



## **A CASE STUDY INVESTIGATION OF THE COMMUNICATION EXPERIENCES OF A DEAF KARENNI REFUGEE STUDENT AND FAMILY**

**Kimberly J. Green, Ed.D., CCC-SLP**  
Western Kentucky University, Bowling Green, KY, USA

### **— ABSTRACT —**

Understanding the experiences and perceptions of children and their families as they are served in school settings is of great importance. Families present with dynamic, moving parts which must be taken into consideration when weighing best practices for assessment and intervention. In instances of serving children and families from backgrounds vastly different from that of the clinician, context for these experiences and perceptions can provide valuable information which may offer direction for the implementation of services (Mindel & John, 2018). A clinician's reference for a family's cultural and linguistic background is of even more importance when hearing impairment is a factor. Even when language barriers are addressed between the family and clinician, issues in communication may continue to persist. It is not uncommon for child refugees who are deaf to have limited or even no exposure to spoken, written, and/or signed language, which further compromises communication efforts (Akamatsu & Cole, 2000; Sivunen, N., 2019). Lack of education on deaf issues and strategies for communication is also cited by Akamatsu and Cole (2000) as a limitation for most families of a refugee child who is deaf. The current qualitative case study examines the experiences of a high-school Karenni student with a profound bilateral hearing loss who arrived in the United States with their family as refugees from Burma (Myanmar). The current study provides insight into the experiences of this student who is profoundly deaf as well as perspectives of their family as they have navigated the communication, educational, social, and cultural facets of life in the United States. Aspects such as the role of the family in decision-making and modes of communication are also examined as the family tries to remain connected through Karenni language and culture, American Sign Language, and English.

**KEY WORDS:** Deaf, refugee, school-age, qualitative

## INTRODUCTION

According to the United Nations Refugee Agency (UNRA, 2018), a refugee is defined as an individual who has been forced to leave their home country for fear of physical harm, in search of safety as the result of war or persecution. The UNRA (2018) estimates that there are more than 25.4 million refugees worldwide. Specific groups of people from the country of Burma (Myanmar) are among those who have experienced the hardship of persecution due to their political, social, religious, and ethnic expression or affiliation. Capped at the north by China and to the west by neighboring India and Bangladesh, Burma shares its eastern border with Thailand and Laos. Burma has one of the longest civil wars in modern history, spanning more than sixty years. Ethnic minority groups in the nation have been severely victimized over the years and have suffered violence and oppression at the hands of majority political groups (Saltzman, 2013). As a result, Burma is among the top five nations in the world with the largest number of refugees who have been resettled in other countries, including the United States (URNA, 2018).

### Case Background

In 2012, among the more than 1450 initial resettlements in one southern state, was an eight-year-old child and their family (U.S. Department of Health and Human Services, 2013). The journey of the central participant of the study and their family began in Thailand where they lived on a refugee camp for several years. The Karenni family of ten fled their native country of Burma (Myanmar) and traveled by foot to Karenni Refugee Camp 1 in northern Thailand. Most of the children in the family were raised on the refugee camp as they awaited what they hoped would be permanent resettlement in the United States. The camp served as a safe haven for them after experiencing years of turmoil due to civil unrest and oppression of ethnic minorities, including the Karenni people.

Within Burma, the Karenni people are represented in the Karenni State located in the eastern portion of the country. . Many of the populations of Burma are marked by various differences in culture, including language and history. Despite having an ethnic state in Burma, in many cases the Karenni people may refer to themselves by their ethnic group as opposed to their nationality. A large reason for this is due to the Karenni nation being absorbed into Burma in 1947 (Duran, 2017). In part due to the ongoing conflict in the region, the Karenni State has been subject to challenges in health care and education (Karenni Social Development Center, n.d.). Consequently, many Karenni in Burma have limited literacy skills.

Literature shows that many who identify as Karenni in Thai refugee camps have limited literacy not only in their native language, but in the language of their host country as well (Duran, 2017). For youth, fragmented learning and exposure to multiple languages may also result in varying proficiency levels in spoken and written forms of each language.

