come in the form of cognitive strategies, behavioral strategies, or emotional strategies. Coping mechanisms can also be deviant or non-deviant (Agnew 1992). Certain individuals face difficulties that make conventional forms of coping difficult. This can be created due to social inequalities, individual characteristics, and individual access to capital (Agnew 1992). Individuals who have limited access to non-deviant coping mechanisms will be more likely to respond to strain in a deviant or criminal manner (Agnew 1992).

Agnew's (1992) strain theory can be broken down into three essential components: the experience of strain, the coping mechanisms, and the deviant behavioral outcome. This chapter however focuses on the first component of the theory, the experience of strain. Agnew (1992) states that there are three essential types of strain that

a person can experience. The first is the inability for a person to achieve a positively valued goal. The second source of strain is the removal of a positively valued stimuli. The third source of strain is the introduction of a negatively valued stimuli (Agnew 1992).

When looking at the experiences of refugees, we can find examples of each source of strain that they must cope with during the resettlement and integration process. The inability to achieve positively valued goals can be observed in the struggle that refugees face in finding fulfilling employment and economic stability (Portes and Stepick 1985). The removal of a positively valued stimuli is apparent when considering the sense of loss that refugees experience after being forced from their homes and families (Hwang et al. 2007). This sense of loss also includes the feelings they have in regards to their perceived loss of traditional culture and ethnic identity that occurs during acculturation (Berry et al. 1987). Finally, the introduction of negatively valued stimuli may occur when refugees are subjected to negative experiences such as economic hardship or racial / ethnic discrimination (Ellis et al. 2008).

Given the links between refugee experiences and general strain theory, this chapter provides an opportunity to build on the existing general strain theory literature. Most research that utilizes general strain theory has focused on the experiences of male adolescents in Western society (Agnew 2008). This means that much of our understanding about types of strain and reactions to strain is limited to the groups that are most commonly studied. Little to no research has been conducted on the refugee experience utilizing this theory. This chapter provides an opportunity to examine how the first element of Agnew's theory, the experience of strain, can be applied to this

understudied population. By showing that general strain theory can be applied to different cultural and ethnic groups, I hope to demonstrate the robustness of the theory across different populations.

### *Aims and Research Questions*

The research has established that Bhutanese-Nepali refugees face a multitude of obstacles which can contribute to a variety of negative mental, behavioral, and social outcomes. However, there is limited research that attempts to examine these struggles from the perspectives of the refugees themselves. Qualitative research can give researchers an opportunity to acquire detailed insight on the nature of refugee problems based on their own lived experiences. In this chapter, I use qualitative data collected from a Bhutanese-Nepali refugee community in order to highlight the types of challenges that they perceive to be most prevalent in their daily lives.

This chapter will focus on answering the question: “How do refugees define the primary sources of strain in their daily lives?” This data set highlights multiple forms of strain, including the forced migration from their home nations, as well as acculturation stress, cultural and language barriers, struggles with acquiring capital, and generational differences between parents and children. My goal with this chapter is to identify which strains appear to be most prominent within the Bhutanese-Nepali refugee community. I focus on two subthemes within this chapter, language barriers and acculturation stress.

### DATA AND METHODS

This chapter will utilize a data set of qualitative interviews collected from a Bhutanese-Nepali refugee community in northeast Ohio in 2017. The study was conducted by a research team organized by Dr. Marnie Watson, former assistant

professor of anthropology at the University of Akron, and current assistant professor at Missouri State University. The university from which this project was based granted full IRB approval for data collection. This study was also conducted in collaboration with a local institution that provides services to members of the refugee community. In this dissertation, this organization will be referred to as “The Institute.” The Institute had been receiving informal reports from medical professionals and other service providers about the prevalence of alcohol misuse among Bhutanese-Nepali refugees. In response, the Institute contacted the local university in order to conduct a study that would assess the severity of the problem, and determine the best method for engaging refugees in treatment.

In order to confirm that problematic drinking behaviors were a perceived problem among the refugees, the research team developed a pilot survey in collaboration with the Institute. This quantitative measure asked participants whether or not they perceived problem drinking to be a serious problem in their community, along with other questions regarding alcohol misuse. The Institute suggested that we ask participants about their perceptions of problem drinking, rather than ask about their own personal use. They advised us that alcohol use is stigmatized in the community, and so asking participants about their own personal use would not generate a willingness to participate or answer truthfully. This pilot study was also created to make community members aware of the research team’s presence, so that there would be some degree of familiarity when the qualitative study took place afterwards. The pilot study was distributed to members of the community through the assistance of the Institute, who provided the team with contact information for interested participants. Results of the pilot survey showed that nearly all



respondents perceived that alcohol misuse was a problem in their community. As a result, the research team moved forward with the qualitative interview component of the project.

In total, 66 face-to-face interviews were conducted with 100 Bhutanese-Nepali refugees. The discrepancy between the number of interviews and participants exists because some interviews were conducted with multiple participants at the same time. The Institute once again provided information on refugees who were interested in taking part in the study. After the initial interviews, snowball sampling was used to find further participants, as respondents provided information about others who would be willing to take part. Given the diversity of the Bhutanese-Nepali population, the research team also attempted to target people from a range of religious and ethnic groups in the community. Table 1 in the Appendix of this dissertation provides a full breakdown of the sample's demographics.

The Institute also provided the research team with an interpreter who assisted us in a majority of the conducted interviews. Many of the refugees who took part in the study either could not speak English, or were not comfortable enough to complete an entire interview in English. The interpreter was also a well-known and respected member of the Bhutanese-Nepali refugee community. He was a Christian pastor who also worked at the Institute full-time. Therefore, many participants knew him prior to the study. This helped us to bridge another gap as well. Many of the respondents were familiar with him, and were comfortable speaking to him. Outside of the interpreter, the rest of the research team was made up of a professor and three graduate students who were all outsiders to the community. Because of these differences, community members may not have been as comfortable talking to just the members of the team.

The cultural differences between the team and the participants may have also created difficulties in the data collection process. The interpreter helped us to make participants more comfortable. His familiarity with the language and culture allowed him to relate to the participants, and interpret their responses in ways that better capture their lived experiences. He helped describe cultural norms to the research team, and explained how these norms impact experiences related to problem drinking and other social barriers. As a result, our interpreter was crucial in helping us to bridge the language and cultural gap between the research team and participants.

It is important to note that this study was not designed for the purpose of testing general strain theory. This study was designed to assess the presence of problem drinking, and determine the best way to develop interventions. I chose to examine the data from a general strain theory perspective because themes related to general strain theory emerged during my analysis of the data. Therefore, while this study was not intentionally designed from a general strain theory perspective, many responses to the questions in this interview can be analyzed from a general strain theory perspective and can still provide insight into the theory. Many respondents spoke at length about socio-structural barriers and sources of strain in their daily lives, which fit into elements of general strain theory.

### *Qualitative Instrument*

The qualitative interview guide used for this study can be broken up into three sections. This first asked respondents some basic questions about their personal backgrounds, and their history of using social services. The second section asked questions about their perceptions of alcohol misuse in the community, the reasons why

people might drink, and the consequences of alcohol misuse at the individual and community level. The third section asked the questions about interventions, and about the strategies they believed would be most effective for reducing problem drinking behaviors. A few sample questions have been included below. Figure 1 in the Appendix of this dissertation contains the full interview guide.

- Why do you think people are drinking?
- Have you seen alcohol cause problems in the community? If so, what problems?
- Do people in the community with alcohol problems seek help?
- Why is it difficult sometimes for people in the community to seek help for alcohol problems?
- What do you think the community needs to treat alcoholism and alcohol-related problems?

While this study did ask respondents questions about problem drinking, these interviews also revealed a great deal of information about the nature of refugee strains. Respondents were asked to identify why they believed alcohol misuse was a problem in the refugee community. Many respondents answered this question by explaining the various types of strains and barriers that refugees must cope with, including language, employment, acculturation, transportation, and various others. Their responses highlighted how general strain theory operates within this unique cultural context. Therefore, while this study was designed to examine the issue of alcohol misuse, the data also reveals much about the lived experiences of refugees and the most prominent barriers that they face.

When developing qualitative measures, it is important for researchers to take steps that increase the credibility, or internal validity, of their measures (Shenton 2004).

Researchers need to ensure that their tests measure what they intend to measure. As mentioned previously, the questions for this study were developed through a collaborative effort with a local service providing institute. This collaboration allowed the research team to familiarize themselves with the target population in advance, and allowed for the development of questions that were better suited toward this population. This process helped to boost the credibility of the qualitative instrument used for this study.

### *Interview Process*

Interviews ranged from 40 minutes to one and a half hours in length. Participants were compensated with a ten-dollar gift card. We conducted interviews at participants' homes, and some at the Institute. For respondents who could not speak English, the interpreter translated questions and responses for them. The interpreter was instructed to translate as close to the actual words of the participant as he possibly could. Interviews were conducted with the interpreter and at least one member of the research team. The research team was composed of the primary investigator and three graduate students from the sociology and psychology departments at the local university. The primary investigator trained all the graduate students on the team. The students were allowed to conduct interviews on their own once they had completed several under the primary investigator's supervision.

### *Analytical Method*

Analysis of the data was conducted using the software program NVivo 12. The process began with inductive open coding, in which the research team collaborated on identifying common themes across interviews. The purpose of open coding was to search

broadly across all interviews for recurring patterns and themes (Emerson, Fretz, and Shaw 2011). This process began with each member of the research team conducting line by line open coding on the same subset of interviews. Afterwards, the team met to discuss which themes were evident across interviews, and how each theme would be named. The team agreed upon a master list of codes that would be used for the coding of all future interviews. The remaining interviews were divided among team members, who coded using the master code list. Changes made to the code list over the course of the analysis were discussed with the team and agreed upon with its consensus.

After the initial open coding, I used focused coding to target themes specific to this study. I utilized focused coding to target specific themes related to refugee barriers, experiences of strain, problem drinking, and consequences at the community level. Focused coding revealed patterns of themes that were consistent with elements of Agnew's (1992) general strain theory. Again, it is important to note that this study was not designed for the intended purpose of testing general strain theory. These themes emerged naturally from the data during inductive open coding. General strain theory themes were organized according to the which of the components of Agnew's theory they best illustrated. Several themes related strongly to the experience of strain. Others related to deviant coping mechanisms such as alcohol misuse, while others related to deviant behavioral outcomes such as intimate partner violence.

This chapter will focus on the themes that relate to the experiences of strain. My goal is to highlight the types of strain that refugees perceive as the most significant in their daily lives. Given that these strains are related to alcohol misuse and other community wide problems such as intimate partner violence, I believe that it is important

to bring attention to them. In order to effectively develop interventions for community problems, researchers must be able to target the source of each issue. According to respondents, these sources of strain are the primary causes for outcomes such as problematic drinking behaviors and intimate partner violence.

## FINDINGS

Respondents in this study identified numerous hardships that they had to overcome during the resettlement process. This chapter will focus on major barriers that were commonly identified by respondents as being sources of ongoing strain in their daily lives. These problems were perceived to be particularly difficult to overcome, and could be major contributors to negative behavioral outcomes such as problem drinking. These major barriers can be broken down into three categories: language, acculturation stress, and employment.

### *Language as a Refugee Barrier and Source of Strain*

A majority of the respondents in this study were first-generation migrants, or migrants who had directly moved from their previous homes and resettled in their new ones. For these first-generation migrants, English was not their first language. Respondents spoke English at varying degrees of competency, and most interviews required the services of the interpreter. Research on refugees shows that language serves as a significant barrier that must be overcome in order to achieve economic stability and cultural integration (Stepick and Portes 1986; Chiswick and Miller 1995, Dustmann and Fabbri 2003). Responses in this study indicate that for Bhutanese-Nepali refugees, language can be a significant source of strain. The following quote from one respondent illustrates this.

So especially Nepali people, they do not know how to speak English. They do have language problem, I mean a language barrier. So when they cannot express their feeling, because of that may be one of the reason why Nepali people is like get used to alcohol....

So if a person cannot speak English, or if he doesn't have language barrier, so he will have a first thought in his mind (of) how to make you understand my problem. How to make you understand regarding my situation, problem? How to get the solution? So there will be lot of problem.

- 39-year-old male

Agnew (1992) states that one of the three major sources of strain is the inability for a person to achieve a positively valued goal. This quote shows that for Bhutanese-Nepali refugees, language presents a significant obstacle when refugees are attempting to interact with people outside of the refugee community, including important service providing institutions. The previous quote indicates that the inability to express feelings or needs can be frustrating, and may contribute to negative behavioral outcomes such as the misuse of alcohol. The following quote further reinforces the fact that language negatively impacts the ability to achieve positively valued goals.

Ok, so first of all I have been here for...two years and two and a half months. So within that period of time, I have gone through lot of problems, ups and downs. First of all, language problem. So the language, as I could not go to school because of which I cannot speak enough language. So that's the main problem. And I do have the children whom, who have lot of desires and wants. And because of different kind of problems, I am unable to fulfill their desires and wants. But slowly, that has also been solved, because um, I have, I am trying to manage all those things.

-40-year-old male

Refugees seek to provide support and stability for their families. This quote indicates that when Bhutanese-Nepali refugees are unable to provide what they believe to be adequate support for their family, this may cause strain. For some refugees, language may prevent them from interacting with the general society at all. Multiple respondents discussed the

feelings of social isolation that occur as a result of language barriers. The following quotes demonstrate this.

So things like that, some of them are frustration. Language barrier, some of them don't speak English. So some of them don't drive, you know, like my grandparents. So they need to take care. So I won't be able to drive everywhere every time for them, you know... So that makes them frustration, sitting at home all day long, watching TV, you know, things like that. So the older people drink like that too.

-35-year-old male

Yeah, because like older people, they don't speak the language here. Even they don't drive. So they are lonely at home. All the families, they work, so no one is there with them. So like, maybe they are drinking to overcome their loneliness. And some people, they have depression here. Like, they will like not learn the language. So to overcome all that depression and loneliness, they drink.

-40-year-old male

Language, coupled with other barriers such as transportation, can lead to Bhutanese-Nepali refugees feeling a sense of isolation from the world around them. For older refugees who do not work, this feeling of isolation can be especially pronounced. Other members of the family are typically working or in school, leaving older refugees at home during the day. Because they do not speak the language, these refugees have very limited options in terms of community engagement. As indicated in the previous quotes, this can lead to a sense of depression and loneliness.

Agnew (1992) states that strain may come in the form of the removal of positively valued stimuli. For these Bhutanese-Nepali refugees, language barriers and social isolation removes the feeling of community and belonging that they once had in their home countries. These feelings of isolation may lead to deviant forms of coping, such as the misuse of alcohol. This shows that language may serve as a major source of strain for Bhutanese-Nepali refugees as they resettle into their communities. It negatively impacts their ability to acquire resources and a sense of economic or social stability.



### *Acculturation Stress as a Refugee Barrier and Source of Strain*

Acculturation stress refers to the feelings of mental strain that refugees experience when they attempt to learn and engage with the foreign culture of their new homes (Sam and Berry 2010). While language serves as one major barrier towards acquiring resources, it can also be difficult for refugees to learn the customs and norms of their new homes. These norms may serve as a form of capital, which could benefit refugees who are attempting to enter social realms such as employment or education (Berry 1997). But the acculturation process is not easy, and the strain of trying to learn a new culture while maintaining elements of the old culture can be a significant source of strain. Respondents in this study discussed problems related to the process of acculturation. The following quotes highlight feelings of depression and frustration that result from the acculturation process.

Right, due to the depression. They left their countries, and they start on, you know, from the ground level. And that's the big reason that they are here. And they completely changed the environment and the cultures and everything.

-30-year-old male

Uh, definitely there is uh, lot of things. Because they came to a country where everything is different. The culture is different. They have a culture shock. They don't understand language. There is um, so many thing that is absolutely different from where they came from. So people sometime feel frustrated because of those things. They find themselves helpless. And many times they could be using those (alcohol) as a remedy.

-31-year-old male

So first of all, when I came here I could find lot of differences, a lot of differences uh uh, as compared to the life that we had in our country. Here...the lifestyle is totally different. So uh, difference in the sense walking, speaking, eating, and living. So, everything is different. So I was uh, raised, born... grown up in...underdeveloped country, very poor country. And from that situation, and from that country, to be here in this highly developed country I'm in, uh rich country, is a challenging one.

-50-year-old male

As these participants indicate, the culture of their new homes can be drastically different from what they were used to in their native countries. It can be hard enough for many refugees to learn the language of their new homes. But even learning the language may not be enough for Bhutanese-Nepali refugees to fully feel as though they belong among the population outside of the refugee community. Cultural barriers may leave refugees with a lingering feeling of being perceived as outsiders. Acculturation stress may relate to two types of strain described by Agnew (1992), the loss of positively valued stimuli as well as the introduction of a negatively valued stimulus. Some refugees may not desire to learn elements of the new culture. They may perceive learning a new culture as a simultaneous loss of their native culture (Stein 1981). Some refugees may resist these changes, which can result in negative emotions as well. The following quote illustrates this type of experience.

One of my, one of the guy... and he (was) working with me. And he was like, "I wanna (go) back to my country." For I ask, "Why you wanna back to your country?" He said "I don't like the culture. I don't know how to speak English." So he smokes. And why he smokes? He said "And I got a, you know, kind of problem... So that's my main reason, my family (is) there, and my brother hate me here. So that's the reason that I wanna (go) back to my country. When I earn some money, I wanna back to my country. And I'll do something there." So, he used to say like that, like couple of weeks ago.

-30-year-old male

This quote shows that a foreign culture and language may act as the presentation of a negative stimulus according to Agnew's (1992) general strain theory. Bhutanese-Nepali refugees who struggle with acculturation may perceive acculturation as a negative experience, and they may even desire to avoid the process all together in favor of returning to the culture that they are familiar with. However, given that refugees by definition are migrants who were forcefully removed from their previous homes (Reed

and Barbosa 2017), returning to their previous lives is often extremely difficult, if not impossible. This means that refugees may be unable to fully escape the negative emotions associated with acculturation, as they cannot readily leave the foreign cultural setting they have resettled into. Cultural differences can also lead to a sense of social isolation among refugees. Similar to language, other cultural barriers can make refugees uncomfortable or unwilling to engage with people outside of their community. In the following quote, a respondent discusses these feelings.

...These people who do not know what this culture entails in this place are missing those cultural aspects. I hear people (say) "I do not know if I have a neighbor. I have not seen him in the last couple of years and I do not know how to talk to him. And I hear that if I even knock on the door, they have gun and even shoot at me or something." Back home you don't make an effort. You just walk in. The door is always open. You don't fear taking life because you walk into our house. You cannot imagine that happening in Bhutan or Nepal. In my case I have been here 15 years, I know what is good, what is bad. And I can take pros and cons from both these cultures. I am pre-accustomed, I know what to expect. But all these people who have been settled recently may not. It will take some time for them to get used to the culture. And of course they have to one day. This is their home now. They will not go anywhere. I think this is their final destination. They will have to one day, slowly, gradually. Some of them in cultural shock, language barrier, cultural differences.

-49-year-old male

This respondent describes how cultural differences can discourage refugees from engaging outside of the refugee community. They may not understand the norms for everyday interactions, and may even be afraid to try and interact with others. Bhutanese-Nepali refugees must learn to overcome these feelings of fear and anxiety, or else they will remain socially isolated. And this social isolation will negatively impact their ability to reach desired goals such as economic stability. Per Agnew's (1992) general strain theory, Bhutanese-Nepali refugees may cope with this in deviant or non-deviant ways, which may then ultimately determine the behavioral and social consequences related to

acculturation stress. Refugees who turn to deviant coping mechanisms such as problem drinking may experience further social problems in their daily lives, which can make the existing problems even worse. Therefore, acculturation may serve as a major source of strain, and as a major socio-structural barrier in the lives of Bhutanese-Nepali refugees.

### *Employment Barriers as a Source of Refugee Strain*

The prior two themes show that language and acculturation can serve as barriers that Bhutanese-Nepali refugees must overcome in order to integrate and achieve positively valued goals. One such goal is acquiring employment, which is a necessity for refugees to survive and build a future for their families in their new homes. The inability to find or maintain stable employment equates to the inability to achieve a positively valued goal, one of Agnew's (1992) three major sources of strain. Respondents in this study frequently brought up the topic of employment, and discussed the struggles that the community faces with work. The following quotes highlight these struggles.

Yeah, some people are depressed of the employment too, because they are not really good in English. And some peoples between like uh, forty to sixty um, they are not uh, really sick also, but they can't really speak English. And they cannot get job, yeah.