As native Karenni speakers, the family was faced with challenges and barriers in transition from Thailand to the United States. In addition to communication being a barrier, the extensive resettlement process was a challenge. Relocating a family of eight was no small feat. The process of resettlement from Thailand to the United States took over fourteen months from the time the family was identified as potential candidates for resettlement until they received approval. The family had never traveled using major transportation, including transport by car. Resettlement in the United States forced them to make the decision to leave behind almost everything and everyone they knew in Thailand with the understanding that they may never return.

Upon arrival, no one in the family of ten spoke or understood English at any level. What made their situation particularly unique was that their eight-year-old child had experienced hearing loss from birth. As a result, the child had no experience with deciphering or understanding spoken language. Now an eighteen-year old student, they are fully immersed as a high schooler in a school for deaf students, with American Sign Language (ASL) as the primary form of communication.

### Prevalence of Hearing Loss

Cases of deafness and hearing loss within refugee populations across the United States are not necessarily rare; however, prevalence across refugee groups is not fully known. Currently, there is no accurate account for the number of refugees who experience deafness or hearing loss (Crock, Ernst, & McCallum, 2013). There is, on the other hand, documentation reflecting estimates of hearing loss in countries that may be points of origin for individuals from refugee backgrounds. For example, a report published by the World Health Organization (WHO) suggested the estimated prevalence of hearing loss for children between ages fifteen through nineteen is 3.82% in Burma and 5.40% in Thailand (Mathers, Smith, & Concha, 2000). The same study approximated adult onset of hearing loss between ages forty-one and sixty years of age is cited as 8.6% in Burma and 11.6% in Thailand.

Review of data on hearing loss throughout specific regions of the world may offer a glimpse of the prevalence of hearing loss within various groups,

which may include individuals from refugee backgrounds. As reported by WHO (2018), global hearing loss throughout South Asia (which includes Burma and Thailand), is estimated to increase from 41 million in 2018, to approximately 49 million in 2030, and 133 million across the region by 2050. Per the same report, 7.37% of the population of South Asia and 6.85% of the East Asian population experience disabling hearing loss (WHO, 2018). Pediatric cases account for 2.4% of the population in South Asia, while 3.3% of the population who experience hearing impairment in East Asia are classified as pediatric.

In comparison, the U.S. Census Bureau (2018) reported hearing loss among Americans to be approximately 3.6%. Within the pediatric population, 0.6% of children between the ages of five and seventeen have a confirmed hearing loss. Similarly, about 0.9% of individuals in the United States between the ages of eighteen and thirty-four years of age are diagnosed with hearing loss.

In recent years, several grassroots organizations in the United States have developed efforts to engage, support, and provide advocacy for refugees who identify as deaf. Organizations such as Deaf Planet Soul (n.d.), based in Chicago, and the Deaf Refugee Advocacy (n.d.) group located in Rochester are just two examples of such efforts. Despite development of scattered programming throughout the United States designed to address the unique needs of refugees who are deaf, there is not as much scholarly information regarding the experiences of deaf refugees during and after resettlement. Studies which garner research-based insight into the background of refugees who are deaf in the United States could contribute to an increased understanding of how to best develop programming to address their needs.

### **Purpose of the Study**

Given the limited documentation in this area, this study seeks to explore perspectives and experiences of a child and their family who arrived in the United States from Burma, by way of a refugee camp in Thailand. Specifically, the purpose of this study is to gain insight on the communicative, educational, social, and cultural experiences of a deaf refugee student and their family in the United States. A central theme and sub-themes were explored within this qualitative study through interviews with the student, their parents, and their adult siblings. This being a case study, the purpose is not to generate readily generalizable data, but rather to allow participants to reveal information that could potentially be useful in similar scenarios and/or development of professional resources.

### **Research Question**

The key research question for the project was: “What are the communicative educational, social, and cultural experiences of a deaf refugee student and their family in the United States?” The proposed research question was not constructed in an effort to develop a priori hypothesis or create predetermined themes, but rather to examine trends in interview data as they arose through analysis. The research question was generated to explore experiences from a deaf refugee student and family unit that have not been previously largely captured in existing literature.

---

## **METHOD**

### **Participants**

All participants in the study were resettled in the United States from Karenni Refugee Camp 1, located in northern Thailand. The study involved one central participant and two sets of secondary participants. The central participant was an eighteen-year-old student who arrived in the United States at age eight. Secondary participants include the student’s parents and older siblings. Interviews from the secondary participants were used to provide additional context for the student’s background and family’s experiences.