-28-year-old male

The next respondent discusses job security. She mentions the fact that the level of language proficiency can significantly impact the ability of Bhutanese-Nepali refugees to maintain employment.

Yeah, some of the people, they drink because... even yeah, even myself, I have the problem because I cannot speak English. If I do not get one job, if I get fired from one job, it's difficult for me to get another job. So the incident may be for every people like me.

-40-year-old female

The following respondent discusses the importance of adopting American culture in order to find a job. He also discusses the stress that occurs when one cannot find stable work.

Refugees have families to take care of, and the inability to do so can be a major source of strain.

So parents will know that thing. Like, they have to manage, and have to work one place and take care of the families. And also help the work, and also managing all the, you know, the life over here, start adopting American culture, and have to. So if they could not reach that destination, and they could not get a job, what they think, then that was cause the stress. And there is no guarantee of the job. So I was working like in one job, maybe two months is fired. So that is why think, “Oh, life is like that, so let’s have fun.”

-39-year-old male

These quotes demonstrate the impact that language may have on gaining employment. This is consistent with the literature, which has identified the importance of language acquisition for economic success (Portes and Stepick 1985; Dustmann and Fabbri 2003). Respondents also indicated that job security was not guaranteed. Bhutanese-Nepali refugees may struggle to hold jobs due to a lack of language, acculturation, or skills. The type of jobs that they can find may also be seasonal, unstable, or informal, which significantly reduces job security (Portes and Stepick 1985). Many of these jobs that are most readily available to refugees involve unskilled and manual labor, which may be unsatisfying to refugees who have education and skills. Refugees often find that their education and other credentials that they received in their home nations is not recognized or valued in their new homes (Stein 1979; Portes and Stepick 1985). This can be a major source of strain for refugees who do not find unskilled labor to be fulfilling or economically rewarding. The following quotes highlight this.

Like some are, some are coming from the, you know, they have a very skilled in the (ability) to build the construction things like that, you know. And some are like um, electrician, you know. A lot of people we do have. But they don’t know

how to study, how to get, you know, here, over here, things like that. If we acknowledge their talent here ok, and then um, if we work with them closely, definitely I believe um, that will help them to motivate towards them do more.

-33-year-old male

So even me myself, I was mason in my country. I do have really good knowledge about building houses and all carpentry, wood. So when they come here, even they are not able to get even the entry level of job, entry level job, because everything is different. That's why they do not get the job of their choice, like they are depressed.

-38-year-old male

The next quote is from a 19-year-old female, who discusses the problems that Bhutanese-Nepali refugees encounter when trying to find jobs that they are skilled in. She had previously discussed her father's struggles with employment. She mentioned how her father's work-related fatigue and anxiety leads him to frequently misuse alcohol. Here, she discusses how other refugees in the community face similar problems with utilizing their skills.

Lot of people back in Nepal like, they used to make buildings and stuff like that too, you know that's like, that's um, basically they work for those to make buildings and all that. I think people, here is the problem is they need degree for everything. But like they have experience. They know how to do all of those stuff. But they just can't get that job because they don't have a degree or like a certificate to show it. I think it's just so hard. Cause um, one of my friend's dad, he used to basically just like make a building. He can do it by himself, but he have so many skills. But he work in chicken company because he have no degree to show like.

-19-year-old female

The following respondent discusses his own personal experiences with depression, caused by his inability to find a job that utilizes his experience and skill set.

So even me myself, when I came in United States of America, whatever that work that I used to do, I could not do. And whatever according to my experience, I could not get the job of my experience. So even my myself, I took the medication for depression for one year. So as I went through that situation. So there are lot many people like me.

-38-year-old male

These respondents indicate the importance of employment, and not just as a means for making money. Many Bhutanese-Nepali refugees have skills that they cannot use in the U.S. because they lack credentials, degrees, or work experience that U.S. companies perceive as being valuable. This can be a major source of strain, which comes in the form of the loss of a positively valued stimulus. Bhutanese-Nepali refugees desire the income, prestige, and sense of fulfillment that comes with doing the type of work that they want to do. But employment opportunities are limited, not just due to a lack of credentials, but due to language and culture barriers as well.

## DISCUSSION

Data presented in this chapter suggest the significance of factors such as language, acculturation, and employment within the Bhutanese-Nepali refugee community. Respondents indicated that these problems are not just independent of each other, but are actually intertwined. The inability to speak English can seriously inhibit the ability to learn and adapt to U.S. culture. Both a lack of language and acculturation then negatively impacts the ability to find stable employment. Without employment, refugees cannot effectively support their families. Therefore, these three major refugee barriers are all related, and can be the sources of many ongoing problems within the Bhutanese-Nepali refugee community.

In this chapter, I have examined refugee struggles from the perspective of Robert Agnew's (1992) general strain theory. These barriers were emergent themes stemming from the interviews. This theory allows us to examine how each barrier may serve as a major source of strain in the daily lives of Bhutanese-Nepali refugees. Language, acculturation, and employment can all prevent Bhutanese-Nepali refugees from achieving

positively valued goals such as providing for one's family. Acculturation stress can also cause strain as a loss of a positively valued stimulus. Respondents discussed how difficult it is to adapt to a new culture, and some may feel that adapting to a new culture can lead them to lose their old one. This may also cause Bhutanese-Nepali refugees to view the new language and culture as negative stimuli, which they must unwillingly learn to have any chance at establishing a life in their new home.

The loss of a positively valued stimulus also occurs when Bhutanese-Nepali refugees are unable to find employment that matches their skillset. In Bhutan, these people were able to put their knowledge and skills to use in jobs that rewarded them for their work. In the U.S., these refugees may struggle to find and hold even basic entry-level jobs, which are nowhere near as prestigious or profitable as the work they were used to having.

Many respondents discussed the impact that these challenges have on community-wide problems, the most prominent being alcohol misuse. According to Agnew (1992), when individuals lack resources to effectively cope with strain, this can lead to deviant behavioral outcomes, including the misuse of alcohol and other substances. General strain theory can help us to understand the negative impact that these problems have on the Bhutanese-Nepali refugee community.

This chapter helps build upon our previous theoretical knowledge by highlighting the types of strain experienced by a population that previous general strain theory literature has largely overlooked. Refugees experience sources of strain that result from major socio-structural barriers. The respondents in this chapter provided their own personal experiences and perspectives to identify what these major barriers are, and how



they impact them on a personal and community level. Qualitative data help provide a clearer picture of the emotional and behavioral consequences of strain. The data show how these strains contribute to feelings of anxiety, depression, and frustration, and these feelings can lead to deviant behavioral outcomes such as the misuse of alcohol.

This chapter also builds upon our knowledge of Bhutanese-Nepali refugees. The Bhutanese-Nepali people have experiences that are both similar and different from other refugee groups. By examining their experiences from a qualitative perspective, we get a clearer picture of their feelings and perceptions on multiple day-to-day community problems. These data allow us to compare their experiences to the other refugee groups, as well as the general U.S. population. We can see that, like other refugee groups, language, acculturation, and employment serve as major ongoing problems for Bhutanese-Nepali refugees. Previous literature on the Bhutanese-Nepali indicates the prevalence of mental health disorders and suicide within this population (Ao et al. 2012; Roka 2017). Respondents in this study also indicated the perceived prevalence of problem drinking within their community. General strain theory allows us to investigate the link between refugee experiences and these negative outcomes.

### *Limitations*

There are some limitations that should be acknowledged in this study in order to assess the trustworthiness of the data and findings. First, I want to reiterate that most of the quotes presented in this chapter are translations of the respondents' words. The interpreter was instructed to translate as close to the exact words of the respondents as possible. But it is still possible that some quotes were not translated exactly the way that they were spoken, which means that some of the data could be lost or altered. However,

the interpreter for this study was proficient in both English and Nepali. His level of proficiency provides confidence that the questions and responses were accurately presented, increasing the internal validity of the project.

Another limitation stems from the scope of this project. These data were collected from a single refugee population of one specific ethnic background living in a single geographic location. This brings into question the transferability, or the external validity, of the project, as well as its reliability for replication (Shenton 2004). We cannot know for certain if the experiences of the respondents in this study are generalizable to refugees of other ethnic backgrounds, or even to other populations of Bhutanese-Nepali refugees. Future research should examine the experiences of strain in other Bhutanese-Nepali refugee communities in order to assess the reliability of these findings. To assess transferability, future researchers should develop measures that are appropriate for examining strain within other refugee groups and cultural contexts.

It should be noted that these data are strengthened by a lack of disconfirming evidence. Booth and colleagues (2013) describe disconfirming or “deviant” cases as cases which do not fit emerging themes in the data, or may even directly oppose these themes. This chapter examines the impact of refugee barriers in the form of language, acculturation, and employment. While not every respondent discussed all three of these themes, these themes were prominent throughout the data as a whole. And there were no respondents who directly contradicted that these themes may cause strain within the community. This lack of disconfirming evidence helps to support the trustworthiness of the data.

### *Conclusion*

For refugees, understanding the source of negative mental health and behavioral outcomes is essential towards the development of intervention programs. The Bhutanese-Nepali refugee community may struggle to cope with major sources of strain due to a lack of resources and cultural knowledge (Subedi et al. 2015). This chapter shows the significance of language acquisition and acculturation, and the problems that occur without them. Therefore, intervention programs designed to impact mental health and behavioral outcomes within the Bhutanese-Nepali refugee community must account for the impact of language and acculturation. Community leaders and researchers should work on developing programs which can help Bhutanese-Nepali refugees learn English and U.S. culture. We can also develop programs to help refugees take the skills and knowledge that they have, and put it to use. Refugees may not be aware of the needed credentials, or the proper avenues they must take in order to get certain desired jobs. Employment specialists can potentially help the Bhutanese-Nepali community acquire the cultural capital needed to put these skills to use.

Further research should be conducted to better understand the experiences of Bhutanese-Nepali refugees, as well as the application of general strain theory within refugee communities. Refugees have faced a multitude of traumatic life events throughout the migration and resettlement process. They have arrived in a new home with limited resources and knowledge, and they face many obstacles on the way to creating a stable life. All of these struggles contribute to the possibility of consequences such as mental health disorders, suicide, substance misuse, and other behavioral problems. Therefore, it is important for the research community to work towards developing our

understanding of the refugee experience, and the ways that we can help alleviate many of these problems.

### CHAPTER III

#### PROBLEMATIC DRINKING BEHAVIORS WITHIN A BHUTANESE-NEPALI REFUGEE COMMUNITY: A QUALITATIVE EXAMINATION FROM A GENERAL STRAIN THEORY PERSPECTIVE

Multiple studies on health behaviors among refugees have concluded that problematic drinking behaviors are a growing concern within refugee communities (De La Rosa and Adrados 1993; Caetano, Clark, and Tam 1998; Ehlers et al. 2009; McCleary, Shannon, and Cook 2016). Research has shown a prevalence of problem drinking among certain Hispanic and Asian migrant and second-generation groups (Mena et al. 1987; Price et al. 2002; Lee et al. 2008; Ehlers et al. 2009; Luitel et al. 2013). These studies demonstrate that substance misuse among refugees and other migrant groups can be tied to acculturation stress (Gutmann 1999), perceived discrimination (Kulis, Marsiglia, and Nieri 1999), separation from family (McQueen, Getz, and Bray 2003), and mental health disorders such as depression or posttraumatic stress (Luitel et al. 2013). The aim of this chapter is to build on this literature by examining how socio-structural strains may contribute to problem drinking within a particular refugee population.

In the following chapter, I utilize Robert Agnew's (1992) general strain theory to illuminate how major socio-structural barriers that refugees face relate to problem drinking within the refugee community. Using data collected via qualitative interviews, I seek to answer the question, "What is the relationship between strain and problem

drinking within a refugee community?” This chapter will help illustrate the behavioral and social consequences that refugee barriers may lead to if society does nothing to help alleviate them. Problem drinking within refugee communities can be particularly damaging given that refugees already face a multitude of struggles related to their resettlement experiences. These include factors such as economic struggles (Portes and Stepick 1985; Borjas 1995), acculturation stress (Horyniak et al. 2016a), and mental trauma tied to being forced from their homes (Weaver and Roberts 2010; McCleary and Wieling 2017).

These experiences may lead to consequences that include PTSD and depression, suicide, educational struggles for children, and alcohol or drug misuse (Kim 2002; Hwang et al. 2007; Ao et al. 2016; Hagaman et al. 2016). These consequences can have a significant impact on communities across the globe. According to statistics collected by the United Nations, there were approximately 65.6 million refugees around the world in 2016, a number that has been increasing with each passing year (UNHRC 2017). Given that the size of refugee communities has been increasing annually, researchers need to study the struggles refugees face on a daily basis in order to develop potential intervention programs. Refugees have limited economic and social power to cope with these problems, and so researchers should be motivated to investigate ways to help them overcome community-wide problems such as problem drinking (Subedi et al. 2015).

#### *Alcohol Use Terminology*

Literature on alcohol consumption behaviors utilizes multiple terms to describe these behaviors. It is important to examine these terms to understand how they define various types of symptoms and consequences of alcohol consumption. Alcohol abuse can

be defined as the consumption of alcohol to a point in which it causes social, psychological, or occupational problems. This also includes situations where drinking alcohol puts a person in a dangerous situation, such as drinking while driving (Hasin et al. 1990). Alcohol abuse does not necessarily imply that a person is experiencing alcohol dependence or disorder (Florez-Salamanca et al. 2013). Alcohol dependence, addiction, or disorder defines situations where a person experiences physical and psychological dependence on the consumption of alcohol. The individual has impaired control over his or her drinking habits, and generally continues to drink despite persistent physical and social consequences (Hasin et al. 1990).

While alcohol abusers do not necessary meet the criteria for addiction or alcohol dependence, they do experience social or health consequences due to heavy consumption of alcohol. These may come in the form of heavy episodic drinking, or binge drinking. This is defined as the consumption of five or more drinks by men, and four or more by women in a single sitting (Wechsler and Isaac 1992). Hasin and colleagues (2007) describe both abuse and dependence as “maladaptive patterns of alcohol consumption manifested by symptoms leading to clinically significant impairment or distress.” Both abuse and dependence can result in a wide array of potentially harmful consequences, including but not limited to: accidents, intimate partner violence, psychological impairment, personal economic costs, decreased productivity, and long-term health deterioration (Hasin et al. 2007).

It should be noted that the DSM-V places both alcohol abuse and dependence under the blanket term “alcohol use disorder” (O’Brien 2011). According to the National Institute on Alcohol Abuse and Alcoholism (NIH), the DSM-V states that any person

who meets 2 out of 11 possible criteria within a 12-month period is eligible for being diagnosed with an alcohol use disorder (NIH 2020). The diagnosis can be made at three different levels of severity - mild, moderate, or severe. The level of the diagnosis depends upon the number of criteria that the individual meets (NIH 2020). The criteria for alcohol use disorder includes but is not limited to the following symptoms: alcohol consumption which interferes with family or employment related responsibilities, failed attempts to stop drinking, physical withdrawal symptoms, and worsening physical or mental health conditions due to alcohol consumption (NIH 2020).

For this chapter, I will not be using official terminology from the DSM such as abuse, dependence, or disorder. I have instead chosen to use the terms “problem drinking” and “misuse” in order to describe the primary behavioral outcome of interest. I have selected these terms because the data set that I utilized for this project does not contain the measures required to medically diagnose individuals as being either alcohol abusers, or alcohol dependent. Respondents were asked to indicate social and community-wide problems related to alcohol consumption, but were not asked about problems regarding addiction, withdrawal, and other components of alcohol dependence. It is also important to note that abuse and dependence are terms used to describe behaviors that occur at the individual level. This chapter examines behaviors that are described at the community level, and the consequences that occur within the community as a whole. Therefore, using individual-level terms would not be appropriate for this study either. As a result, I have chosen the broader terms “problem drinking” and “alcohol misuse” in order to describe the behaviors related to alcohol consumption in this study.



### *General Consequences of Problematic Drinking Behaviors*

Researchers have conducted extensive study on the negative consequences of problematic drinking behaviors. These consequences can be medical, psychological, and social in nature. Beginning with the medical consequences, problem drinking can cause serious long-term harm to multiple organ systems within the human body (Klatsky, Armstrong, and Friedman 1992; Alcohol Research and Health 2000; Rehm et al. 2002; O’Keefe, Bybee, and Lavie 2007). Long-term problem drinking can lead to cirrhosis and liver failure (Alcohol Research and Health 2000). It can cause serious strain on the body’s cardiovascular system, leading to an increased likelihood of coronary heart disease, high blood pressure, and strokes (Rehm et al. 2002; O’Keefe et al. 2007). Long-term problem drinking also increases the likelihood of multiple forms of cancer, including esophagus, stomach, colon, liver, larynx, and breast cancer in women (Rehm et al. 2002). Research has effectively established that problem drinking increases the risk of mortality through a wide range of possible medical conditions (Rehm et al. 2002).

Alcohol can contribute to long-term mental health problems as well. Researchers have found a high prevalence of mood and anxiety disorders among individuals with alcohol dependence (Volk et al. 1997; Burns and Teesson 2002; O’Connell et al. 2006; Fergusson, Boden, and Horwood 2009; Boden and Fergusson 2011). There appears to be an especially strong link between alcohol use disorders and depression (Boden and Fergusson 2011). Fergusson and colleagues (2009) conducted research to test the direction of the causal link between alcohol dependence and major depression. They found evidence across multiple studies which indicates that problem drinking is more

likely to cause major depression, rather than the causal direction being the other way around (Fergusson et al. 2009; Boden and Fergusson 2011).

Alcohol dependence not only increases the likelihood of major depression, but also increases the likelihood of anxiety disorders and other substance misuse disorders (Volk et al. 1997; Burns and Teesson 2002; O'Connell et al. 2006). Burns and Teesson (2002) utilized data from a nationally representative survey in Australia to examine the relationship between alcohol dependence and various types of mental health disorders. They found that those with an alcohol use disorder were 10 times more likely to have another drug use disorder, were four times more likely to have an affective disorder and were three times more likely to have an anxiety disorder (Burns and Teesson 2002). O'Connell and colleagues (2006) found similar results in a study on American Indian populations. While the causal direction between alcohol dependence and other mental disorders is not always clear, research does show that these disorders have high rates of comorbidity (Burns and Teesson 2002).

Alcohol misuse also has a negative impact on one's social interactions, relationships, and behaviors. It may lead to persistent social problems that include situations where individuals give up or lose relationships, responsibilities, and other activities they normally enjoy doing in order to find alcohol, consume alcohol, or recover from alcohol misuse symptoms. Problem drinking can also contribute to risky behaviors. Hull and Bond (1986) found that alcohol consumption can lead to increased feelings of sexual arousal as well as aggression. This can contribute to an increased likelihood of risky sexual behavior or violence. Marshall (2014) found similar results in a study on adolescent alcohol misuse. She found that adolescents who use alcohol were more likely

to engage in risky sexual behavior, other forms of substance misuse, and other risk-taking behaviors (Marshall 2014). These behaviors put individuals at risk of recurring legal problems, which could lead to further negative social consequences for the individual.

### *Refugees and Problem Drinking*

Research shows that multiple aspects of the refugee experience may contribute to problem drinking within refugee communities. Acculturation stress for example can contribute to refugee alcohol misuse (Gutmann 1999, Horyniak et al. 2016a).

Acculturation stress is defined as the mental strain that refugees experience when attempting to adapt to a foreign culture or environment (Stein 1979). It can be difficult for refugees to learn, understand, and adopt new cultural norms, especially when they drastically differ from their native ones (Lueck and Wilson 2010). For some refugees, engagement in alcohol or substance use may occur as a way to adhere to perceived mainstream cultural norms of the host nation (Horyniak et al. 2016a). This may be especially true for younger migrants, who find themselves torn between the culture of their parents, and the culture of their host nation. Younger migrants may feel that they don't completely belong to either cultural group, leading to possible experiences of discrimination and exclusion. These experiences can lead to problem drinking (Horyniak et al. 2016a).

Even when refugees are able to learn elements of a new culture, they can be reluctant to give up or change elements of their native culture. They may experience identity conflict, as they try to construct an identity which incorporates both familiar traditional culture and a foreign new culture (Berry et al. 1987). As a result, refugees may experience alienation, and may perceive themselves as outsiders to both their traditional

ethnic group and to the general population (Berry et al. 1987). This type of stress can be very mentally harmful, and may contribute to damaging behavioral outcomes such as the misuse of alcohol.

Some refugees may also experience armed conflict or other forms of violence and trauma in their home nations prior to migrating (Weaver and Roberts 2010; Horyniak et al. 2016b; McCleary and Wieling 2017). Research shows that trauma from these types of experiences increases the likelihood of problem drinking among refugees (Lo et al. 2017). Horyniak and colleagues (2016b) found trauma to be a primary reason for problem drinking among an African refugee population in Australia. Respondents in their study indicated that the violence and persecution that they faced in their home nations had lingering effects in their new host nations. Due to limited resources and social support, refugees may turn to alcohol as a way to cope with stress, anxiety, anger, and depression stemming from these experiences (Horyniak et al. 2016b; McCleary and Wieling 2017).

Weaver and Roberts (2010) conducted a meta-analysis on research related to problem drinking among refugee communities. Their analysis revealed several patterns across various studies which support the notion that post-migration stress and trauma contributes to refugee alcohol use. They found that problem drinking was much more prevalent among male refugees, a finding which is consistent with drinking patterns among the general population (Weaver and Roberts 2010). They also found that refugees who have limited economic and social resources for dealing with change and the acculturation process are more likely to engage in alcohol and other substance use.

However, one of the most significant findings in the meta-analysis conducted by Weaver and Roberts (2010) is the general lack of research on problem drinking within

refugee populations. Weaver and Roberts found there to be a particular lack of qualitative data that examines risk factors and behaviors tied to refugee problem drinking. They argue that further qualitative study should be conducted to better understand risk factors, as well as attitudes and beliefs towards drinking within refugee communities (Weaver and Roberts 2010). In this chapter, I build upon this existing field of literature. By examining problem drinking from a qualitative perspective, I highlight the perspectives of refugees, and show what they believe to be the most significant risk factors that contribute toward problem drinking within their community.

#### *Theoretical Framework: General Strain Theory*

In order to examine the relationship between refugee struggles and problem drinking, this chapter will utilize Robert Agnew's (1992) general strain theory. General strain theory focuses on the link between a person's experience of strain, and the likelihood that he or she will respond to strain in a deviant or criminal manner. Strain can be defined generally as life events or conditions that evoke a negative emotional or behavioral response (Agnew 2008). Agnew argues that strain is actually a normal experience, and that individuals face negative life conditions of various levels of severity daily (Agnew 1992). Although all individuals experience strains in their daily lives, the determining factor for whether or not a person will react to strain in a deviant or criminal manner depends upon their ability to cope with their strain (Agnew 1992).

. For some groups, such as refugees, coping with strain can be difficult due to a lack of capital (Subedi et al. 2015). Individuals who have limited access to non-deviant coping mechanisms will be more likely to respond to strain in a deviant or criminal manner (Agnew 1992). Coping mechanisms to strain can either be delinquent or non-

delinquent, and can be placed into three broad categories: cognitive strategies, behavioral strategies, and emotional strategies (Agnew 1992). When individuals have limited coping mechanisms due to a lack of economic capital or knowledge, he or she may utilize strategies that focus on suppressing the negative feelings associated with strain. Alcohol and drugs can be used as one such emotional coping strategy (Agnew 1992). Generally, the more coping resources a person has at his or her disposal, the less likely it is that he or she will be constrained to dealing with strain in a deviant manner (Agnew 1992).

The first major component of Agnew's general strain theory is an individual's experience of strain. Agnew (1992) states that there are three essential types of strain that a person can experience. The first source is the actual or anticipated inability for a person to achieve a positively valued goal. The second source of strain is the actual or anticipated removal of a positively valued stimuli. The third source of strain is the actual or anticipated introduction of a negatively valued stimuli (Agnew 1992). Research shows that refugees face each of these types of strain during the resettlement process. Their loss of home and identity serves as a removal of positively valued stimuli (Berry et al. 1987). The exposure to traumatic life events and foreign cultures or norms may serve as the introduction to negative stimuli (Horyniak et al. 2016b). And the inability to achieve positively valued goals can be found in the many hardships that refugees frequently face when attempting to achieve economic stability and success (Portes and Sepick 1986).

The second major component of Agnew's general strain theory is the negative emotional impact of strain. Each type of strain that a person experiences is likely to cause some sort of negative emotion, the most prominent being disappointment, anger, and fear. Agnew argues that anger is the most crucial of these three emotions when it comes to

deviant or criminal outcomes, as anger brings about a desire for aggression and retaliation while also lowering social inhibition (Agnew 2012). However, other emotional responses such as depression or anxiety may lead to deviant behavioral outcomes as well (Agnew 1992). Among refugees, research shows that experiences during the resettlement process can lead to a range of negative emotions, including stress, anxiety, and depression (August and Gianola 1987; Kroll et al. 1989).

The third major component of Agnew's general strain theory is the aspect of coping, which describes the strategies that individuals may use to manage the negative emotions that result from strain. Experiences of strain can produce negative emotional responses, but these emotions only lead to deviance in cases where a person cannot cope with the strain in a non-deviant manner (Agnew 1992). Therefore, coping mechanisms play a crucial role in determining the behavioral outcomes produced by strain. Agnew (1992) states that there are several types of coping mechanisms that a person may utilize, some of which are deviant, and some that are not. Coping strategies can be cognitive in nature, such as mentally minimizing the severity of the strain. Coping strategies can also be behavioral, and may involve the individual actively seeking ways to achieve goals, pursue positive stimuli, or eliminate negative stimuli. Finally, coping mechanisms can be emotional. These strategies involve behaviors or thoughts that reduce the negative emotional impact of strain. These strategies can also be deviant or non-deviant, with the deviant outcomes including the misuse of substances such as alcohol (Agnew 1992).

The likelihood that a person will utilize a deviant or non-deviant coping mechanism to deal with strain depends upon their individual resources. Agnew (1992) claims that individuals may be constrained to only a few options for dealing with strain if

their resources are limited. A person's coping resources can be divided into several distinct categories. This first category is made up of cognitive individual resources. The category includes a person's intelligence level, problem-solving ability, self-esteem, self-efficacy, and other individual traits that may increase the likelihood of coping in a non-deviant manner (Agnew 1992). The second category of resources involves social support and networks. Pro-social networks such as family, major social institutions, and non-deviant peer groups can help a person to overcome or manage feelings of strain. The final category of coping resources defined by Agnew is loosely defined as "macro-level variables" (Agnew 1992). Macro-level social inequalities provide some individuals with fewer economic and cognitive resources that could help with non-deviant coping. Agnew also argues that there is a cultural impact on how individuals cope with strain. Certain cultural or subcultural norms can either promote or hinder non-deviant coping. Therefore, it is important to examine the wider social context when examining the coping options that a person has at his or her disposal (Agnew 1992).

Refugees face a multitude of barriers that can hinder their ability to cope with strain in a non-deviant manner. When faced with mental strain, refugees may lack the necessary resources such as language, transportation, and economic resources in order to seek help or guidance (Subedi et al. 2015). Refugees also may not be able to recognize the symptoms or the severity of problems such as depression or problem drinking (Subedi et al. 2015). Refugees may also have limited social support due to their forced migration, which often results in the dividing of communities and families from one another. During resettlement, many refugees do not get to decide where they end up, and which members



of their family or community will end up in the same location as them (August and Gianola 1987; Hwang et al. 2007).

The resettlement process gives refugees very little mastery over their own lives. They are often subject to the decisions made by governing bodies, and they lack the resources to make many of their own personal decisions. This lack of personal decision-making power could potentially limit that ability for refugees to cope with their experiences in a non-deviant manner. Agnew (1992) discusses the importance of cognitive coping mechanisms that revolve around self-esteem and self-efficacy. Because refugees have such little control over their lives during migration and resettlement, this could seriously hinder their sense of self-control and self-efficacy. This lack of control coupled with the trauma of forced migration could negatively impact their ability to use non-deviant cognitive coping mechanisms. Therefore, there are multiple aspects of the refugee experience that limit their overall access to coping resources. This can contribute to them utilizing deviant coping mechanisms such as the misuse of alcohol.

#### *Population Profile: Bhutanese-Nepali Refugees*

While problem drinking may be an issue within a variety of different refugee groups, this study will focus on qualitative data collected from one specific community of Bhutanese-Nepali refugees living in northeast Ohio. Because this study focuses on one specific group, I provide some background information about the experiences and cultural identity of the Bhutanese-Nepali refugee community. I want to stress that although I am providing information about Bhutanese-Nepali refugees, I am not arguing that these characteristics are the cause of their struggles with various strains and problem drinking. The strains and behavioral outcomes that will be discussed in this chapter are a

product of socio-structural barriers that this group must deal with as a result of resettlement. This purpose of this section is simply to provide a clearer picture of who these people are.

Bhutan is a small land-locked nation located within the Himalayan Mountains between India and China. Beginning in the 1990s, the government of Bhutan began enacting policies to strip rights from the Bhutanese-Nepali people, a group of ethnically Nepalese citizens living in the south of Bhutan (Roka 2017). In response to these policies, along with numerous human rights violations committed against them by the Bhutanese government, the Bhutanese-Nepali people began to flee Bhutan by the thousands during the 1990s. They would flee back to Nepal, where they were forced to settle in refugee camps constructed along the border. Most of them would remain in these camps until the UN began efforts to resettle them in 2007, meaning that many refugees lived in these camps for over a decade (Kohrt et al. 2012). Most of these refugees would be relocated to other parts of the world by 2015, with 80,000 settling in the United States between 2008 and 2015 (Roka 2017).

Bhutanese-Nepali refugees have suffered severe mental health consequences from their forced eviction, as well as the time they spent confined to the refugee camps in Nepal. Research shows that the Bhutanese-Nepali people have especially high rates of depression, anxiety, and suicide in comparison to other refugee groups (Ao et al. 2012; Kohrt et al. 2012; Ao et al. 2016). Particularly troubling are the abnormally high rates of suicide within this community. Between 2009 and 2012, the Bhutanese-Nepali community had the highest rate of suicide of any refugee group living in the United

States (Roka 2017). These statistics indicate the severity of the traumatic experiences and difficulties that Bhutanese-Nepali refugees contend with.

High rates of suicide in the Bhutanese-Nepali community imply that this group is especially vulnerable to the negative mental health and behavioral consequences of the resettlement process. The consequences of refugee strain can be manifested in other ways as well, including the misuse of alcohol. Multiple studies have indicated that problem drinking may be a problem across various refugee groups (Weaver and Roberts 2010; Horyniak et al. 2016; Horyniak et al. 2017; Lo et al. 2017; McCleary and Wieling 2017). However, few studies have focused specifically on the Bhutanese-Nepali refugee community, particularly in the United States. Some studies have acknowledged that alcohol is a perceived problem among Bhutanese-Nepali refugees, and may be linked with depression (Roka 2017; Schinina et al. N.d.). However, more research needs to be conducted that investigates the true extent of the problem.

One in-depth analysis of problem drinking among Bhutanese-Nepali refugees was conducted by Luitel and colleagues in 2013. These researchers examined the prevalence of harmful alcohol consumption among refugees living in the refugee camps in Nepal. They found that hazardous drinking behavior was significantly higher among males. Rates of alcohol consumption were higher than some refugee groups, but lower than others. Overall, hazardous drinking rates were comparable to those seen in Western countries, which makes them relatively high compared to other Asian societies (Luitel et al. 2013). These findings indicate that there may be some cause for concern regarding problem drinking among Bhutanese-Nepali refugees.

However, this study by Luitel and colleagues (2013) was conducted among refugees living in camps, and not those who have been resettled in U.S. communities. Resettlement in the U.S. brings about new types of problems, which may contribute to elevated levels of problem drinking. While conditions in the refugee camps were difficult, camp settlement was arranged so that people from the same village could live together, meaning that some communities remained intact (Luitel et al. 2013). However, resettlement broke many of these communities up, which may have reduced the impact of positive social networks. Resettlement in the U.S. also introduces problems related to acculturation stress, language acquisition, employment, and a Western culture that is much more open about the consumption of alcohol (Roka 2017). Therefore, this chapter aims to build upon our understanding of alcohol risk within refugee communities by examining refugee perspectives on the issue within a U.S. community.

#### *Aims and Research Questions*

In this chapter, I aim to build upon the existing literature regarding both refugees and general strain theory. My goal is to use qualitative interviews to answer the question, “What is the relationship between strain and problem drinking within a refugee community?” Research on the refugee experience shows that general strain theory can be effectively applied to many of their struggles and behavioral outcomes related to them. Previous literature has not focused on the refugee experience from a general strain theory perspective. Most studies that utilize general strain theory focus on populations of male adolescents from Western cultures (Agnew 2008). This study tests the robustness of general strain theory by showing that it can be applied to the experiences of more diverse groups. This chapter provides an opportunity to show what strain looks like in refugee

communities, and how this strain may lead to deviant behavioral outcomes such as problem drinking.

This study builds on the general strain theory literature in two other ways. First, much of the general strain theory research focuses on individual-level experiences of strain (Agnew 1985; Agnew 1992; Agnew 2012). When examining strains experienced by refugees, many of these strains result from macro community-level factors. While macro level factors do impact people at the individual level, they also have an impact on communities as a whole. This chapter examines refugee *perceptions* of problem drinking at the community level. By applying general strain theory, I hope to show that this theory can be used to examine how community-level strains can lead to community-level trends in deviant behavior. This study also builds upon previous general strain theory research by utilizing qualitative data to support the theory. Much of the general strain theory literature is quantitative. A qualitative study can provide a new perspective, as it examines strain within the lived experiences and perspectives of the respondents. Qualitative data can allow us to see how this population identifies the major sources of strain in their lives, how they cope with them, and the consequences they may cause.

## DATA AND METHODS

In 2017, a university research team collected qualitative data from a Bhutanese-Nepali refugee community located in northeast Ohio. This research team was organized by Dr. Marnie Watson, former assistant professor of anthropology at the University of Akron, and current assistant professor at Missouri State University. The goal of this study was to assess the prevalence of problem drinking within the refugee community, and determine the best route for intervention strategies. The study was initiated at the request

of a local institution that provides services to members of the refugee community. In this dissertation, this organization will be referred to as “The Institute.” The Institute had been receiving informal reports from medical professionals and other service providers about the prevalence of problem drinking among Bhutanese-Nepali refugees. In response, the Institute contacted the local university in order to conduct a study that would assess the severity of the problem, and determine the best method for engaging refugees in treatment. The university from which this project was based granted full IRB approval for data collection.

Prior to conducting the qualitative study, the research team developed a pilot survey in collaboration with the Institute to determine whether or not the refugees actually perceived that problem drinking was a problem in their community. The survey asked participants whether or not they perceived problem drinking to be a serious problem in their community, along with other questions regarding problem drinking. The Institute helped with the development of questions and distribution of the survey to interested participants. The Institute suggested that we avoid asking participants about their personal use of alcohol, and instead ask them about their perceptions of the issue at the community level. They advised that alcohol use is stigmatized in the community, and so asking participants about their own personal use might make respondents uncomfortable with participating or answering truthfully. This pilot study was also created to make community members aware of the research team’s presence, so that there would be some degree of familiarity when the qualitative study took place afterwards. Results of the pilot survey showed that nearly all respondents perceived that problem

drinking was a problem in their community. As a result, the research team moved forward with the qualitative interview component of the project.

The research team conducted 66 face-to-face interviews with 100 Bhutanese-Nepali refugees. The discrepancy between the number of interviews and participants exists because some interviews were conducted with multiple participants at the same time. The Institute provided contact information on refugees who were interested in taking part in the study. After the initial interviews, snowball sampling was used to find further participants, as respondents provided information about others who would be willing to take part. Given the diversity of the Bhutanese-Nepali population, the research team also attempted to target people from a range of religious and ethnic groups in the community. The Institute provided the research team with information on respondent demographics, and the team used targeted sampling to try and get respondents from various religions and ethnic groups. A demographic breakdown of the sample can be found in the Appendix of this dissertation under Table 1.

The research team faced one major obstacle during data collection, which came in the form of language. Many of the refugees who took part in the study either could not speak English, or were not comfortable enough to complete an entire interview in English. To assist with this, the Institute provide the team with an interpreter who was also a well-known and respected member of the Bhutanese-Nepali refugee community. He was a Christian pastor and an employee at the Institute. Therefore, many participants knew him prior to the study. The research team was made up of a professor and graduate students who were all outsiders to the community. Without the interpreter, community members may not have been as comfortable talking to community outsiders. The cultural

differences between the team and the participants may have also created some obstacles during the data collection process. The interpreter's familiarity with the language and culture allowed him to relate to the participants, and interpret their responses in ways that accurately capture their perceptions. He helped bridge the language gap, as well as the cultural gap between the team and the respondents.

This original purpose of this study was to assess the presence of problem drinking within the Bhutanese-Nepali refugee community, and to determine the best way to develop interventions. The interview did not contain questions that were specifically designed to target elements of general strain theory. However, after data analysis, themes and patterns related to general strain theory emerged from the data. Therefore, while this study was not intentionally designed from a general strain theory perspective, many responses to the questions in this interview can be analyzed from a general strain theory perspective and can still provide insight into the theory. Respondents discussed various sources of strain, and how these strains impact community outcomes such as problem drinking and intimate partner violence. They also spoke about the factors that make coping with strain difficult. Their responses illustrate the ways that elements of general strain theory appear within a particular cultural and social context.

### *Qualitative Instrument*

Section one of the interview guide asked respondents basic questions about their personal history, and their use of social services in the community. Section two asked questions about their perceptions of problem drinking in the community. These questions included whether they believed problem drinking was a significant problem, and why they believed it was so prevalent. Section three focused on interventions, and asked



respondents to indicated what strategies they believed would be most effective at reducing problem drinking in the Bhutanese-Nepali refugee community. A few sample questions have been included below. The full interview guide can be found in the Appendix of this dissertation in Figure 1.

- Why do you think people are drinking?
- Have you seen alcohol cause problems in the community? If so, what problems?
- Do people in the community with alcohol problems seek help?
- Why is it difficult sometimes for people in the community to seek help for alcohol problems?
- What do you think the community needs to treat alcoholism and alcohol-related problems?

#### *Interview Process*

Interviews ranged from 40 minutes to one and a half hours in length. Participants were compensated with a ten-dollar gift card upon completion of the interview. Most interviews were conducted at participants' homes, while a few were conducted at the Institute. All interviews were conducted with the interpreter and at least one member of the research team. The interpreter translated questions and responses for respondents who did not speak English. The research team was made up of Dr. Marnie Watson, the project lead, and three graduate students from the sociology and psychology departments. Dr. Watson trained all the graduate students on the team. The students were allowed to conduct interviews on their own once they had completed several under Dr. Watson's supervision.

#### *Analytical Method*

I utilized the software program NVivo 12 in order to code and analyze the data set. To start, inductive open coding was conducted to identify common themes and patterns across interviews. The inductive open coding process was conducted in collaboration with the research team. Each member of the team was given the same subset of interviews, which he or she coded line by line individually. Afterwards, the team met to create a single master code list based on the themes we had found. The team agreed on which themes were most evident, as well as how each theme would be named. Based on this collaboration, the master list was created, and used for all future coding. The remaining un-coded interviews were divided among the team members, who coded based on the agreed upon master list. Changes to the master list were made with the consent of the overall team.

After line by line open coding revealed general themes and patterns across interviews, focused coding was implemented to target patterns and themes that could build on theoretical literature. Coding revealed multiple themes consistent with Agnew's (1992) general strain theory. It is important to reiterate that this study was not designed specifically to test this theory. Rather, themes related to the theory became evident during the coding process. Agnew's (1992) general strain theory contains multiple components, including the experience of strain, emotional response, coping mechanism, and deviant or criminal behavioral outcomes. This chapter will focus on the component of coping. More specifically, I want to demonstrate how experiences of strain can lead to deviant coping in the form of problem drinking among Bhutanese-Nepali refugees. Many respondents discussed the struggles that refugees face, and how these struggles contribute to the issue of problem drinking. They also discussed problems with coping, and how certain non-

deviant forms of coping are more difficult for them to utilize because of cultural norms and socio-structural barriers. This chapter will examine the coping component of Agnew's general strain theory from the lived experiences and perspectives of the refugees themselves.

## FINDINGS

Respondents in this study were asked whether or not they perceived problem drinking to be a major problem within their Bhutanese-Nepali refugee community. Of the 100 respondents, 100% indicated that he or she believed problem drinking was a serious community-wide problem. This total agreement among every participant in the study speaks volumes to the seriousness of the issue. These Bhutanese-Nepali refugees believed that problem drinking was prevalent, and was having a serious negative impact on the community as a whole. When asked about the nature of the problem, respondents indicated a wide range of personal and community-level variables which may lead to the misuse of alcohol among the Bhutanese-Nepali refugees. Many respondents discussed how socio-structural refugee barriers can serve as one major contributor to the alcohol misuse problem. Using Agnew's (1992) general strain theory, I show how sources of strain in the refugee experience can lead to problem drinking as a form of non-deviant coping. Below I present three major themes which highlight the link between refugee barriers and problem drinking from a general strain theory perspective.