### **Central Participant**

The central participant in this study was one eighteen-year-old student with profound hearing loss. After arriving in the United States at age eight, the student attended a public elementary school for a few months before transferring to a school specifically designed to educate deaf students. Per parent report, the limited hearing ability the student had upon arrival declined with time. At the time this study was conducted, the student’s hearing was restricted to some environmental sounds with the use of bilateral hearing aids at maximum capacity. Upon arrival in the United States at age eight, the student was prescribed eyeglasses. At the time of the interview, the student wore glasses, which were self-reported to be needed “all the time.” According to the student’s older siblings, the student is currently able to see, but is progressively losing eyesight (characterized by decreased peripheral vision at the time of the interview). The student’s participation in this project required use of an ASL interpreter for explanation of the study, consent, and communication during the course of data collection. The student demonstrated an ability to read and write in English during the course of the study.

## Secondary participants (Parent and siblings)

This study also included the parents of the student. The parents' native language is Karenni, which is spoken daily at home. Both parents have limited English proficiency and required use of a Karenni interpreter for explanation of the study, consent, and communication during the course of data collection. The parents also have limited literacy skills in Karenni. Given the parents' limited literacy in Karenni and in order to accommodate, information related to consent was conveyed orally using a trained Karenni/English interpreter. Additional participants included the central participant's three adult siblings. All three adult siblings are proficient speakers of both English and Karenni. Two of the siblings are trained Karenni/English interpreters. At the time of the interview, one sibling reported having attended community college, while a second was employed, and the third was enrolled at a four-year institution.

## Data Collection Procedures

### Semi-structured interviews

A total of four interviews were conducted. A semi-structured interview approach was used for each participant group. One interview was conducted with the student, one with the parents, another with the student's adult siblings, and the final interview was conducted with the family as a whole, totaling four sets of questions. The investigator conducted each interview separately in order to focus questions toward the target participant(s). Individualizing interviews also allowed the researcher to collect data that was more likely an authentic representation of each participants' perception.

All interviews took place in the participants' homes. The first interview was conducted with the deaf student and lasted approximately an hour and a half. This interview was conducted individually in effort to allow the student to provide responses based on their own experiences and perceptions without potential interference or interruption of others. The interview was conducted using a certified ASL interpreter.

The parent interview was conducted with the help of a trained Karenni/English language interpreter. The parent-focused interview lasted approximately an hour and a half, as did the separate interviews with the adult siblings. Neither the parents nor siblings are deaf and therefore did not require use of an ASL interpreter. All three adult siblings are bilingual and were observed to have a proficient level of English.

A final interview was conducted with the family participants as a whole. One ASL interpreter was used for the family interview along with a Karenni/English language interpreter. The ASL interpreter utilized simultaneous interpreting, while the Karenni/English language interpreter employed delayed interpreting. The purpose of the family interview was to allow them to answer and discuss questions as a unit, thus reflecting their collective perspectives and other family dynamics.

In effort to ensure integrity in the study, all interpreters received training from the author (KG) on the purpose and procedures of the project. Responses from all four interviews were documented using field notes and audio recording. Upon being given the option to include video recording, the deaf student participant declined. The investigator opted to avoid use of video recording for the study in order to respect the student's request and to maintain rapport with all participants.

### Data Analysis

A qualitative, grounded theory approach was used to direct this study, as it lends itself to the collection of data that is a direct account of participants' experiences (Patton, 2015). Use of a qualitative design allows the researcher to capture rich, dense data through diverse methods that may reveal underlying phenomena which may not be readily gathered from quantitative data (Silverman, D., 2017). This approach was selected in part because it has the potential to capture experiences from participants in marginalized contexts and use less driven, preconceived research theories and literature (Stead et al., 2011). This is of particular importance given the limited literature on cases such as the one described in this study.

Each participant's audio recorded interview was uploaded to MaxQDA qualitative data analysis software. Once uploaded, the English production of each interview was transcribed verbatim within the MaxQDA software. Statements made in the family's native language were omitted, as the interpreter provided the responses in English. After the audio recordings were converted to text, the interview responses were organized using open coding (inductive coding) and arranged into theme groups. This analysis approach avoids use of a research hypothesis and predetermined variables (Patton, 2015). Open coding was used to decrease the potential for researcher assumptions and biases which could arise from deductive, hypothetical coding. Material from each interview were recategorized until it was determined that saturation had been achieved. Categories were

created based on interview analysis and open coding. Broader themes were then developed and matched to the category with which they were most relevant.