### *Abusing Alcohol to Cope with Socio-Structural Barriers*

Participants provided a variety of reasons for why problem drinking could be prevalent within the community. While not all these reasons are directly tied to structural barriers or strains, many respondents identified that problem drinking was commonly

used as a way to cope with a variety of problems that Bhutanese-Nepali refugees may experience. These problems included family conflicts, employment problems, language acquisition, and a multitude of other potential sources of strain. The following quote highlights some of the various sources of strain, and how they may lead to problem drinking.

Um yeah, some of them, they drink because they, because of the family situation and family problem. Some of them, they drink because of the very hard work. It's really difficult for them to work because their body gets like uh, they will have pain in their body. And just to control the pain, some of them, they take. Some take for entertainment, some because of the different pressures and different kind of stress that they come in their life. And to control those stress, some of them, they drink.

-49-year-old female

Agnew's (1992) general strain theory explains that individuals face sources of strain on a daily basis. Strain is normal, and only leads to deviant or criminal behavioral outcomes when individuals struggle to cope with their strain. The quote above shows that Bhutanese-Nepali refugees a wide range of sources of strain. Dealing with all of these strains simultaneously every day is likely to be emotionally and physically taxing. Bhutanese-Nepali refugees must constantly work to support and improve their family life, while dealing with language, employment, transportation, acculturation, and various other structural barriers. The impact of these challenges is further demonstrated through the following quotes.

Below, a respondent discusses the fact that many Bhutanese-Nepali refugees who were living in the camps in Nepal believed that they would be sufficiently supported economically and socially once they arrived in the U.S. However, once they arrived, the refugees found that the extent of the support was not often what they believed it would

be. This causes many refugees to experience strain, which can lead to outcomes such as problem drinking or suicide.

It's all because of this thing. Because of job, language, and all things. Because you know, they have been here for few months, and after that they have to struggle for so many things. And then if there is no one else to help them, you know, and everyone is busy for the job, and their relatives will help for a few days, taking somewhere else, but not all the time. So they will, they will already hear all of this thing in Nepal only. Oh, we'll have agency in U.S. They will help everything else till five years or more than that. But when they come here and they will find something different than that.

-36-year-old male

Life for the Bhutanese-Nepali refugees was very difficult in the refugee camps. Many of them expected that their lives would drastically improve once they migrated to the U.S. However, they found that resettlement in the U.S. introduced a wide range of new problems. These problems serve as continuous sources of strain. When refugees do not receive adequate social support to deal with these sources of strain, they may turn to deviant forms of coping such as problem drinking. The following respondents discuss how alcohol may be used as a means to cope with employment problems.

Um, for most of the people, I heard and I have been hearing that people, they drink because they are in like intense depression...So first of all, maybe, my answer is just maybe um, because the people, those who get, those who have the job, if they get fired from their company because of that kind of like um, disregarded condition, being like jobless, they become disheartened and depressed. And maybe because of that factor, they make take um, alcoholics...So the job um, or the ongoing job um, we can get the people, those who get fired will get another job. But after working in the same job for long period of time, we'll get habituated. We'll have like different kind of relationship. And all of a sudden if they get fired, they became depressed. And on top of that, it be very difficult for them to meet the different kinds of expenses, like paying rent, rent payment. This kind of things makes them so upset and depressed.

-25-year-old female

Maybe job-related problem. So maybe job problem. And other one um, those who have just arrived from their country, because of frustration because they do not

find what the type of job or the type of place what they are looking for. Once they get frustrated, I think they drink.

-49-year-old male

So first of all, stress because they do not have ability to work. And that stress gives the tendency of taking more alcohol. And after that, they can sleep. And they'll have, they'll forget about the pain, pressure, tensions. That's why people drink.

-48-year-old female

From a general strain theory perspective, the inability to find or maintain stable employment can serve as a source of strain in the form of the inability to achieve a positively valued goal (Agnew 1992). Respondents indicated that failure to find or hold a job can lead to negative emotional reactions such as depression or anxiety. According to general strain theory, these types of negative emotions require some form of coping, either deviant or non-deviant, in order to mitigate the mental strains that they cause (Agnew 1992). Bhutanese-Nepali refugees may use alcohol as a method for coping with the strains of employment-related problems.

Citizenship may also serve as a socio-structural barrier which causes strain. Citizenship is essential for refugees to access many types of resources and services. If refugees intend on becoming legitimately recognized members of their resettled communities, then they must acquire citizenship. But citizenship can be difficult to achieve given the language and cultural differences that must be overcome. The inability to acquire citizenship, or the length of the citizenship process, can be stressful and can contribute to problems such as problem drinking. The following respondents discuss the impact of citizenship barriers on problem drinking.

So in some of the cases, when they go for uh, for the citizenship test, when they fail, they try for so many times. They fail trying for so many times. They fail, and eventually uh, they start drinking alcohol because of so much frustration. Because all the Medicaid, after seven years, everything will be cut off. And all the benefits,

whatever they get, and at certain time, everything get lost. So they start drinking. So uh, whoever left the country Bhutan at the age of 20 and over may be able to... whoever were 20 or above who left Bhutan and came here may not be able to um, get a citizenship, I mean certificate, because they are already depressed because of the situation in Bhutan as well as sorrows and pains in Nepal. So because of those there have lot of stress, lot of tension and depression. So I don't think they will be unable to citizenship.

-38-year-old male

The following respondent discusses her own personal problems with acquiring citizenship. For some older Bhutanese-Nepali refugees, citizenship can be particularly difficult as they struggle with language acquisition. This woman stated that her husband was an alcoholic, a problem which was impacted by their struggles to acquire citizenship.

So the next reason why the people, they are in depression is uh, not only because of alcoholism. But another reason there is uh, inability to get citizenship. Cause we are not raise enough in a family where English was spoken. To completely, our native language was used in the country where I was born in, Bhutan, as well as Nepal. None of the people used to speak English. But when I come here... I feel the same thing with lot of Nepali people here. They are unable to um, pass those citizenship classes or citizenship test, because of which they are in depression now... And I was uh, I do have another pressure that's from my husband. Because he was alcoholic, and the next one is citizenship. Most of the Bhutanese people, seven years, they do not get anything. And whatever benefit they used to get from the government, everything will be cut off after seven years. And if any of the Bhutanese, after here being seven years, if they do not uh, pass the test for citizenship, everything will be cut off. So this is also another reason why Bhutanese people are in depression. That's inability to pass the citizenship, because they do not know how to read and write.

-48-year-old female

Above, respondents explain how acquiring citizenship can be very difficult and stressful. Bhutanese-Nepali refugees are aware of the fact that they can only rely on certain social services for so long. Once they have been in the U.S. for a certain number of years, some services are cut off, as refugees are expected to be able to support themselves by that point. This creates further pressure, as refugees know that they must acquire the necessary language and cultural knowledge to pass a citizenship test within a

specific period of time. The stress and pressure of this can contribute to problem drinking as a means of coping.

*Abusing Alcohol to Cope with the Trauma of Many Forms of Loss*

Agnew (1992) describes one of the three major types of strain as being the loss of a positively valued stimulus. As a group, refugees are defined by the loss of their previous homes. Due to war, persecution, or other major events, refugees are forced from their homes and are usually unable to return (Hein 1993). During this forced migration, refugees lose their homes, their property, their jobs, family members, communities, and other social connections. They even lose a portion of their own personal identities, as they attempt to adapt to a completely different culture and lifestyle in their new homes (Stein 1981). Even after resettlement, these feelings of loss can linger, and can serve as an ongoing source of strain in the daily lives of refugees. Respondents in this study discussed these ongoing feelings of loss, and how Bhutanese-Nepali refugees may turn to problem drinking in order to cope with them. The following quotes illustrate this. This respondent discusses how the loss of home and property can lead to problem drinking.

Uh, they have, they left their country. Uh, from their country where had worked a lot, they have their own houses, they have their own land, field, crops, and they were the owner of the big property. And when they left the country and they live in new country, they feel like depressed. And because of that depression also, people, they drink alcohol.

-49-year-old female

The following woman also discusses the loss of home and belongings. She also mentions the loss of employment, and how refugees cannot find the same type of work in their new communities. Even when refugees can find jobs, the inability to find the type of job they are used to can also create a sense of loss.



So many of the people, they have lost their goodly life, uh what you say, good life, good things, and good belongings, whatever they have in their country. They are away from that. That's why. They are departed from their personal things. So another reason, whatever they experience, they have um, went through in their country, the same type of job or same type of things they cannot do here. So they get depressed.

-41-year-old female

The next respondents discuss the loss of family. During the migration process, refugees from the same family or community may not end up at the same final destination. Some may end up in different states, or even different countries. This places strain on family members who were used to relying on these close social ties for support. Separation from family and friends can create a sense of loneliness and social isolation. It also contributes to the sense of overall loss that Bhutanese-Nepali refugees feel.

Ok, some of them, they drink because of their pain and sorrows of their life. So some of them, they drink because their parents or their families are not together. Some are in Bhutan, some are in Nepal, some are in different states. That's why they drink.

-45-year-old female

They were in Nepal. But now in America, all their friends, they departed, gone to different places, far places. So those at home, so they just feel loneliness, I think so. Cause they have the habit of living within that group of people. So here, they found alone... and they just feel the loneliness. Just to kill that loneliness, maybe they started drinking... Maybe some of the family, they just got departed. Like one from the same family, one person been to Australia, another person been to England... Yes, family separation maybe. That is also the problem. They feel sad to be far places from their relatives and family members. Maybe that gives, that maybe creates such situation of drinking.

-32-year-old male

So the third reason, family separation. So some parents are here, some are in Canada. Some children, they are in Australia. So they are like spread everywhere. And just to forget about those pains and sorrows, I think they are taking, people, they are taking alcohol.

-54-year-old female

These quotes show the significance of the sense of loss that Bhutanese-Nepali refugees experience. The loss of community means that some refugees must learn to adapt to a completely new lifestyle. When living in Bhutan, and even in the refugee camps, Bhutanese-Nepali refugees were used to a very communal lifestyle. They were used to having easy access to family members. Many daily activities may have involved being actively engaged with family or other members of the community. After resettlement, these ties are strained or broken. Refugees must learn to operate independently, or in smaller family units. The following respondent discusses his personal experiences with this.

We were taken, our community people were taken in different, different state of the country, you know. And 15 to 16 years, sometimes even people still there, they are there in Nepal. But I was there for 16 years in the refugee camp, you know. We were together, our community people were together in the refugee camp. And when we separated from here, we are completely were in different places, place of the world, you know. Uh, we were set up or mind when we were there. We were set up. Everybody, all of us working together, going house to house, like meeting relatives, right. If there was any, any kind of religious program, we go there. If there is that and, like that, we go there. When we came here, we were take to different state of the country. And my brothers, my old house, my own brother, my own sister, you know, the one family, we were there in the camp in one, one hut, you know. Ten people, eleven people, twelve people. When we were taken here, we were separated for good.

-57-year-old male

The loss of home and family can lead to feelings of depression, but may also lead to feelings of anger or frustration. Bhutanese-Nepali refugees may be discontent with their lives in their new homes, and they may have a desire to return to Nepal or Bhutan. However, political and structural conditions make this difficult if not impossible. For these Bhutanese-Nepali refugees, their frustrations may serve as an ongoing source of

strain. The following respondent discusses some of these frustrations that community members may feel.

Many of our community members, they are really frustrated. And one of the members who used to work in chicken factory. Umm yea really got frustrated. And he was saying that if there is no like bridges, or if there was nothing as a hindrance to go to another country Nepal or Bhutan He would just walk to get there. He doesn't want to stay in the U.S. He is frustrated.

-45-year-old male

The process of forced migration leads to other negative emotions beyond just the sense of loss that refugees may experience. For some refugees, the migration process can be especially traumatic, and may lead to long-term mental health consequences. Some refugees may be subjected to violence, sexual assault, and other forms of mistreatment after being forced from their homes. These experiences can be especially damaging (Shrestha et al. 1998; Van Ommeren et al. 2001; Luitel et al. 2013). Even after resettlement, refugees still have the memories of these traumatizing events, and may need to cope with the ongoing strain that results from them. To cope with these strains, they may turn to problem drinking. The following respondent discusses the impact these experiences may have on problem drinking in the community.

So some of the reason why the people drink is uh, when they go through stressful moment or stressful situation, when they are depressed. So in Akron we have seen some of the people, I have heard that many people, they have already committed suicide. So there are so many reasons why the people, they drink. So the other reason is in Bhutan, and in the Bhutan where most of the people they were born, they have lost their land. They have lost their property. During the agitation, some of the parent, they have lost their children. And many of them, they were kidnapped. Many of them, they were um, killed in front of their eyes. So even the, the daughters and um, some natives, they were raped. So all those things and all those, even are still in their heart and still in their eyes. So because of depression, because of those flashbacks or uh, sad moments of the past, they like, they drink.

-38-year-old male

The stories told by these refugees show the impact of pre-migration strains on their lives post-resettlement. The feelings of loss, isolation, frustration, and trauma don't completely go away. They continue to impact Bhutanese-Nepali refugees daily, and can be difficult to cope with. When refugees are unable to cope with these sources of strain in a non-deviant manner, this may lead to the behavioral outcome of problem drinking.

#### *Fear of Stigma as a Barrier to Treatment for Problematic Drinking Behaviors*

Using Agnew's (1992) general strain theory, it is evident from the data that socio-structural barriers and traumatic life experiences act as sources of strain, which may then lead to problem drinking as a form of coping among Bhutanese-Nepali refugees. In this case, problem drinking can be considered a form of deviant coping. Research shows that problem drinking is frequently stigmatized and perceived as deviant within the general population (Fortney et al. 2004; Room 2005; Keyes et al. 2010; Schomerus et al. 2011a; Schomerus et al. 2011b). The stigma attached to problem drinking can increase the harm that it causes to those who partake in it. Because of the stigma attached to the misuse of alcohol, alcohol misusers and addicts may be reluctant to admit to having this disorder. As a result, they may avoid seeking help for the issue as well. Within refugee communities, stigma may serve as a major obstacle that prevents alcohol misusers from getting treatment. Without treatment, refugees who misuse alcohol will be less likely to develop alternative non-deviant coping mechanisms for dealing with their strain. This will lead the problem to worsen in their own personal lives, as well as across the entire refugee community.

In the interviews for this study, participants were asked whether they believe that Bhutanese-Nepali refugees who misuse alcohol would be willing to seek help or

treatment for their disorder. A significant majority of the respondents indicated that most alcohol misusers in the community do not seek out treatment. When participants were asked why so many alcohol misusers in the community were reluctant to seek help, many respondents indicated that the fear of stigma was a major factor involved. The following quotes highlight the impact that stigma has on help-seeking behaviors among Bhutanese-Nepali refugees who misuse alcohol.

So many of them, they do not share (alcohol problems), maybe children or any other people in house member, those whoever drink. Uh, number one they do not share because of fear. They respect parents. They fear, some of them they fear parents. Some of them, they fear spouse and some other family members. And this is first cause why they do not like to share in Bhutanese community. They fear.

-58-year-old female

This woman indicated that fear was a major deterrent to people admitting that they have alcohol misuse problems. She states that those who misuse alcohol are afraid of family and other members of the community. The following respondents expand further on the topic of stigma.

Uh, it also one of them uh, prestige. So if I drink, and if I go to for the treatment, so the people will think that he is demoralized socially. *Laughs* And we have, we call rehab word, if they been there, then they will say, “Uh, oh. Maybe something wrong.”

-39-year-old male

Because um, like um, it’s a matter of dignity. You know, it’s a matter of like uh, what to say, it’s matter of particularly, it’s a matter of dignity. Yeah, so they don’t want to expose. They don’t want to seek help from anybody, anybody, whoever they see. Because they don’t want to express their problem. “I have this addiction. I have alcoholic habit. So what can I do to get rid of that one?” So they think that it’s a matter of dignity. So I should, I should not ask him.

-33-year-old male

Given that the Bhutanese-Nepali society is very communal in nature, family and community ties tend to be more personally important (HHS 2014). This means that

Bhutanese-Nepali refugees may have a strong motivation to maintain a positive image within the community. Admitting to the misuse of alcohol could be perceived as a personal weakness or defect of character, which would result in stigma. The following respondent discusses this further.

So as far as I have experienced, if a person in the family, he or she has a drinking problem, that will cause lot of family problem, as well as scolding problem, even up to the neighbors... So in our Nepali culture, if a family has certain happenings, they never expose. That is the greatest uh, weakness of Nepali people. They do not expose. They do not share. That's why the problem keeps on like increasing... Ok um, so in our community, first of all, the one who drinks never admits. That is the weakness. They never admit that, "I am drinking. I want to get out of it." No, they never do that...even if they have the problem, they want to solve in a hidden way, like secretly, silently, thinking that the alcohol may be able, like they may hear. Or the neighbor, they may find out their weakness or mistakes. Yeah, everything goes in a hidden, hidden, hidden. That's why it's difficult to find out.  
-35-year-old female

This respondent claims that when problems such as alcohol are known among members of a family, that family will attempt to hide the issue from the rest of the community. Again, community ties are highly valued among the Bhutanese-Nepali people. If a member of a family has an alcohol misuse problem, they may bring stigma upon him or herself. But respondents have indicated that admitting to the problem may bring stigma upon the entire family as well. This further deters Bhutanese-Nepali refugees who misuse alcohol from seeking help, as their family members may even be actively preventing them from doing so. The following quotes show that an individual's drinking behaviors may bring stigma upon his or her family.

*Interviewer*

Why um, might it be difficult for people to ask for help sometimes with drinking?... Would they think bad about your family also?

*Respondent*

Of course. Of course, yeah... Because, for example, if a potato is rotten in a set of whole potatoes, then one rotten potato can spoil other too.

-33-year-old male

The following respondent presents a similar perspective.

*Interviewer*

What do people think about alcoholics -people who drink too much. What's the opinion of people about them?

*Respondent*

They think bad obviously. The people will think totally in a negative way. They have to take of their children, and their own career, own money. During that time if they keep on drinking this is totally immorality and will not prosper the family. So the community will say that the family is not good.

*Interviewer*

So not only the person, but the entire family?

*Respondent*

The whole family instead of single person.

-49-year-old female

These quotes show that Bhutanese-Nepali refugees who misuse alcohol not only fear personal stigma, but also must try to avoid bringing stigma upon their entire family as well. This fear of stigma can be a major contributor to the prevalence of problem drinking across the Bhutanese-Nepali refugee community. Research shows that refugees may be reluctant to seek help for mental health disorders in general. One reason for this may be that refugees don't fully understand the symptoms or severity of mental health disorders (Subedi et al. 2015). Refugees may also be reluctant to seek help from formal institutions, and may prefer to rely on family or community networks to solve personal problems (Raj and Silverman 2007). These cultural norms may deter Bhutanese-Nepali refugees from seeking help for problem drinking as well. The following respondent discusses a cultural aversion to seeking help for mental health problems.

Yeah, think kind of things like that, you know. So which is um, they think that it is fear of their defame, defame...Bad about that. You know like if you go talk about, this is, you know, so, because it's not open in our back home. Because peoples are not talking about the mental health. And they're not seeking help if they are some kind of problem. They stay home, you know. So that is one of the problem, you know. So we need help for that too here. Even they get depressed, you know, like some depressions, they don't wanna, you know, seek help from the doctor here. They think like, "Oh, what's going on?" You know, just let it be, and be worse.

-33-year-old male

Mental health treatment could potentially serve as a form of non-deviant coping for refugees suffering from strain. Alcohol misuse treatment could also help Bhutanese-Nepali refugees to develop non-deviant forms of coping with their strain. But due to cultural barriers in the community regarding the stigma surrounding alcohol and mental health, refugees are less likely to pursue these solutions. Agnew (1992) argues that when an individual has limited resources for coping with strain in a non-deviant manner, he or she is more likely to develop deviant forms of coping. This is evident within the Bhutanese-Nepali refugee community. These refugees face a multitude of strains in their daily lives. Economic and cultural factors negatively impact their ability to cope with these strains in a non-deviant manner. Therefore, alcohol misuse has become a problem at the community level. These data highlight the ways in which socio-structural and community-level barriers can lead to the prevalence of problem drinking among Bhutanese-Nepali refugees.

## DISCUSSION

In this chapter I have examined the link between experiences of strain and problem drinking within a Bhutanese-Nepali refugee community. Using Robert Agnew's (1992) general strain theory as a foundation, my goal was to show how different aspects of the refugee experience can serve as sources of strain. These sources of strain can then



lead to problem drinking as a means of coping. Sources of strain include structural and cultural barriers, such as language, acculturation, citizenship, and employment.

Respondents discussed how adapting to a foreign culture and language presents challenges throughout everyday life. One such challenge is acquiring citizenship.

Bhutanese-Nepali refugees who are unable to learn English or other cultural norms may struggle to obtain citizenship, which negatively impacts their ability to support their families. Language and acculturation also make it difficult for Bhutanese-Nepali refugees to find and maintain stable employment. Several respondents discussed difficulties finding or holding jobs. These difficulties with finding employment and acquiring citizenship are examples of one of Agnew's (1992) three types of strain, the inability to achieve positively valued goals.

Respondents also discussed the impact of personal loss in their daily lives.

Bhutanese-Nepali refugees had to give up their homes, personal belongings, and social networks when they were forced out of Bhutan. When resettling in the United States, refugees must often learn a completely new style of life while simultaneously coping with the life that they were forced to leave behind. This feeling of loss may also be an ongoing source of strain. According to general strain theory, this may serve as another of the three types of strain, the loss of a positively valued stimulus (Agnew 1992). Some respondents also discussed traumatic experiences during the migration process. Some were subjected to violence and other human rights violations. These feelings of loss and trauma can have a range of negative emotional consequences which refugees must cope with.

Because of these strains, Bhutanese-Nepali refugees may misuse alcohol as a form of coping. Agnew (1992) argues that deviant coping occurs when other non-deviant forms of coping are limited. Respondents discussed how members of their community are generally unwilling to discuss their personal mental health problems, including alcohol misuse problems. The fear of stigma serves as a major contributor to this reluctance towards seeking help. Bhutanese-Nepali refugees who misuse alcohol are afraid of how other members of the community may perceive them or their families if their personal struggles are revealed. This prevents alcohol misusers in the community from seeking help and alternative strategies for coping with their strains. Due to these cultural norms, the routes for non-deviant coping are limited, which may help explain the prevalence of problem drinking as a coping mechanism within the Bhutanese-Nepali refugee community.

### *Limitations*

This study does contain several methodological limitations that should be addressed. The first limitation comes from the fact that the quotes used in this study are translations, and are not the exact words of the participants. This does potentially have a negative impact on the trustworthiness of the data, as we do not know for certain if some quotes have been altered or lost in translation. However, I believe that this is a very limited cause for concern. Our interpreter was proficient in both English and Nepali, and he was instructed to translate as close to the exact words of the participants as possible. I believe that this sufficiently supports the data's trustworthiness.

Another limitation is that this project did not ask participants to discuss their personal drinking. We decided to frame questions to ask participants about their

perceptions of problem drinking in the community. This was done at the recommendation of the Institute that we collaborated with. Our collaboration with the Institute to develop questions boosts the internal validity of the questionnaire, as we were able to tailor the questions to best fit the culture of the population. However, this does mean that we do not have data regarding personal use of alcohol. While this may be perceived as a weakness, personal use of alcohol was not within the scope of this study. The goal in this chapter was to highlight community level strains, and how these impact problem drinking at the community level.

One other limitation of this project can be attributed to the limited scope of the population being studied. These data were collected from a specific refugee group living in a single geographic location. This may limit the overall external validity or generalizability of the findings in this chapter. Future research can help address this by examining the impact of structural strains within other refugee communities of various ethnic backgrounds. Future research should also attempt to replicate this study in other Bhutanese-Nepali populations in order to see if the impact of strain on problem drinking is consistent.

However, one strength of this data set is a lack of disconfirming evidence, or cases which do not fit or directly oppose the primary findings (Booth et al. 2013). Every single respondent in this study agreed that problem drinking was a major problem in the Bhutanese-Nepali refugee community. Not every respondent described structural strains as the primary cause for problem drinking. Some respondents mentioned the impact of personal boredom, peer pressure, and cultural customs as reasons for why some Bhutanese-Nepali refugees may misuse alcohol. While some alternative explanations

were provided, the discussion of structural strain was prominent throughout the data.

There were no respondents who denied the existence of structural strains, and there were none who denied the impact that these strains may have on problem drinking.

Some participants did indicate that Bhutanese-Nepali refugees may cope with strains in other ways that do not involve alcohol consumption. Examples of non-deviant behavioral coping mechanisms described by respondents included spending time with family or friends, engaging in sports or other organized activities, gardening, and community events such as festivals. Therefore, it is important to indicate that problem drinking is not universal to every member of the Bhutanese-Nepali refugee community, and many refugees find ways to cope with strains in a non-deviant manner. These other forms of coping are beyond the scope of this current study, and future research should examine these other coping mechanisms utilized by refugees to deal with strain. This research could provide a more complete picture of how refugees experience and respond to strains.

### *Conclusion*

This chapter builds upon our understanding of the refugee experience, as well as our understanding of general strain theory. These data illustrate the problem of alcohol misuse among refugees from their own lived experiences and perceptions. From these data we can get a better understanding of the factors that contribute to the prevalence of problem drinking. We can also better understand the factors that may impact treatment. This study builds on general strain theory literature by showing how strains impact behavior within a population that previous general strain theory literature has not examined in depth. This helps test the robustness of the theory, as it shows that the theory

can be applied across various populations. We can gain a better understanding of what strain looks like, and how it impacts deviance within a unique population.

This chapter contributes to the development of intervention strategies that target problem drinking among Bhutanese-Nepali refugees. Strategies that help Bhutanese-Nepali refugees overcome barriers such as language and acculturation could in turn help them acquire citizenship and employment. This could significantly reduce the amount of strain they experience daily. Bhutanese-Nepali refugees also suffer from negative mental health conditions brought on by the migration process. Mental health treatment may be crucial to help refugees deal with their sense of loss and trauma. However, cultural aversions to seeking help may make this difficult. It may be necessary for mental health professionals to collaborate with members of the Bhutanese-Nepali refugee community in order to develop interventions that account for the fear of stigma. It may be helpful to educate Bhutanese-Nepali refugees about the nature and severity of mental health conditions. This programming may help them to hold less aversion towards seeking treatment for problem drinking and other mental health disorders.

Future research should continue to investigate problem drinking and other mental health disorders within the Bhutanese-Nepali refugee community, as well as other refugee communities in general. Refugees face a number of disadvantages that make it difficult for them to live fulfilling and stable lives. The obstacles and experiences they must deal with can be harmful at both the individual and community level. Researchers and policy makers must continue towards finding ways to help refugee communities overcome these problems. Further research can help alleviate sources of refugee strain, and reduce negative behavioral consequences such as alcohol abuse.

CHAPTER IV

THE LINK BETWEEN INTIMATE PARTNER VIOLENCE AND ALCOHOL  
WITHIN A BHUTANESE-NEPALI REFUGEE COMMUNITY: A QUALITATIVE  
EXAMINATION FROM A GENERAL STRAIN THEORY PERSPECTIVE

Although refugees in general face socio-structural barriers and health problems, power structures within refugee communities can place certain refugees in greater positions of vulnerability. Within many refugee communities, women often have less social power than men, especially in cultures that have strong patriarchal norms (Sullivan et al. 2005; James 2010; Akhter and Kusakabe 2014). For refugee women, one of the most concerning threats that they may face is intimate partner violence (IPV). In the United States, IPV persists as a serious problem for women of all demographics (Wong et al. 2011). However, refugee women who experience IPV face even greater disadvantages. Language barriers, a lack of economic stability, a lack of acculturation, and patriarchal cultural norms can all serve as deterrents that prevent refugee women from escaping situations of IPV (Zannettino 2012). Refugees face a multitude of struggles due to their vulnerable position within society. In this chapter, my aim is to examine how refugee experiences contribute to two interrelated problems within a refugee community, IPV and problematic drinking behaviors.

In this chapter, I utilize qualitative data to examine experiences of intimate partner violence among women within a U.S. refugee community. More specifically, I

demonstrate how problem drinking may serve as one of the major facilitators of IPV within refugee communities. Research has long documented the relationship between IPV and problem drinking, and these findings may be evident among refugees as well (Field et al. 2004; Lipsky et al. 2005; Easton et al. 2007; Abramsky et al. 2011; Wong et al. 2011; Brem et al. 2018). I use Robert Agnew's (1992) general strain theory to illustrate a causal chain in which socio-structural barriers contribute to refugee problem drinking, which in turn contributes to IPV. I use qualitative data to answer the research question, "How does strain, and problem drinking as a response to strain contribute to intimate partner violence within a refugee community?"

The experiences of resettlement are often very difficult for refugees to manage, and these difficulties can contribute to a number of negative health and behavioral outcomes. Refugees may be susceptible to mental health disorders including depression, anxiety, and PTSD (August and Gianola 1987; Kroll et al. 1989; Ao et al. 2016). Socio-structural barriers coupled with mental health disorders such as depression and anxiety can then contribute to behavioral outcomes such as suicide, and problem drinking (Ao et al. 2012; Luitel et al. 2013). Therefore, as the sizes of refugee communities increase, there becomes a greater need for the development of strategies and interventions that can help alleviate these negative outcomes of the resettlement process.

Data collected by the United Nations indicates that refugee communities will continue to grow (UNHCR 2017). Because refugees often lack the resources and capital to effectively cope with community problems, researchers should be motivated to investigate this in order to determine the best routes for intervention. Intimate partner violence and problem drinking are both factors that can have very serious community-

wide consequences if they are not deterred. In this chapter, I hope to show the relationship between experiences of strain, problem drinking, and IPV. By doing this, we can better understand the underlying causes of IPV among refugees, and can work to develop interventions that are better designed to target these causes.

### *General Overview: Intimate Partner Violence and Alcohol*

Intimate partner violence is a significant problem on a global scale. The exact prevalence of IPV is difficult to determine due to how frequently it may go unreported, but some statistics show that up to 30% of women in relationships experience physical or sexual violence at some point (Devries et al. 2014). Data from the National Family Violence Surveys conducted in the U.S. in 1975, 1985, and 1992 show that one in six couples experience some form of IPV (Field, Caetano, and Nelson 2004). Other research shows that up to 22% of women suffer from severe physical violence at the hands of intimate partners (Brem et al. 2018). This does not account for the many less severe cases, or the many women who suffer psychologically from experiences of abuse. A significant portion of IPV incidents involve relatively low levels of violence, but may still contribute to long-term mental and physical health consequences (Shorey et al. 2012). The consequences of IPV vary depending on its frequency and severity, but outcomes may include physical injury, severe mental health disorders such as depression or PTSD, suicide, and the perpetration of violence committed by the victim (Stuart et al. 2013).

While many factors may contribute to causing IPV, extensive research shows that problem drinking serves as one of its most common facilitators (Bennett 1995; Parker and Auerhahn 1998; Caetano, Schafer, and Cunradi 2001; Field et al. 2004; Lipsky et al. 2005; Easton et al. 2007; Abramsky et al. 2011; Brem et al. 2018). Problem drinking has



been shown to correlate with aggression and violent behavior in general, especially when a person is presented with social triggers that may normally elicit aggression (Parker and Auerhahn 1998). The link between problem drinking and aggression lies in its disinhibitory effect on thoughts and emotions that would normally prevent or reduce aggression (Benett 1995). It does so by reducing overall information processing, and narrowing one's ability to focus on various aspects of a social situation. When presented with a negative situation, the disinhibitory effect of alcohol may cause a person to focus entirely on the negative trigger and emotions associated with it, limiting other sources of information that might deescalate aggression (Stuart et al. 2013).

Caetano and colleagues (2001) argue that alcohol not only lowers inhibition, but may also serve as an excuse for the facilitation of violence. Those who misuse alcohol assume that it will lower inhibition. As a result, they may use alcohol to excuse themselves from responsibility for their actions following its consumption (Caetano et al. 2001; Field et al. 2004). Therefore, people who misuse alcohol may already have a preconceived notion that violence will occur, and that its occurrence is justifiable. Research also shows that there is a correlation between problem drinking and violent victimization (Lipsky et al. 2005; Stuart et al. 2013). Because alcohol inhibits thoughts and emotions, it can also make people more susceptible to coercion and other risky scenarios that may result in their victimization. For women, alcohol and substance misuse can make them especially susceptible to sexual abuse and violence (Stuart et al. 2013).

#### *Intimate Partner Violence among Refugees*

Given the difficult nature of the refugee experience, refugees must cope with a number of economic and psychosocial consequences. This makes them vulnerable to a

number of negative health and behavioral consequences, including intimate partner violence. Numerous studies have concluded that IPV may be a serious issue within both refugee camps and resettled refugee communities (Sullivan et al. 2005; Raj and Silverman 2007; Rees and Pease 2007; Nilsson et al. 2008; Pease and Rees 2008; James 2010; Feseha, Mariam, and Gerbaba 2012; Mahapatra 2012; Akhter and Kusakabe 2014; Mee, Hee, and Palinkas 2018). Refugee women are vulnerable to violence in general. During migration, they often lack economic resources and the protective elements of a stable environment, making them vulnerable to violence, kidnapping, sexual assault, rape, and forced prostitution (Friedman 1992). Once the migration process is completed, refugee women are still often confined to positions of relatively low social power, making them continuously vulnerable to violence and coercion.

Culture and acculturation may play significant roles in IPV cases within refugee communities (Nilsson et al. 2008; James 2010; Mahapatra 2012; Mee et al. 2018). Acculturation stress and a lack of language proficiency may cause strain within refugee families, leading to aggression or other forms of deviance among refugee men (Nilsson et al. 2008; Mee et al. 2018). Acculturation also subjects refugees to norms that may drastically differ from their traditional ones, particularly gender norms. Certain refugee groups have traditional cultures that strongly support patriarchal norms and role expectations. In these patriarchal cultures, men are expected to have a dominant status within the family, and women are granted very little social power both inside and outside of the home (James 2010, Feseha et al. 2012).

In refugee cultures that are traditionally patriarchal, the acculturation process can be particularly stressful for men. Due to economic hardships, as well as a lack of cultural

and social capital, it can be difficult for refugee men to single-handedly lead a household into economic stability (James 2010; Zannettino 2012). Further strain may be caused by the fact that the culture of their new homes promotes greater gender inequality than the traditional culture. Women and children who become more acculturated may have increasing desires for freedoms and social power both inside and outside of the home (Feseha et al. 2012). This may place a strain on traditional gender identities, particularly for men who strongly believe that they should make the strongest contributions to the family's well-being.

Research on intimate partner violence shows that there is a strong connection between masculinity and the perpetration of violence. Research conducted by Pesta and colleagues (2019) shows that individuals who have a more masculine gender identity, regardless of their biological sex, are more likely to perpetrate intimate partner violence as a response to strain. Peralta and Tuttle (2013) argue that intimate partner violence may be linked to situations where personal economic strain can be perceived as a threat to one's masculinity. Refugee men face various economic and cultural strains that could potentially threaten their sense of masculinity. These strains and conflicting cultural values can potentially lead to aggression and IPV committed by refugee men who feel a need to protect their sense of masculinity and social power within the family (Peralta and Tuttle 2013; Akhter and Kusakabe 2014).

It is also especially difficult for refugee women to escape situations of IPV. Because refugees often lack economic and social capital, refugee women frequently do not have the resources or skills to support themselves and potentially their children after leaving an abusive relationship (Mahapatra 2012; Zannettino 2012). As a result, they may

submit to an abusive relationship because they perceive it as a necessity for themselves or their children. Refugee communities also tend to be close-knit and isolated from the general society. This makes it even more difficult for refugee women to leave abusive relationships. Even if they are able to leave the relationship; economic, language, and cultural barriers will likely prevent them from leaving the community, which keeps them in close proximity to the perpetrator of the violence (Pease and Rees 2008).

Many refugee women lack knowledge about community resources or interventions that could help them to deal with IPV. Refugee women may also be reluctant to pursue formal methods of addressing IPV due to cultural taboos that prevent voicing family conflicts publicly (Raj and Silverman 2007; Wong et al. 2011). Refugee women may also be fearful of government or police agencies. They may have had previous negative experiences with various types of government or legal representatives during the migration and resettlement process (Raj and Silverman 2007). Research shows that when refugee women attempt to cope with IPV, they often turn to family or close community members for advice or assistance (Raj and Silverman 2007). However, family and community members may not have the means to actually help abused women. In communities where patriarchal norms are strongly enforced, family and community members that adhere to these norms may even make it harder for women to speak up or escape. These women may fear the stigma from the community that would come from leaving their relationship, and may thus commit themselves to remaining in it (Raj and Silverman 2007; Wong et al. 2011).

*Refugees and Problem Drinking*

Problem drinking is a serious health concern at both the individual and community level. Research has extensively documented the many negative health and social consequences that may occur as a result of problem drinking. When examining the physical health consequences, long-term problem drinking can lead to cirrhosis, liver failure, heart disease, high blood pressure, and stroke (Alcohol Research and Health 2000; Rehm et al. 2002; O’Keefe et al. 2007). A number of psychological disorders are related to abuse as well. Misuse of alcohol is often associated with anxiety disorders, other substance misuse disorders, and various mood disorders, particularly depression (Volk et al. 1997; Burns and Teesson 2002; O’Connell et al. 2006; Fergusson, Boden, and Horwood 2009; Boden and Fergusson 2011).

Problem drinking may also significantly impact one’s social life. Due to the physical and mental impairment caused by problem drinking, a person may damage his or her personal relationships, as well as important roles such as employment or parenthood (NIH 2020). Because alcohol consumption reduces inhibition and impairs judgment, it may also increase the likelihood of risky behaviors, including risky sexual behavior, misuse of other substances, and violence (Hull and Bond 1986; Marshall 2014). The various physical, mental, and social consequences of problem drinking show that it is a very serious health concern. This can be particularly concerning when it becomes prevalent within communities that already face a number of socio-structural barriers, such as refugee communities.

A meta-analysis of research conducted on problem drinking among refugees shows that a variety of socio-structural barriers and psychological traumas may contribute to the prevalence of drinking among refugees (Weaver and Roberts 2010).

Many refugees experienced violence, sexual assault, and other forms of trauma when they were forced to leave their previous homes. This trauma makes refugees distinct from other migrant groups, and it may lead to serious mental health disorders such as depression or PTSD, and may also in turn contribute to problem drinking (Lo et al. 2017). Refugees must cope with a sense of loss and anger that stems from their loss of home, as well as a loss of their sense of personal identity. These losses are difficult to cope with, especially since refugees often lack economic and social support resources that could help them to cope in a non-deviant manner Horyniak et al. 2016b; McCleary and Wieling 2017).

Not only must refugees cope with the strain of their losses after being forced from home, they must also cope with the strain of adapting to a new social environment. Refugees often have difficulties attempting to adapt to the culture of their new home, with language serving as one of the most significant challenges that they must overcome (Dustmann and Fabri 2003; Horyniak et al 2016a). This process may lead to acculturation stress, which refers to the mental strain that refugees experience when attempting to integrate into a foreign society (Stein 1979). Research shows that acculturation stress may be linked to the misuse of alcohol as refugees seek ways to reduce their strain (Gutmann 1999; Horyniak et al. 2016a).

It is important to note that in their meta-analysis, Weaver and Roberts (2010) state that they found a lack of qualitative research that investigates problem drinking within refugee communities. They state that qualitative research could be valuable in order to better determine risk factors for problem drinking, as well as refugee attitudes towards alcohol consumption. This chapter will utilize qualitative data in order to show the

consequences of problem drinking from the lived experiences of refugees. I highlight what refugees perceive to be the biggest problems caused by problem drinking in their own community. Among these many social and behavioral consequences, IPV stands out as one of the most concerning, and is the consequence that I focus on in this chapter.

While studies have examined some of the many difficulties that underly refugee experiences of IPV, few have examined the impact of problem drinking. Prior literature has established that problem drinking is a frequent underlying cause of IPV in the general population (Bennett 1995; Parker and Auerhahn 1998; Caetano, Schafer, and Cunradi 2001; Field et al. 2004; Lipsky et al. 2005; Easton et al. 2007; Abramsky et al. 2011; Brem et al. 2018). Prior research has also established that problem drinking is prevalent within certain refugee communities (Weaver and Roberts 2010; Horyniak et al. 2016b; McCleary and Wieling 2017). Therefore, it is important for researchers to examine whether there is a potential link between problem drinking and IPV in refugee communities. This chapter addresses this gap in the literature by examining the impact of refugee strains and problem drinking on IPV using Robert Agnew's (1992) general strain theory. My goal is to further our understanding of the negative consequences of refugee strain, and how it may impact behaviors such as problem drinking and IPV.