## RESULTS

Open coding of interview responses revealed a dominant theme centered on issues and challenges in communication. Further analysis of responses then yielded six initial categories, which were broadened to sub-themes related to issues in communication. Sub-themes included: 1) Impact of refugee and deaf status on education; 2) Impact of deafness and refugee background on student's social experiences; 3) Navigating cross-cultural experiences in education and healthcare; 4) Communication history and multimodal communication experiences; 5) Transition from specialized educational setting to family and community living; and 6) Family education regarding professional support. The central theme of communication issues and challenges and thus sub-themes emerged as being closely connected with the central research question.

### Central Theme: Issues and Challenges in Communication

Issues and challenges in communication were a focal point throughout each interview set. Participants in each group broadly described challenges associated with communication such as social communication issues, parent-school professional communication challenges, communication challenges between the family and the deaf student. Issues with communication were further divided into sub-themes, which were captured through additional coding of interview responses.

### Sub-theme 1: Impact of Refugee and Deaf Status on Education

As shown in Table 1, the student, family, and siblings revealed that they initially had no experience with the American education system and very little experience with the primary system within their home country. Lack of experience with education in Burma was reported by the parents and siblings to be largely due to conflict toward the Karenni ethnic group within their home country (such as the burning of schools) and limited educational resources within the refugee camp. While some degree of education was available to children living on the camp, the family described it as "very different," in comparison to education in the United States. Consistent with their limited experience with education, the parents indicated that they had no exposure to specialists such as speech-language pathologists or audiologists in their

home country of Burma or host country of Thailand. Although speech-language pathology and audiology has existed in Thailand since 1974 (Dardarananda, R., 1996), the parents indicated that they were not familiar with the discipline and did not believe such services to be available on the refugee camp. Parental comments regarding specialized education services suggested that they were not aware of the differences in roles of school-based professionals. In general, the parents expressed that they tried very hard to understand all of the student's educational needs and opportunities available through the United States school system.

After attending a traditional elementary school with supports for students with hearing impairments, it was recommended that the student attend a specialized school for deaf children. Despite the school for deaf students being approximately two hours from the family home, all study participants indicated that the student has been able to travel home on weekends and holidays, barring issues with scheduling, weather, or transportation difficulties. The family has been able to provide transportation for the past six years and previously received support from volunteers who arranged for the student to travel home.

The parents reported that they do not recall who initiated this suggestion, but they assume it was a teacher or school official. The parents expressed that they were concerned and sad initially because they had never been away from their child, but they trusted that the change was in the student's best interest. Now that the student has been at the school for several years and learned a communication system, the parents feel it was the right decision to attend.

When discussing school, the student shared that they are very active in clubs and organizations. They expressed that participation in sports is an important part of school life. One activity they strongly indicated they dislike was speech therapy. They shared that they do not like to attend and do not understand the importance of speech services. A snowballing technique was used in the series of questions that followed to probe for context in this response; however, the student's responses were consistently "I don't know."

The student's siblings serve as liaisons between the parents and the school. According to their interview, at least one of them attends any scheduled meeting at school. They interpret for their parents and school officials and also translate school documents, which are provided in English. The student's parents expressed that they prefer the siblings to interpret because they know the situation best, as opposed to a stranger.

**Table 1. Sample Data Organized Based on Education**

Category	Sub-theme	Sample Comments
Educational Experiences	Impact of Refugee and Deaf Status on Education	Student: Does not like speech therapy “at all.”
		Student: I’m really involved in a lot of things at my school. I am in clubs and I play sports. I am on committees for my school.
		Student: No other students from refugee backgrounds go to my school.
		Parents: The student went to a local school for a few months, then it was recommended that their child attend a special school for deaf children in a different city.
		Parents: The parents had limited educational experiences in Burma and Thailand.
		Parents: Did not know anything about the US education system upon arrival.
		Siblings: Had own experiences with public education as they began school in the US, but they did not know about specialized schools.
		Siblings: It is easier to receive paperwork in English now that we are adults because we can just read it to our parents and explain what it means in Karenni.
		Siblings: The schools used to have to scheduled meetings based on availability of an interpreter, which was hard because there were not many available.
		Siblings: Scheduling meetings has always been difficult because the school is in a different city (two hours away from the family home).
Siblings: Two oldest siblings interpret at annual meetings.		
Family: Feel there are communication barriers between parents and the professionals and teachers who work with the student.		