#### *Theoretical Framework: General Strain Theory*

Agnew's general strain theory is a theory of deviant behavior that focuses on the concept of strain, which can be defined generally as life events or conditions that evoke a negative emotional or behavioral response (Agnew 2008). According to Agnew, strain is a common occurrence in our daily lives. We often must deal with negative situations that generate negative emotions. Many people are able to deal with these negative situations

in a non-deviant manner. Agnew argues that coping mechanisms are the determining factor for whether a person will respond to strain in a deviant or non-deviant manner (Agnew 1992). Individuals may have an easier or harder time coping with strain depending on both personal characteristics as well as socio-structural influences. Therefore, a combination of micro and macro level forces determines the consequences of strain at the behavioral level (Agnew 1992).

General strain theory can be reduced to three essential components: the experience of strain, the coping mechanisms, and the deviant behavioral outcome (Agnew 1985). This chapter however focuses on the final component of the theory, the deviant behavioral outcome. Deviant or criminal behavior occurs as a result of strain, negative emotions, and either deviant coping or a lack of coping. (Agnew 1985).

According to Agnew, strains come in three different forms. The first is the inability for a person to achieve a positively valued goal. The second source of strain is the removal of a positively valued stimuli. The third source of strain is the introduction of a negatively valued stimuli (Agnew 1992).

General strain theory can be effectively applied to various aspects of the refugee experience. Each of Agnew's three types of strain can be found in the various struggles that refugees encounter. When refugees struggle to find employment or integrate into a new culture, this falls in line with Agnew's first type of strain, the inability to achieve a positively valued goal (Stepick and Portes 1986; Chiswick and Miller 1995, Dustmann and Fabbri 2003). Agnew's second type of strain, the loss of a positively valued stimuli, is evident given the sense of loss refugees experience when being forced from their homes (Reed and Barbosa 2017). The last type of strain, the introduction of a negatively



valued stimuli, may occur when refugees are subjected to economic hardships or racial / ethnic discrimination (Ellis et al. 2008).

In this chapter, I aim to build upon the general strain theory literature, as well as the literature on refugees, problem drinking, and intimate partner violence. Prior research generally has not used this theory to examine the refugee experience. Most general strain theory research has focused on the experiences of male adolescents in Western society (Agnew 2008). This means that much of the research that examines the impacts of strain and coping mechanisms focuses on the types of strains and coping mechanisms experienced by a specific population. In order to test the robustness of general strain theory, researchers should be motivated to expand the scope of the theory to other populations that it traditionally has not included. Most general strain theory research is also quantitative in nature. Qualitative research can grant us a better understanding of what strain and coping looks like from the lived experiences of the respondents. In this chapter, I address these gaps in the literature by examining strain theory within refugee experiences, while utilizing qualitative data.

#### *Population Profile: Bhutanese-Nepali Refugees*

This chapter utilizes a data set of qualitative interviews collected from a community of Bhutanese-Nepali refugees located in northeast Ohio. Because these data only come from one specific refugee group, it is necessary to discuss the experiences and general characteristics of this particular group. Bhutanese-Nepali refugees share many of the same experiences as other refugee groups, but their unique group identity must be taken into consideration when discussing the data. However, I do not want to imply that the characteristics of the Bhutanese-Nepali people are the primary cause for their

experiences with problem drinking and IPV. I am not arguing that these problems are inherent to Bhutanese-Nepali culture or communities. My goal is to demonstrate how socio-structural barriers contribute to these community problems. Therefore, while it is important to understand the individual characteristics of the group, I argue that these characteristics are less impactful than the structural barriers tied to the refugee status.

In the 1990s, the government of the small Himalayan country of Bhutan began a nationalist cultural campaign, with the intent of forcing the religion and customs of the majority Buddhist populace upon all of its people. These policies were enacted because the government feared the growth of a group of ethnically Nepalese and majority Hindu population living in the south of Bhutan. During this time, the Bhutanese-Nepali were stripped of many of their rights, their citizenship, and eventually their homes (Roka 2017). Fearing government attacks and human rights violations, the Bhutanese-Nepali fled Bhutan in the thousands. They fled to Nepal, where refugee camps were constructed to house them. Most of these refugees would remain in these camps for over a decade, as the U.N. would not begin its resettlement efforts until 2007 (Kohrt et al. 2012). Most refugees would be relocated by 2015, with nearly 80,000 of them migrating to the United States during this time (Roka 2017).

Bhutanese-Nepali refugees face many of the problems that other refugee groups face. However, research shows that some problems are more prevalent among this particular refugee group. Compared to other refugees, the Bhutanese-Nepali have relatively high rates of mental health disorders. Research shows that depression and anxiety disorders were common among refugees living in the camps, and many continue to suffer from these disorders post-relocation (Ao et al. 2012; Kohrt et al. 2012; Ao et al.

2016). These mental health disorders have very serious consequences, as the Bhutanese-Nepali had the highest rate of suicide of any refugee group between 2009 and 2012 (Roka 2017). This shows that the Bhutanese-Nepali refugees are vulnerable to the negative consequences of forced migration and resettlement.

Some research has also documented the prevalence of problem drinking within the Bhutanese-Nepali refugee community. Luitel and colleagues (2013) examined drinking behaviors among refugees living in the camps in Nepal. They found that the consumption of alcohol was high among refugees when compared to other Asian societies. The drinking rates among the refugees were comparable to those seen in Western societies. Roka (2017) also notes that Bhutanese-Nepali refugees living in resettled communities in the U.S. have noted a growing concern regarding alcoholism and drunk driving within their community. However, the overall literature regarding the prevalence of problem drinking among the Bhutanese-Nepali refugees is lacking, especially research that examines it post-resettlement. This chapter aims to build on this literature by investigating how the Bhutanese-Nepali perceive the seriousness of problem drinking in a resettled U.S. community.

Research on Bhutanese-Nepali refugees also shows that IPV is pervasive within this group. A report released in 2014 by the U.S. Department of Health and Human Services (HHS) and several other organizations examines the overall health profile of Bhutanese-Nepali refugees. They note that Bhutanese-Nepali culture appears to have clear patriarchal gender roles, where women have significantly less access to resources and decision-making power (HHS 2014). The report also notes that IPV had been a serious issue in the refugee camps, and was the “most pervasive form of gender-based

violence suffered by Bhutanese refugees” (HHS 2014). Roka (2017) notes that Bhutanese-Nepali refugee communities in the U.S. perceive IPV to be a growing issue. But overall, research on IPV in resettled Bhutanese-Nepali communities is also lacking. By examining the relationship between problem drinking and IPV in these communities, this chapter makes important contributions to our overall understanding of the major health consequences that Bhutanese-Nepali refugees face.

### *Aims and Research Questions*

In this chapter, I answer the question “How does strain, and problem drinking as a response to strain contribute to IPV within a refugee community?” In order to do this, I examine qualitative interviews that portray the perspectives and lived experiences of Bhutanese-Nepali refugees who have discussed problem drinking and IPV within their own community. Respondents also discussed their struggles during the resettlement process. Using Robert Agnew’s general strain theory (1985), I show a causal chain in which refugee barriers to integration and stability contribute to deviant coping in the form of problem drinking. This problem drinking then in turn contributes to cases of IPV, among other community level problems. This study builds upon the existing literature about Bhutanese-Nepali refugees, as well as the experiences that may be common to refugee communities in general.

This study contributes to the general strain theory literature. By examining a population that previous general strain theory has not focused on, this study helps test the robustness of the theory. Qualitative research can provide new perspectives and a clearer understanding of what strain and coping looks like from the people who experience it. This is especially important for refugees, who experience a wide range of strains. This

study helps us to better understand what they perceive to be the most significant forms of strain that they must cope with. It is also important to note that most general strain theory research examines individual-level experiences of strain, and how it impacts individual behavior (Agnew 1985; Agnew 1992; Agnew 2012). While this study does look at individual experiences of strain, it also examines strains experienced at the community level. This study can help open new areas of research in which we examine how community level structural strains, and community level barriers to coping can lead to community wide deviant behavioral outcomes.

## DATA AND METHODS

This chapter utilizes a data set that was collected in 2017 from a Bhutanese-Nepali refugee community in northeast Ohio. Dr. Marnie Watson, former assistant professor of anthropology at the University of Akron, and current assistant professor at Missouri State University, organized a research team of graduate students to collect these data. Dr. Watson had been approached by representatives from a local agency in the community. This agency provides resources and services to resettled refugees. In this dissertation, this organization will be referred to as “The Institute.” The Institute works in collaboration with many other community organizations, and they had been receiving informal reports from other professionals about the prevalence of problem drinking among Bhutanese-Nepali refugees in the community. In order to investigate these claims, the Institute contacted Dr. Watson at the local university in order to conduct a study that could assess the nature of the problem, and potential methods to intervene. Per the request of the Institute, Dr. Watson initiated the study with full IRB approval from the university.

Research on problem drinking among the Bhutanese-Nepali refugees began with a pilot survey distributed to the community with the assistance of the Institute. This qualitative pilot survey was designed with the Institute's assistance. They helped suggest the wording of the questions, and distributed the survey to refugees who receive services at the agency. Per the suggestions of the Institute, the survey did not ask participants about their own personal drinking. Instead, it asked them to identify whether or not they believed problem drinking was a serious issue within the general refugee community. The Institute recommended this course of action because they believed participants would be reluctant to talk about their own personal alcohol use out of fear of stigma. The results of the pilot survey showed that respondents overwhelmingly agreed that problem drinking was problematic within the Bhutanese-Nepali refugee community.

With the assistance of the Institute, the research team then constructed a qualitative interview in order to further investigate the problem. Between April and July 2017, the research team conducted 66 face-to-face interviews with 100 Bhutanese-Nepali refugees. The discrepancy between the number of interviews and participants exists because some interviews were conducted with multiple participants at the same time. Respondents were recruited with the assistance of the Institute, who identified refugees that would be interested in participating. Snowball sampling helped provide further participants, as respondents identified others in the community who would be willing to participate. The Bhutanese-Nepali community also contains multiple religious and ethnic groups. The Institute provided the research team with information on respondent demographics, and the team used targeted sampling to try and get respondents from

various religions and ethnic groups. Table 1 in the Appendix of this dissertation contains a demographic breakdown of the sample.

Due to cultural differences between the research team and the respondents, there were some difficulties during the data collection process. The primary investigator and the graduate students on the team were complete outsiders to the Bhutanese-Nepali refugee community. The Institute helped provide access to this community, but other problems emerged. Language presented the most significant boundary, as many of the respondents either could not speak English at all, or were not comfortable enough to complete an entire interview in English. To deal with this problem, the Institute provided the research team with an interpreter. This interpreter was not only proficient in both Nepali and English, but was also a well-known and respected member of the Bhutanese-Nepali community. He was a Christian pastor and an employee at the Institute. He was personally familiar with many of the respondents in this study. He provided significant help with interpretation, as well as making respondents more comfortable during the interview process. Because respondents could relate to the interpreter, this may have helped them to be more open than they would have with a team of community outsiders.

When the Institute requested this study, their primary goal was to determine the best way to develop treatment methods, and how to convince Bhutanese-Nepali refugees to engage in treatment. This study was not developed with the intended purpose of testing general strain theory in any way. However, data analysis revealed themes and patterns that were consistent with elements of Agnew's general strain theory. Respondents discussed socio-structural barriers, struggles with coping, and the consequences that occur as a result. Therefore, while this study did not ask questions specifically designed

to test general strain theory, the data still contains information that can help build on our understanding of the theory.

### *Qualitative Instrument*

The interviews were divided into three separate sections. First, respondents were asked to discuss some basic questions about their personal backgrounds, such as when they migrated to America. Second, they were asked questions about their perceptions of problem drinking in the Bhutanese-Nepali refugee community. Third, they were asked questions about intervention strategies, and what they believed would be most helpful for reducing the impact of problem drinking in the community. A few sample questions have been included below. Figure 1 in the Appendix of this dissertation contains the full interview guide.

- Why do you think people are drinking?
- Have you seen alcohol cause problems in the community? If so, what problems?
- Do people in the community with alcohol problems seek help?
- Why is it difficult sometimes for people in the community to seek help for alcohol problems?
- What do you think the community needs to treat alcoholism and alcohol-related problems?

### *Interview Process*

All interviews were conducted either at the participant's home, or at the Institute. Interviews ranged from 40 minutes to one and a half hours in length. Participants were compensated with a ten-dollar gift card upon completion of the interview. Each interview was conducted by one or more members of the research team, as well as the interpreter provided by the Institute. The interpreter asked questions in Nepali and translated



responses for participants that did not speak English. The interpreter was instructed to translate as close to the actual words of the participant as he possibly could. All interviews were conducted with the interpreter and at least one member of the research team. The interpreter translated questions and responses for respondents who did not speak English. The complete research team was made up of the primary investigator, the interpreted provided by the Institute, and three graduate students from the sociology and psychology departments at the local university. The primary investigator trained all the graduate students on the team to conduct interviews. The students were allowed to conduct interviews on their own once they had completed several under the primary investigator's supervision.

#### *Analytical Method*

The software program NVivo 12 was used to code and analyze the data set. Beginning with an open inductive coding process, common themes were identified across interviews. The purpose of line by line open coding was to search broadly across all interviews for recurring patterns and themes (Emerson, Fretz, and Shaw 2011). The research team collaborated during the line by line open coding process. Each member of the team was assigned the same set of interviews to code on his or her own. After coding individually, the team met and collectively worked on constructing a master code list. Team members decided which codes were most evident in the data, and how these codes would be named on the list. Once the list had been refined and agreed upon by all team members, it was used to code all future interviews. Coding would reveal the need for some changes to the list, which were made with the consent of the other team members.

Afterwards, focused coding was implemented, targeting themes related to elements of general strain theory, including refugee experiences of strain, problem drinking as a means of coping, and the deviant behavioral outcome of IPV. Again, it is important to note that this study was not designed specifically to test general strain theory. General strain theory themes emerged naturally from the data during the coding and analysis stage. This chapter will focus on themes related to the final component of Agnew's (1992) general strain theory, the deviant behavioral outcomes that can result from strain and deviant coping. My goal is to show how refugee strains and coping in the form of problem drinking contributes to cases of IPV. Because refugees face obstacles that prevent them from coping with their strains in non-deviant ways, this can lead to deviant and criminal behavior.

## FINDINGS

Out of the 100 participants in this study, every single respondent indicated that he or she believed that problem drinking was a significant problem within the Bhutanese-Nepali refugee community that they lived in. Many respondents also discussed the various negative consequences that occur in the community as a result of problem drinking. These consequences included problem drinking and intimate partner violence, among several others such as vehicular accidents, DUIs, health related problems, and suicide. Before I can examine the link between problem drinking and IPV, I must first highlight the relationship between sources of strain and problem drinking. Agnew's (1992) general strain theory states that deviance begins with the experience of strain, which can then lead to deviant coping, followed by deviant or criminal behavioral outcomes. In this study, problem drinking serves as the coping mechanism for strain,

while IPV is the deviant or criminal behavioral outcome that results from deviant coping. The strains that lead to Bhutanese-Nepali refugee problem drinking come in a variety of forms, which are discussed by in the data. In this chapter I discuss two major themes that highlight the relationship between structural strains, problem drinking, and IPV.

### *Problem Drinking Behaviors as Coping Mechanisms for Strain*

Participants in this study indicated that problem drinking in the Bhutanese-Nepali refugee community frequently occurs as a response to strain. Bhutanese-Nepali refugees experience a number of socio-structural barriers and personal struggles which can cause strain. Some of these socio-structural problems include language and acculturation stress. Some refugees may face economic hardships, either due to a lack of employment, or low-wage employment. These problems can be difficult to cope with as refugees seek out to create stable lives for themselves and their families. The following respondent discusses how a lack of language proficiency may contribute to difficulties with employment. Language and employment related problems can cause stress within families, which may lead to the misuse of alcohol.

So there are lot many reasons why the people are taking or about to take those alcohol or involve in alcoholism. First of all, job problem. They do not have the right job, whatever they wanted to do. So many of the people, they do not have job. They are out of job. I mean they are free. So when they are free, so that's the, that's one of the reason why the people are out drinking...So the second reason is, many of the people, they cannot speak English. They do not have, they have a language problem. So yeah, that's one of the problem why they are frustrated and taking, I mean involve in alcoholism. So family disputes and family misunderstandings are being created because they do not have proper, or like resourceful income sources. So when they do not have enough income in the house, so the misunderstanding started. So when there's a misunderstanding, involvement in alcoholism. So there are so many like uh, the areas where they have to pay the bills...

-44-year-old male

This respondent above also described his own personal use of alcohol. While this study did not directly ask respondents to speak on their own drinking habits, some respondents did voluntarily describe their personal experiences with problem drinking. This respondent discusses how he began abusing alcohol due to his problems paying bills, and the depression caused by this.

So when I was in Virginia uh, and when I had to get admitted in the hospital for two days, I had to pay 18,000. So that was among that, I was supposed to pay. So as I had to, as I was liable for paying that 18,000, I was the one who never used to drink. So I was bound to drink during that stressful period. So as I had to pay that much amount that I was liable to pay, as I do not have the much good income source; and even in the house, because of that stress, even if my family members, if they used to speak, I used to get angry, stressful talk... So because of headache and stress, and because of all those things, I even myself, I have drank for like one and half month. So I feel um, in this Akron, there are so many people who are depressed and stressed just like me... So the environment in our country, back in Nepal and Bhutan, and environment of here in United States is like, totally hundred percent like opposite. So back in the country, if we have to pay even one lag, so we used to have land, or animals. So that was the income source. So there were so many field, like orange field or certain types of fruits and vegetables from which we could, we used to get some money and pay back those debt. But here, no sources. So here, the company, working different kinds of industrial companies, only the source of income. That's why people, they hate, like frustrated. So when the people keep on thinking, and degree of like thinking, or like they get stress goes and increasing uh, eventually they start drinking.

-44-year-old male

This quote shows that Bhutanese-Nepali refugees can be subjected to economic hardships, due to employment, medical problems, or other life events. It can be very difficult to overcome these economic problems, as refugees may not have stable or adequate sources of income. The respondent discusses the fact that culturally, the Bhutanese-Nepali people are not used to being in situations where they have major debts that need to be paid back over extended periods of time. In Bhutan, there were ways that these debts could be reasonably erased through exchange or labor. But in the U.S., many refugees can only rely on low-income jobs to try and overcome major economic

obstacles. These hardships may lead to depression, which can then lead to problem drinking as a coping mechanism.

The following respondents also discuss the impact of depression. They discuss how sources of strain that stem from employment or family conflicts can contribute to feelings of depression, which may lead to problem drinking.

Yeah, during the tension and pressure, even during the depression time, the people, they drink...So it depends on the family. In some of the family, one only has the job, and he has to take care of rest of the family, like be family. So that's totally a stress for a single person to take care of all those people. So even because of those stress and tension.

-35-year-old male

Some of them, they may not have good jobs. That makes them like uh, go on a depression or like stress. Some of them, they will not have proper way of transportation. Some of them, they, some of them, they get discouraged from their family. They do not get any love and affection. And to, as a remedy, some of them, they take to forget those sorrows and pains.

-49-year-old female

These data show that Bhutanese-Nepali refugees perceive family-related stress to be a major potential source of strain. According to Agnew's (1992) general strain theory, the inability to achieve a positively valued goal can be a major source of strain. Traditional Bhutanese-Nepali society is very communal, which means that family relationships are especially important (HHS 2014). The head of the household, usually the oldest working male, often carries the burden of supporting the rest of the family. However, problems related to language, acculturation, and limited employment opportunities make this difficult. When Bhutanese-Nepali refugees feel that they cannot adequately support their families, this may lead to depression. This can also lead to family conflicts and stress. Family life can also be stressful for elder Bhutanese-Nepali refugees. Elders who are

unable to work usually remain at home, which can lead to loneliness, social isolation, and depression. The following respondent describes this.

Ok, so especially elders or old age people, they are drinking because in so many ways, they are depressed. They have different kinds of like painful situation. They have a family issues and family problems. Because of which, just to console their mind and um, just to relieve their pain, they may drink.