### Sub-theme 2: Impact of Deafness and Refugee Background on Student's Social Experiences

Communication barriers played a significant role in the social aspects of the student’s ability to maneuver within Karenni social culture in particular. As noted in Table 2, feelings of isolation due to the inability to effectively communicate while at home has interfered with the student’s ability to connect with the Karenni community. The student attributed these feelings of isolation at home and in their community strictly due to their inability to communicate with others away from school. The student and their family both indicated that the student often chooses to remain in their bedroom and looks out the window

during gatherings at their home in an effort to avoid the awkwardness of feeling left out. The student expressed that they do not have friends or social groups in their home community and are nervous about graduating and moving away from school friends. The student commented that because they are the only person from a refugee background at the school, they have not developed relationships/friendships with Karenni peers. As a result, they closely relate to American deaf peers and culture. Siblings described the student as being seemingly more withdrawn at home versus how they engage at school. Reportedly, the student is involved in a number of club and sports activities in their all-deaf school.

**Table 2. Sample Data Organized Based on Social Impact**

Category	Sub-theme	Sample Comments
Social Impact	Impact of Deafness and Refugee Background on Student Social Experiences	<p>Student: Feels isolated at home and in home community because they are deaf and unable to communicate with those around them.</p> <p>Student: Unable to communicate with Karenni speakers, making it hard to connect with people from their cultural background.</p> <p>Student: Feels more connected with American and deaf cultures.</p> <p>Student: Does not know anyone in home city who is deaf.</p>

### Sub-theme 3: Navigating Deaf and Karenni Cross-cultural Experiences

The third theme centered on the student's experiences maneuvering between deaf, Karenni, and American cultures. As a result of their profound deafness since birth, the student was never exposed to the Karenni language, and therefore does not know how to verbalize or read their language in any form. The student cited this as one reason they are unable to communicate with Karenni speakers in their home and community, making it difficult to connect with people from their cultural background. The student

also shared that they are uncomfortable at Karenni cultural events because they "don't know anyone" and have "nobody to talk to". During Karenni cultural activities, they commented that they sometimes do not fully understand what is happening, making it difficult to engage. The student expressed that although they do identify with and value their Karenni ethnicity, they have a strong connection and comfort level with deaf culture. In terms of American culture, the student indicated that they feel "more American than Karenni" in many ways.

**Table 3. Sample Data Organized Based on Cross-cultural Experiences**

Category	Sub-theme	Sample Comments
Challenges in Cultural Navigation	Navigating Deaf and Karenni Cross-cultural Experiences.	<p>Student: Does not always understand aspects of Karenni culture.</p> <p>Student: Recognizes themselves as being tri-cultural; however, identifies most closely with deaf culture.</p> <p>Siblings: The family provides the student with food to take to school, but the student prefers American snacks.</p> <p>Siblings: The student is easily frustrated when the family doesn't understand things with deaf culture.</p>

#### Sub-theme 4: Communication History and Multimodal Communication Experiences

Communication difficulty was noted as a primary theme between the student and family as well as the family and service providers. There were various contexts in which communication was described as necessary, yet challenging, between the student and their parents/siblings. For example, the student may need to convey information or wish to communicate with the family during the course of the school week while at school. Since the student travels home to be with their family on the weekends, communication with the family is needed, but difficult. Because the parents do not speak or read English, nor do they use American Sign Language (ASL), communication with their child has been difficult. They expressed that they have not been provided with strategies on how to effectively communicate with their child and struggle to fully understand their child's wants, needs, and feelings.

Adding to the challenge, the siblings are not fluent users of ASL, and also reported communication to be a significant struggle. Use of social media and text

messaging has been helpful in the siblings' communication with the student; however, they described it as unreliable and sometimes "not natural". Both the student and the siblings described use of messaging helpful in times of need, but also frustrating when messages are misinterpreted. Through use of an interpreter the student shared that they have a difficult time expressing thoughts and ideas to their family. The older siblings cited the student's lack of understanding of written and spoken English as a cause for the communication breakdowns. Their sentiment is consistent with research that suggests deficits in spoken and written language among deaf students (Williams & Mayer, 2015). The student expressed that it was exhausting having to write out messages before they had use of texting. They also make attempts to use gestures and writing to communicate. Use of photos is also a means by which the family and student attempt to relay information and share about interests and life events. A primary concern for the family is how they will manage communicating with the deaf student after graduation when they return home full time.