-46-year-old male

While family struggles can lead to depression, they can also lead to feelings of frustration and anger. According to general strain theory, anger is the most dangerous emotion, and is the most likely to contribute to deviance or crime (Agnew 1985; Agnew and White 1992; Agnew et al. 2002). Anger and frustration can lead to aggression or a desire for retribution. The following respondents discuss feelings of frustration that occur during the resettlement process. These feelings can occur due to goals or expectations that are not met, as described by the next respondent.

This is like, you know, the husband and wife fighting. And then the kids are not doing good at school. That makes them frustration. And then the new place, new country, some of them start right away, you know, like just thinking, thinking. Because America is not exactly what you are thinking. Because when back in 2009 when I came to country, I said like, “Oh wow.” You know, I’m just saying like, “Wow, I’m going America. Wow, you know, I am going United States of America.” But, but that wow just shut when I got here. Because it wasn’t like that what I expected. I was expecting like all the cities are like New York cities, you know. So things like that, some of them are frustration. Language barrier, some of them don’t speak English. So some of them don’t drive, you know, like my grandparents. So they need to take care. So I won’t be able to drive everywhere every time for them, you know. So I have things going on my side too. So that makes them frustration, sitting at home all day long, watching TV, you know, things like that. So the older people drink like that too.

-35-year-old male

This respondent mentioned a variety of facts that can cause frustration and may lead to problem drinking. Bhutanese-Nepali refugees who came to the United States may have had expectations of what life in America would be like. But life in American is not

easy for refugees. The problems that come with attempting to adapt to this new lifestyle can bring about frustration and anger. This respondent also discussed the social isolation of elder refugees, who may use alcohol to cope with it. This following respondent also further discusses family conflicts.

So there are so many reason why the people, they are drinking. Children, when they really disobey their parents, they get frustrated and they drink, one. Number two, when the parents or any person get depressed because of such a reason, even in that, even during the time of depression and stress, or difficult moments, just to get relief, they drink. Ok difficult moments, whenever there is a difficult moment in life, they drink just to relieve their, control their mind and relieve their pain, forget about that situation.

-41-year-old female

Both of the previous respondents discussed problems for refugee parents.

Bhutanese-Nepali refugees must manage parenting while simultaneously dealing with all of the other structural barriers they face. This process is difficult, and is likely to bring about negative emotions. Parenting for refugees can also be difficult because research shows that children of migrants tend to learn the language and culture of their new homes faster than their parents (Alba and Nee 1997; Zhou 1997). This can lead to a disconnect between parents and children, who may have different understandings of cultural norms.

Many respondents in this study indicated that family problems can be a major source of strain within the Bhutanese-Nepali refugee community. According to general strain theory (1992), the negative emotions that come with strain need to be coped with in some way, either deviant or non-deviant. Respondents indicate that alcohol is frequently used as a means for coping. Deviant coping mechanisms such as the misuse of alcohol can also contribute to other deviant or criminal behavioral outcomes. Within the Bhutanese-Nepali refugee community, intimate partner violence may be one such outcome.

### *Intimate Partner Violence as a Consequence of Problem Drinking*

General strain theory can help explain the link between refugee strains and problem drinking. It can also be used to frame the other community problems associated with alcohol misuse and refugee strain. Respondents in this study discussed their perceptions of the prevalence and seriousness of intimate partner violence within their community. Those who mentioned IPV seemed to agree that alcohol was a common contributing factor to these incidents of family violence. These following respondents discuss their perceptions of problem drinking in the Bhutanese-Nepali refugee community.

...is a big community with Nepali people. So there may be so many problem and rising starting from home disputes, home um, the disagreements in between the family, family like divorce, and fighting, quarrelling. And because of which they may also have to go to jail. So there are a lot of issues and lot of problem in Nepali community because of alcoholism.

-45-year-old female

Because I have seen that, like people drinking, and then after they get drunk, there is a fight. And then I have seen some families been torn apart because of alcohol. Because they fight, and then they get mad at each other. And finally they, sometimes they get even divorced. Because of, and sometime, you know like, they spend all that money they earn in buying those things. And they will always have a fight in the family when someone is drinking too much... physical fight.

-31-year-old male

These respondents indicate the damaging effect that IPV has on the community. Again, it is important to point out that Bhutanese-Nepali society is very communal, and family relations are important (HHS 2014). The loss of family due to arrest or divorce can be particularly damaging in a society where these social ties are very strongly valued. While some respondents discussed their perceptions of IPV in the general Bhutanese-Nepali refugee community, others mentioned people they personally knew. This includes



neighbors or family members in the community who had been involved in IPV disputes.

This next respondent discussed his neighbors, who were involved in such a dispute where the husband was arrested.

Ok, I have heard about the neighbor. He was beating his wife. Then and there he was taken to the jail. After they drink, they have some like discussion. After the discussion went like fired up, then after start hitting each other. Police came, take him to the jail.

-39-year-old male

This respondent mentioned police intervention, indicating that these incidents are serious enough to result in arrests and legal consequences. The following respondent also mentions police intervention into family conflicts.

So many stress in the family. Quarreling, number one there's a quarreling. Police will come and arrest them...Nepali, when they drink, they fight with their hands. They use physical. Even they use bad words.

-41-year-old female

Given the disadvantaged position that Bhutanese-Nepali refugees hold because of the many difficulties they face, arrest and legal consequences add further problems onto their already difficult positions. It can be hard enough for refugees to manage their daily lives because of language, acculturation, employment, and other struggles. This is not to say that legal intervention should not be used in these types of situations. Legal institutions should intervene in situations where an individual's safety is compromised. My intent is to show how sources of strain can lead to compounding problems in the forms of alcohol misuse, IPV, and legal repercussions.

The next respondent discusses members of his family who were involved in IPV incidents. Respondents who described these types of conflicts frequently mentioned the physical nature of them, which illustrates the seriousness of the problem in the community.

*Respondent*

I have seen one of my relative. Got the eye swell up.

*Interviewer*

Was it a man or a woman?

*Respondent*

Woman... and the husband's leg broken. The wife hit him with a chair.

*Interviewer*

Is this the wife? Same two people?

*Respondent*

No... No... No different family member...wife drinking. Then husband said, "Please don't drink. This is not good for your health. Doctor told me you" ... "Who are you?" She picked up the chair and hit!

-32-year-old male

Some respondents also described how problem drinking can be associated with other forms of deviance alongside intimate partner violence. These next two respondents describe cases of driving under the influence of alcohol, as well as IPV. These quotes show that problem drinking can be harmful in a multitude of ways.

This one guy, I saw him drunk in the car. Police caught him (with) two kids in the back drinking, drunk drive... And then he was sent (to jail) for two months. And after started drinking again... So, now, somewhere nearby, police caught him hitting the children. So he was in jail for like five months again... I advising, like give him advice, come to the church and like support you. I used to talk to him, but he never shows up. So we can do nothing.

-27-year-old male

Um, there will be a kind of DUI, right. And there will be a kind of domestic violence, right. And they are, many people are, as for my with the latest news and something like that, people uh, kind of in last stage of deport, deport to the country, because of drinking a lot. And there is a fighting among the family members and the friends, relatives... Yeah, fighting with hands. So, both. And they, and they will speak the nasty things, which is not acceptable in our community people.

-25-year-old male

As previously mentioned, problem drinking may lead to intimate partner violence

because those who use alcohol assume that it will lower their inhibition. This means that some alcohol misusers may justify their own violent actions by claiming that they were under the influence, and therefore were not in complete control of themselves (Caetano et al. 2001; Field et al. 2004). This means that in some cases, individuals may misuse alcohol with the intent of committing violence afterwards. The following quotes are from Bhutanese-Nepali refugees who perceive that alcohol is used as a means to commit and justify acts of violence.

Number one, I think the first thing the domestic violence, you know, at house, cuz if you drink like you're the, you know what a new the king, you can... you can do whatever you want. That's how you feel. So let's say you drink a drink. And then anybody who drink to come home and then they'll start screaming, you know, go, they'll start fighting for a reason. You don't have to be reason. It can be anything. But as soon as they come home, they will be like... They will, they will find a way to fight.

-49-year-old female

So without drinking, none of them will fight. But right after drinking, they will fight. Means they want to drink. They want to drink because they want to fight. So my personal experience, my husband, when he, whenever he used to drink, we used to have a big quarrel, big fight. But whenever he did not drink, none of the day, single day we gonna have fighting, quarrelling. So every time he drink, every time we used to fight. Means they drink to fight.

-29-year-old female

Most of the respondents who mentioned intimate partner violence in this study talked about their perceptions of incidents that occur in the general Bhutanese-Nepali refugee community. Very few respondents discussed their own personal experiences with IPV. Those who did discuss personal experiences did so by choice, as there were no questions in the survey that directly prompted them to do so. The 29-year-old woman in the previous quote was one such participant who described at length her experiences with intimate partner violence. At different points in time, she was in a relationship with two

different male partners, both of whom had physically and emotionally abused her. In the following quote, she describes one of her experiences with her husband. He had frequently consumed alcohol, which often lead to him physically abusing her and neglecting his parenting responsibilities.

So when I come in the evening, I found my son in the basement. But husband, I got found lost. And he was with his friend drinking. So right after I came back from my job to my house, the police gather, I mean the police surrounded... I could see police pulling out my husband, who was totally drunk... So, so ok, the main reason why police came was um, maybe somebody else has reported the police regarding his misbehave with me every night... we used to fight during the nighttime or all the time. So somebody might have informed them. So they came and arrested.

-29-year-old female

This woman mentioned that alcohol was a major contributing factor in both of her relationships where intimate partner violence took place. When she and her husband had initially settled in the U.S., they had lived in Texas. She would eventually leave Texas with her children in order to escape her abusive relationship. However, there were several problems which made it difficult for her to leave her abusive husband. She describes some of these problems in the following quote.

I feel very sorry, and I feel very suffer, because I cannot speak English... So uh, when I came in Texas and we were brought by a Catholic charity from Texas, and I did not have any of my relative. That is why I could not find, or I could not go to any of the court or get help from anybody else, because I did not know uh, like none of the people, they were known to me. So I did not approach to anybody else, and I couldn't speak.

-29-year-old female

For refugee women, escaping situations of intimate partner violence can be especially difficult. They often lack resources, cultural capital such as language, and social networks in order to support themselves after leaving a relationship (Mahapatra 2012; Zannettino 2012). Because they are living in a completely new environment, they may not

understand the formal processes required to deal with cases of IPV. Because families are divided during the migration process, they may not even have relatives to turn to for help. This woman was very open about the impact of problem drinking and IPV on her life. Other Bhutanese-Nepali refugee women may have similar stories, which further demonstrates the destructive impact that refugee strains and problem drinking has on these communities.

Using Agnew's (1992) general strain theory, these data show the link between strains, coping, and intimate partner violence. Respondents in this study mentioned many of the ways in which various strains can lead to problem drinking. While problem drinking does not always lead to IPV, respondents indicated that IPV incidents in the Bhutanese-Nepali refugee community were frequently related to alcohol. These findings show that when Bhutanese-Nepali refugees struggle with strain, they may misuse alcohol in order to cope. And this deviant coping can have serious negative behavioral consequences in the form of IPV.

## DISCUSSION

In this chapter I have utilized Robert Agnew's (1992) general strain theory to frame the link between refugee barriers, problem drinking, and intimate partner violence. Using qualitative data collected from a Bhutanese-Nepali refugee community, I have examined the relationship between sources of strain within refugee families and problem drinking. Bhutanese-Nepali refugees who struggle with acquiring language skills and employment are more likely to experience feelings of depression and frustration. These barriers can lead to conflicts within families, as Bhutanese-Nepali refugees struggle to maintain economic stability. Respondents in this study unanimously agreed that problem

drinking is prevalent among their refugee community. They also agreed that these sources of strain are frequent motivators of problem drinking.

While refugee strains contribute to the prevalence of problem drinking, this problem drinking in turn contributes to other community-wide problems, including intimate partner violence. Respondents described how IPV incidents in the Bhutanese-Nepali refugee community are often linked to the perpetrator's misuse of alcohol. Numerous previous studies have examined the relationship between problem drinking and IPV in the general population (Bennett 1995; Parker and Auerhahn 1998; Caetano, Schafer, and Cunradi 2001; Field et al. 2004; Lipsky et al. 2005; Easton et al. 2007; Abramsky et al. 2011; Brem et al. 2018). But the research on this relationship within refugee communities is limited, and has generally not been conducted from a general strain theory perspective.

This chapter builds upon multiple areas of the literature. This chapter builds on general strain theory literature by demonstrating the impact of community-level strains, and how this leads to problem drinking as a coping mechanism, and IPV as a behavioral outcome. General strain theory research on refugees is limited, so this chapter expands the scope of the theory by applying it to a population it has previously overlooked. This chapter also supports previous literature that examines the link between problem drinking and IPV. The responses from participants support the finding that problem drinking can be a risk factor for IPV within the Bhutanese-Nepali refugee community.

This chapter also contributes to our understanding of the Bhutanese-Nepali refugee experience. Refugees contend with various sources of strain in their lives. Some of these strains come from socio-structural barriers, while others come from daily life

experiences. Some Bhutanese-Nepali refugees may turn to alcohol as a strategy for managing their feelings of depression, anxiety, and anger that come from these experiences of strain. These findings help us to better understanding the major contributing factors to acts of crime and deviance among refugees. While the Bhutanese-Nepali refugees are only one specific population of refugees, the findings in this study may be applicable to other refugee groups as well. Future research must be conducted in order to confirm this assumption.

### *Limitations*

There are a few limitations in this chapter that should be acknowledged. First, I would like to reiterate that most these data were translated into English from Nepali. This means that the quotes presented in this chapter are not the exact words of the respondents, but are rather an approximation. This may impact the trustworthiness of the data, as some quotes may be altered, and some data may have been lost during translation. Our interpreter served as a valuable resource during data collection, and helped us to overcome the language barrier. He was proficient in both English and Nepali, and he was instructed to translate the words of the participants as closely to their exact words as possible. Given the language proficiency of our interpreter, as well as the instructions provided to him, I believe that his translations are trustworthy, and provide valid interpretations of the respondents' words.

A second limitation of this project is that many respondents discussed their perceptions of problem drinking and intimate partner violence rather than their own personal experiences with either. The project was conducted in collaboration with the local service providing Institute, and they recommended framing questions in a way that

avoids asking participants about their direct experiences. This collaboration helped boost the internal validity of the project, as it allowed us to develop questions in a way that would increase the likelihood of genuine responses from the participants. Therefore, this data set provides limited insight on personal experiences of problem drinking and IPV, and instead provides perceptions of these problems at the community level. However, the goal of this chapter was to examine how community level strains contribute to problem drinking and IPV. Personal experiences of strain, alcohol misuse, and IPV are beyond the scope of this study, and could be addressed in future research.

The reliability and external validity of this project is also limited because these data were collected from a single population of refugees living in one location. In order to increase the generalizability of these findings, future research should investigate refugee strains, problem drinking, and IPV within other Bhutanese-Nepali refugee communities, as well as other refugee communities of various ethnic backgrounds. Other refugee communities may have different cultural norms, so questions about these topics may need to be altered in order to fit the cultural context of the target population. However, this research could provide valuable insight on the external validity of these findings.

The trustworthiness of the findings in this study is supported by a general lack of disconfirming evidence. Booth and colleagues (2013) described disconfirming evidence as cases that are “deviant,” in the sense that they do not support, or they directly oppose major patterns in the data. The primary themes of this chapter focus on the ways that structural strains may lead to problem drinking, which may in turn lead to intimate partner violence. Participants in this study unanimously agreed that problem drinking was a major problem in the Bhutanese-Nepali refugee community. Some respondents offered



alternative explanations for why problem drinking occurs, such as personal boredom, peer pressure, or cultural customs and celebrations. While these alternatives may also impact problem drinking, the discussion of structural strain was prevalent throughout the data. There were no participants who denied the existence of structural strain, or who denied that it has an impact on problem drinking. Also, not every participant discussed the link between problem drinking and IPV. There were no questions in the survey that directly asked participants about IPV, so not every respondent discussed it. However, all respondents who did discuss IPV described it as a consequence of problem drinking. This supports one of the major themes of this chapter, which highlights the link between problem drinking and IPV.

### *Conclusion*

From a policy standpoint, the findings in this chapter show that strategies aimed at deterring intimate partner violence in Bhutanese-Nepali refugee communities should also account for the impact of problem drinking. These strategies should also acknowledge the impact of structural barriers and strains on the prevalence of problem drinking. Therefore, interventions that help alleviate sources of strain may reduce problem drinking, which may in turn reduce incidents of IPV. Researchers and community leaders should work towards providing Bhutanese-Nepali refugees with access to economic and important cultural resources. Programs that help with language development, cultural knowledge, and employment may be helpful for this. For Bhutanese-Nepali refugees who do experience IPV, organizations should work towards providing refugees resources for managing these situations.

A lack of economic and cultural capital can make refugees especially vulnerable to the negative consequences of problem drinking and IPV. Therefore, researchers should be motivated towards future study of these problems within refugee communities. Future research should continue to examine the consequences of structural barriers and other aspects of the refugee experience. The better we are able to understand what refugees must deal with, the better we may be able to help them. Refugees are contributing members to our communities who face many hardships. We should seek out ways to make their voices heard, so that we can collectively work on making their communities a more stable place to live.

## CHAPTER V

### SUMMARY AND CONCLUSIONS

The goal of this dissertation was to examine the impact of socio-structural barriers and life experiences on problem drinking and intimate partner violence within a Bhutanese-Nepali refugee community. I analyzed qualitative data which contained the perceptions of Bhutanese-Nepali refugees about the major challenges that they face and the nature of problem drinking within their community. I used Robert Agnew's (1992) general strain theory as a framework in order to show how refugee experiences cause strain, which leads to negative emotions that require coping. Problem drinking can serve as a form of coping with this strain among Bhutanese-Nepali refugees. This dissertation contains three distinct studies, each of which focuses on one component of general strain theory.

Chapter 2 of this dissertation focuses on the sources of strain experienced by Bhutanese-Nepali refugees. I sought to answer the question, "How do refugees define the primary sources of strain in their daily lives?" By examining the themes within the qualitative data set, I identified several major sources of strain which relate to socio-structural barriers that Bhutanese-Nepali refugees face. While respondents discussed many different sources of strain, three major ones were revealed during data analysis. Language, acculturation stress, and employment were commonly discussed as major

sources of strain by respondents. These three themes are related, as difficulties acquiring language can also contribute to difficulties acquiring acculturation and employment.

Chapter 3 focuses on another component of Agnew's (1992) general strain theory. This second component involves the strategies that a person uses to cope with strain. Agnew (1992) argues that a person can cope with strain in either a deviant or non-deviant manner, depending on his or her access to coping mechanisms. In this chapter, my goal was to answer the question, "What is the relationship between strain and problem drinking within a refugee community?" Respondents in this study unanimously agreed that problem drinking is prevalent among the Bhutanese-Nepali refugee community that they live in. The data reveal that problem drinking is commonly used to cope with strain. These strains include the socio-structural barriers discussed in Chapter 2, such as language, acculturation, and employment. Sources of strain also include the ongoing feelings of loss and trauma that refugees suffer from during the migration and resettlement process. Finally, respondents explained how cultural norms impact their access to treatment and other forms of non-deviant coping. Fear of community stigma can cause Bhutanese-Nepali refugees to hide their mental health and behavioral struggles, including problem drinking.

Chapter 4 examines the last part of Agnew's (1992) general strain theory, in which deviant coping can contribute to further deviant or criminal behavior. Respondents in this study described various consequences of problem drinking in the community, including other deviant behaviors such as intimate partner violence. My goal in this chapter was to answer the question, "How does strain, and problem drinking as a response to strain contribute to intimate partner violence within a refugee community?"

Findings in this chapter show that the experience of strain can lead to problem drinking as a coping mechanism, which can then contribute to further deviance in the form of intimate partner violence. I also discuss the impact of family-related stress. Many respondents stated that disagreements within families, as well as struggles to support the family can cause strain, which may in turn lead to problem drinking and potentially intimate partner violence.

### *Theoretical Contributions and Implications*

General strain theory has long been used to explain deviant and criminal behaviors on studies of juveniles and young adults in Western society (Agnew 1992; Agnew and White 1992; Agnew 2008). This research has effectively established the ways in which strain is experienced by this population, and how it can lead to crime. However, the scope of general strain theory research is often limited to the populations that it examines most frequently. General strain theory generally has not been used to examine the experiences of refugees. Therefore, one of the goals of this dissertation was to test the robustness of general strain theory by showing that each component of the theory can be used to help explain a component of the refugee experience. Refugees experience sources of strain which are unique from other populations due to the difficulties they face, as well as their access to resources and coping mechanisms. Researching these sources of strain can have important theoretical and policy implications.

In this dissertation, my goal was to show how each component of general strain theory occurs among Bhutanese-Nepali refugees. I describe how sources of strain stem from socio-structural barriers and traumatic life events. I discuss how access to resources and social stigma within the Bhutanese-Nepali refugee community impacts coping with

strain, and why this may lead to the prevalence of problem drinking. And I show how deviant coping in the form of problem drinking can lead to further community problems such as intimate partner violence. This study provides insight into the lived experiences of refugees. This helps us to further our understanding of not only general strain theory, but of refugee inequalities as well. This dissertation highlights how refugee inequalities can negatively impact them at the individual level, as well as the community level. It is also important to note that research on problem drinking within refugee communities, especially post-resettlement, is limited (Weaver and Roberts 2010). Refugees face many disadvantages, so research needs to be conducted on the nature of problems such as problem drinking in order to help develop strategies for assisting refugees with these types of problems.

This dissertation also contributes to general strain theory research due to its use of qualitative data. A study of the literature on general strain theory will reveal a wide-range of quantitative research to support the theory. While quantitative research may allow us to examine the theory across a significantly larger sample size, qualitative research can help us to better understand the detailed ways in which respondents experience elements of the theory. Respondents in this study provided in-depth explanations of their personal struggles, as well as their perceptions of struggles in the community as a whole. They explain the ways that sources of strain lead to emotional and behavioral responses. The use of qualitative data can give us a better understanding of what the individual experience of strain looks like on a daily basis.

Finally, this dissertation contributes to general strain theory research by showing ways in which strain can be experienced at both an individual and community level.

General strain theory is intended to explain how individual experiences of strain impact individual behavior (Agnew 1985; Agnew 1992; Agnew 2012). However, the hardships which refugees face are felt at both the individual and community level. Respondents in this study describe ways in which the entire community is impacted by socio-structural barriers as well as the trauma of forced migration. Therefore, this strain exists as a community problem, which leads to both individual and community-wide consequences. Problem drinking is prevalent across the Bhutanese-Nepali refugee community, which demonstrates how group strains can lead to group behaviors. Future general strain theory research may work towards examining the theory in group or neighborhood contexts.

*Methods: Limitations and Strengths*

This dissertation does contain certain limitations that need to be addressed. First, it should be noted that many of the interviews were translated through the assistance of an interpreter. While this did help us to overcome a crucial obstacle for this project, it also means that the exact words of the participants have not been transcribed word for word. I do not believe that the translation significantly impacts the quality of the data, nor does it drastically change the nature of the information that was presented. However, some nuances may have been lost during the course of translation, and it is important to acknowledge this.

Some of the interviews had multiple participants, in which each participant was asked every question of the interview. In these interviews with multiple participants, power dynamics between participants could have impacted their responses. In most of these situations, participants were family members, either spouses or parents and children. Bhutanese-Nepali culture is traditionally patriarchal, and greater respect is

granted to elders in the community. This means that respondents with less social power, such as wives or children, may have been motivated by cultural expectations to defer to those with more social power. However, analysis of the responses in interviews with multiple participants shows that they were largely consistent with interviews that had single participants. Similar themes emerged across these interviews, so the impact of power relations between participants does not appear to have produced significantly different responses.

This data set only examines one specific refugee group in one specific geographic location. This does limit the transferability, or external validity, of the overall project (Shenton 2004). I believe that some of the struggles that this particular group faced could be generalized to other groups as well. But between different refugee groups, certain sources of strain may have a more prominent role in the community than others. Because I am only examining one group, there may be differences between groups, or even other sources of strain that I miss entirely. This limitation can be addressed by future research that examines refugees on a wider scale.

Another potential limitation of this study stems from the diverse nature of the Bhutanese-Nepali population. Throughout this dissertation, I have discussed socio-structural barriers, problem drinking, coping mechanisms, and IPV as they are generally experienced across the community. However, the Bhutanese-Nepali people are divided into various castes and religious communities that may impact how they experience and cope with these problems. It is possible that Bhutanese-Nepali people of a higher social caste may have greater access to resources and non-deviant coping mechanisms compared to lower caste community members. It is also possible that some religious



groups may have different behavioral norms and ideologies surrounding the consumption of alcohol. While this data set does contain information about the castes and religious affiliations of the respondents, I did not examine the impact of these characteristics on personal experiences, as this was beyond the scope of the current study. Future research using this data set or other data sets can examine the impact of caste and religion in order to see how this affects refugee perceptions of structural strains, problem drinking, coping, and other concepts discussed in this dissertation.

Finally, it is important to reiterate that this study does not ask participants to discuss their own personal drinking habits. We decided not to ask participants directly about their own use of alcohol in order to avoid respondents feeling accused or stigmatized. Some participants did discuss their own drinking, or the drinking habits of their significant others. Most just spoke about their perceptions of alcohol within the general Bhutanese community. This limits my ability to study individual use within this data set, because I have very limited data regarding personal use of alcohol. Note, that personal use was not in the scope of this study – the aim was to understand how the Bhutanese understand and frame the use of alcohol in their community and not their own personal use.

Multiple other studies have used community perceptions of problems such as alcohol / substance use and intimate partner violence to discuss these issues within the larger community (Laisser et al. 2011; Baron-Epel et al. 2014; Brierley-Jones et al. 2014; Alhyas et al. 2015; Pun et al. 2016). These studies show that qualitative interviews can be an effective way to understand the prevalence of these problems, as well as major contributing factors and possible interventions. The fact that we asked participants to

discuss problem drinking generally within the community rather than their own personal use may have even served as a strength. It may have allowed participants to talk more openly about problem drinking without feeling that the questions were too personally invasive.

One of the primary strengths of this project is that it furthers our understanding of the lived experiences of refugees, and the problems that they face. Refugees are a group with relatively low power and visibility within society, and there are limited opportunities for their voices to be heard. Many participants in the study were very thankful toward the research team for taking the time to speak to them, and for showing them that people in the community care about their struggles. This research helps to bring attention to a relatively disadvantaged group. Another strength of this study is that it takes an existing theory and builds upon it by applying it to an understudied group. By applying general strain theory to the experiences of refugees, I demonstrate how the theory can help explain behaviors across various cultural groups. This project shows that certain groups are more strongly impacted by certain types of strain. For refugees, much of this appears to stem from personal loss, as well as both cultural and structural barriers. These data also show that cultural experiences can impact both coping, and the deviant or criminal consequences that occur as a result of strain.

Another strength is that I engaged in some disconfirmatory analysis. Booth and colleagues (2013) argue that it is important for qualitative researchers to examine the prevalence of cases that do not support or that directly oppose the primary findings of a study. This process strengthens the findings and adds rigor to the analytical method of a study, as a general lack of disconfirming evidence supports the trustworthiness of the

findings in the study. In this dissertation, I found a lack of disconfirming cases for all major themes across all three analytical chapters. Respondents unanimously agreed that problem drinking was a significant problem in their community. Many respondents identified structural strains as a major cause of problem drinking. Some respondents did offer alternative explanations for why problem drinking may occur. But there were no respondents who denied that structural strains exist, and no respondents denied that structural strains may lead to problem drinking. And in the fourth chapter, while not every respondent discussed IPV, every respondent who did discuss it identified it as a consequence of problem drinking. This overall lack of disconfirming evidence across each chapter strongly supports the trustworthiness of the findings in this dissertation.

One final strength is that the findings from this project can help with health care and policy for refugees. This project helps to illustrate the barriers that refugees face to integration and other positively valued goals, and how these contribute to problem drinking. It also highlights some of deterrents that hinder refugees from seeking or receiving proper treatment for problem drinking. Communities with refugee populations need to be more culturally aware of these barriers and develop strategies to make health care resources more available to these populations. By developing awareness and outreach programs that target these specific communities, we may be able to help reduce the impact of problem drinking among refugees. The findings from this project can provide insight for future policy that targets this problem among the refugee population.

### *Policy Implications*

The findings in this dissertation can provide insight for the development of strategies aimed at dealing with problem drinking or intimate partner violence within the

Bhutanese-Nepali refugee community. It can be difficult to manage these types of problems in refugee communities for several reasons. Because refugees often have limited economic resources, this can limit their ability to seek out formal treatment methods such as medical intervention. It is also possible that refugees may not be familiar with the symptoms of mental health disorders. This means they may not identify these problems when they occur (Subedi et al. 2015). The findings in this dissertation also reveal that fear of social stigma may deter Bhutanese-Nepali refugees from revealing their personal alcohol use or other mental disorders, which significantly reduces the likelihood of them getting treatment.

This dissertation shows that if researchers and community leaders want to help reduce the prevalence of problem drinking in refugee communities, it may be beneficial to help refugees manage the underlying sources of strain that lead to problem drinking. Structural barriers posed by language, acculturation, and employment can be overcome with the assistance of social support and local organizations. If refugees are provided with resources and educational programming, they may be able to better develop language and other skills necessary to finding stable employment. It may also be beneficial to implement organizations that help refugees find employment. These types of programs can reduce the impact of socio-structural strains, which can then potentially reduce problem drinking.

For refugees who suffer from trauma, feelings of personal loss, problem drinking, and other mental disorders, it will be necessary to develop culturally sensitive intervention techniques. Organizations that work with refugees need to be aware of the potential aversion towards seeking formal help. These organizations need to employ

counselors and employees who are aware of the cultural barriers that deter refugees seeking treatment. If refugees are provided with more information regarding the symptoms of mental health disorders, as well as treatment options, they may be more likely to pursue treatment. Dealing with the cultural aspect of stigma and aversion to formal treatment is difficult, as cultural norms are hard to overcome. Organizations need to make sure that information is readily available, and that refugees are at least encouraged to engage in treatment. Simply making refugees aware of their options is an important first step towards reducing community-wide problems.

For refugees who experience or perpetrate intimate partner violence, it is also important for organizations to make refugees aware of the resources that they can utilize. It is particularly important that victims are encouraged to not keep the problem secret, and to pursue intervention. It may be important to screen cases of intimate partner violence for the impact of problem drinking. If problem drinking is determined to be a contributing factor, then treatment for problem drinking and its underlying causes may be necessary to preventing further cases of intimate partner violence. Again, the most important measure to take is making sure that refugees are informed about their options, and are provided resources when necessary.

While treatment and intervention strategies may help refugees at the individual level, it is also important for changes to be made at the institutional and international level as well. As discussed throughout this dissertation, refugees lack resources and rely on institutional assistance to work towards integration and financial stability. But even with the assistance from community organizations, refugees still face a general lack of resources. Organizations such as the Institute described in this study can only provide a

limited amount of services and resources, and these services can only be provided for a limited amount of time. Given that the Institute is a non-profit organization, it does not have the funding and manpower to assist refugees with all of their needs. Many refugees are still put in situations where they must fend for themselves.

Governing bodies at various levels (state, national, international) should invest more into providing resources for refugee groups across the globe. While large-scale organizations such as the United Nations have worked for decades to help establish and resettle refugee communities, even their ability to monitor and assist refugees post-resettlement is limited. Refugees are contributing members to our community, and their needs should be a concern to the community as well as the nation as a whole.

Governments can help further establish and fund programs to provide refugees with education, employment opportunities, housing, and treatment services for mental health and other conditions. While non-profit organizations are certainly helpful to the refugee community, refugees need access to a wider pool of resources as well. If governing bodies fail to see the importance of investing in refugee communities, then these communities will continue face structural barriers and a wide range of adverse health consequences.

Governments can also help refugees by taking steps to ease their resettlement and integration into their new homes. For refugee groups that experience racism and xenophobia, organizations should work towards spreading awareness and acceptance of these groups. In order to help refugees integrate into their communities, governing bodies can help provide resources in the form of scholarships or business loans. This can help refugees establish themselves, and acquire skills and credentials that can help with social

mobility. The development of community centers can help refugees feel a greater sense of community and connection with other refugees, as well as the general community.

There are many different strategies which could help alleviate sources of strain in refugee communities. Policy makers should be motivated to consider these options, and implement those that help improve the lives of refugees.

### *Personal Standpoint*

In qualitative research, it is important for the researcher to be aware of his or her personal characteristics and experiences in order to ensure the confirmability of the project. Shenton (2004) defines confirmability as the ability of the researcher to ensure some degree of objectivity during the development and execution of the project. To do this, a qualitative researcher should be aware of his or her personal experiences and biases, and should try to limit how these experiences and biases may impact data collection and analysis. However, this is not always easy to do, as our personal standpoints may impact our interactions with the participants and our analysis of the data without us even realizing it (Aluwihare-Samaranayake 2012). Our personal standpoint acts as a lens that filters our perceptions of the world on a daily basis, and this lens can be very difficult to step away from. Therefore, as a qualitative researcher, I must be able to acknowledge my own personal standpoint, and question whether it has impacted the collection or analysis of the data in any possible way (Shenton 2004; Aluwihare-Samaranayake 2012).

When conducting interviews for this study, I presented myself to participants as a male graduate student in my mid-20s. I am bi-racial, being of both Caucasian and Southeast Asian descent. I informed participants that I worked for the local university, as

was also in collaboration with the local institution that they received services from. There are several ways in which my personal characteristics may have impacted certain interviews. As a male, my presence may have influenced how certain respondents discussed certain experiences or perceptions. For example, female respondents may not have been as comfortable discussing intimate partner violence or other family-related problems with me. It is also important to note that Bhutanese-Nepali society is traditionally very patriarchal (HHS 2014). This could also have significantly impacted interviews in which the sex of the interviewer and respondent were different. As a graduate student, my general level of education was different than most participants in this study. Most respondents had little to no experience with the American education system. This means that their cultural experiences of the education system are different from mine as well. My education and cultural experiences serve as a lens through which I perceive social experiences. Therefore, I know that I must try to avoid passing judgments on the experiences of other groups based on my own experiences.

I must also acknowledge my background working in the field of substance abuse. Prior to starting graduate school, I spent two years working as an instructor for a drug court diversionary program. Working in this program, I was exposed to a criminal justice perspective on substance abuse problems in the community. This program placed emphasis on the individual as being the primary facilitator of his or her own struggles, as well as his or her own treatment. My time working for this program influenced my perception of substance misuse abuse for years. I perceived substance misuse to be largely attributed to individual choices and experiences. It was not until graduate school that I began to see the phenomenon of substance misuse from a more macro-level



perspective. While working with these data, I made effort to consider not just the experiences of the individual, but the socio-structural factors that influence community-level health conditions such as problem drinking.

Working on this project, I needed to be open to not just individual experiences, but the experiences of the community as a whole. Refugees face a wide range of challenges, and may lack the necessary resources to effectively pursue their own treatment. Therefore, I needed to put aside some of my past experiences, and try to see things from the perspective of the participants. This should be the ultimate goal of qualitative research generally, although it is not always an easy goal to meet. By being aware of my status, characteristics, and personal history, I can do a better job of understanding my potential biases in my analysis and presentation of this study's findings. I was in almost every way an outsider to this community, being largely unfamiliar with their language, culture, and customs. Therefore, I know that it is possible that these differences may have also impacted the participants' willingness to openly discuss either personal or community issues.

However, my status as an outsider to the population being studied could have also provided me with some advantages during this study. My experiences allow me to view problem drinking within the community through a lens that members of the community may not be able to utilize. The participants' understanding of their own experiences is also influenced by their personal and community standpoints. Therefore, they may also experience biases when they frame these events. My background as a sociologist allows me to examine how socio-structural and cultural elements of the participants' lives impact community and individual level experiences. By bringing my standpoint and the

standpoints of the participants together, we gain a more complex perspective on the issues discussed in this project.

The other members of the research team were similarly outsiders to this community as well. The team was composed of the primary investigator (White female) and three graduate school students (a White female and two White males). All members of the team differed from most participants in terms of race /ethnicity, culture, and education level. As a result, other members of the team may have encountered similar problems during data collection. However, as mentioned previously, the interpreter that we brought with us was a prominent member of the community. His presence helped bridge many of the differences between the research team and the participants. This may have encouraged participants to be more open with us than they might have been without his presence. But it is also important to acknowledge the standpoint of the interpreter. Our interpreter was Christian pastor and an employee at the Institute which collaborated with the research team on this project. His status and affiliations may have impacted how people responded to him based on their religious affiliations or relationships with the Institute. Therefore, while our interpreter may have helped bridge some gaps, his standpoint could have also impacted data collection.

### *Conclusion*

As refugee communities grow in size, the problems that they must contend with become increasingly prevalent as well (UNHCR 2017). As researchers, we must continue to study refugee experiences in order to help ease the resettlement process. Forced migration can have a range of negative emotional, mental, and behavioral consequences. Coupled with the various economic and structural strains faced during resettlement, these

problems make the lives of refugees very difficult. As refugees settle and integrate into our societies, they become contributing members to the general population as well. They become our neighbors and fellow members of our communities. Therefore, we should not overlook the problems that they contend with in their daily lives. Researchers and policy makers must continue to advance our ability to understand and assist with the struggles of refugee resettlement.

The goal of this dissertation was to expand on our understanding of the refugee experience while using general strain theory, a theory that has not generally been applied to this particular group. This dissertation makes important contributions to our understanding of the ways that socio-structural barriers have negative consequences within refugee communities. Language, acculturation stress, citizenship barriers, separation from family, chronic trauma, and other various factors may all contribute to daily experiences of strain for refugees. When refugees struggle to cope with these sources of strain in their daily lives, they may develop negative behavioral strategies for coping with these strains. This can lead to community wide problems such as problem drinking and intimate partner violence. Future research and intervention development can utilize this research to create strategies that account for structural strains and the impact they have on refugee communities.

It is also important for current and future research on refugees to be more accessible to the wider community outside of academia. While the findings in this dissertation may be helpful to the development of future literature and theory, I believe that the true value of this research is the impact that it can have on the people who participated in it. This community of Bhutanese-Nepali refugees willingly let the

members of our research team into their homes, and told us their stories. While we did compensate them for their time, a gift card is not enough to repay this community for their role in this project. I hope to share the findings from this study with academics, community organizations, and the general public in order to spread awareness of refugees and their struggles as widely as possible. This can be done through publications and presentations both within the realm of academia, as well as within more public accessible outlets. This may help bring about change that could help current and future generations of refugees. In this way, I hope to begin paying back this community for everything that they were willing to share with us.

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## APPENDIX

Table I: Summary Statistics

Demographic	Mean/Percent
Gender	
<i>Male</i>	55%
<i>Female</i>	45%
Age	40
Religion	
<i>Christian</i>	30%
<i>Hindu</i>	34%
<i>Kirat</i>	23%
<i>Buddhist</i>	13%
Caste	
<i>Brahmin</i>	23%
<i>Chhtriya</i>	24%
<i>Vaisya</i>	30%
<i>Shudra</i>	23%
Total	100%

Notes on caste:

- Brahmin – priests and religious leaders / highest caste
- Chhtriya – ruling / upper caste
- Vaisya – merchant / middle caste
- Shudra – laborer / lowest caste

Figure 1: Interview Guide for Community Participants

Participant Background

1. How long have you lived in (name of city)?
2. What are some positives about (name of city)?
3. What are some negatives about (name of city)?

Use of Services

4. Have you received any services from the (name of institute)?
5. What are some positives about the (name of institute)?
6. What are some negatives about the (name of institute)?
7. Have you received any services from other providers in the community?

Perceptions of Alcohol Use

8. Do you think alcohol use is a problem in the Bhutanese community in (name of city)?
9. Who is drinking alcohol in the Bhutanese community? (Probe: Men/women? Minors? Age range?)
10. What kind of alcohol are people drinking? (Beer? Wine? Hard liquor? Homemade liquor?)
11. Where do people drink alcohol? (Probe: At home, bar, restaurant, etc.?)
12. When are people drinking alcohol? (Probe: All day? Evenings only? Weekends only?)
13. Why do you think people are drinking? (Probe: To feel better or relieve stress? If so, what are sources of stress?)
14. Have you seen alcohol cause problems in the community? If so, what problems? (Probe: Have you seen other substances being abused in the community? If yes, what problems have they caused?)

Treatment of Alcohol

15. Do people in the community with alcohol problems seek help? (Probes: If yes, where do they seek help: from family, friends, doctors, religious specialists, community leaders, AA? If from a specific treatment provider, which provider/agency?)
16. Why is it difficult sometimes for people in the community to seek help for alcohol problems?
17. What do people think about people who drink too much? (Probe: What do you think?)
18. What do you think the community needs to treat alcoholism and alcohol-related problems?
19. Do you have any other comments or ideas that you would like to share?