**Table 4. Sample Data Organized Based on Communication**

Category	Sub-theme	Sample Comments
Barriers and Strategies for Communication	Communication History and Multimodal Communication Experiences	<p>Student: Wishes their family would learn to communicate with them.</p> <p>Siblings: Communication between student and siblings occurs primarily via text messages.</p> <p>Siblings: Two of the adult siblings are trained interpreters who communicate text messages from the student to parents and oral information from parents to student via text.</p> <p>Parents: Since birth, communication has largely been with use of gestures.</p> <p>Parents: Do not speak or read English.</p> <p>Parents: Do not read Karenni.</p> <p>Family: All members want to learn sign language but it is difficult to find someone to teach them while managing their schedule.</p>



**Sub-theme 5: Transition from Specialized Educational Setting to Family and Community Living**

As with the theme of communication difficulty, transition planning was frequently referenced throughout each interview. Planning for the shift from high school to the community, and potentially higher education, is a chief concern for the family. Desires to pursue education beyond high school were communicated throughout the interview. Although

**Sub-theme 6: Family Education Regarding Professional Support**

The final theme observed in initial analysis emerged as interviewees discussed their understanding and knowledge of professional services related to the student’s needs. Upon being asked questions about speech services, the student stated that they felt it was unnecessary. The parents referred to all professionals discussed as either teachers or doctors.

**Table 5. Sample Data Organized Based Transition Preparation**

Category 5	Sub-theme	Sample Comments
Transition from High School to Community and Beyond	Support for Transition	Student: Does not want to continue speech therapy after high school.
		Student: Would like to get a summer job.
		Student: Wants to go to college and live as independently as possible and is interested in living on campus.
		Student: Not sure about how to take ACT or prepare for college.
		Parents: Interested in their child attending college but concerned about safety and support for individuals who are deaf.
		Siblings: Oldest sibling wants student to live with them following graduation because sibling thinks student will need supports and will not be able to live independently.
		Family: Concerned about student potentially going to college because there will not be similar students and will not have support like at the school for the deaf.

the student was a high school senior at the time of the interview, they had not yet taken the American College Testing (ACT) and shared that they are unsure of the steps to take for registration with special accommodations. The parents indicated that they would like their child to continue their education; however they are apprehensive due to their uncertainty about whether or not supports exist for deaf students on college campuses.

When the role of an Speech-Language Pathologist (SLP) was described, they stated they were unfamiliar with this role. When the role of the audiologist was described, they referred to this professional as an “ear doctor.”

**Table 6. Sample Data Organized Based on Specialized Services**

Category 6	Sub-theme	Sample Comments
Knowledge of & Access to Services	Family education regarding professional support.	Student: Does not understand why speech therapy is necessary.
		Parents: Unaware of what speech therapy entails.
		Parents: Unaware that speech therapy was an option for the student.
		Parents: Aware that there is a specific professional who addresses hearing but not aware of term “audiologist.”
		Parents: Did not understand anything about school or hospitals when they arrived in the US.
		Parents: Finding people who could interpret for Karenni/English was difficult.
		Siblings: It used to be very hard to understand what people were saying like teachers and doctors because sometimes they assume things about what we know and use words the family is unfamiliar with, without providing meaning or explanation. Some English words do not translate to Karenni and have to be described in order to explain.
Siblings: Aware of services that can help with communication, but not aware of what a speech therapist/speech language pathologist is or does.		
Family: Does not know what services (if any) are available to them and student when they move back home.		

## DISCUSSION

Findings from this study provided insight into the experiences of a deaf refugee student and their family. During the study, the interviewees revealed numerous factors which impacted their communication, educational, social, and cultural experiences. Variables related to these experiences were bundled into broad themes based on related categories. Communication barriers and concerns regarding transition into a hearing home and community persisted as the most prominent themes throughout all four interviews.

The student respondent indicated a strong connection to their educational experiences after learning ASL. They conveyed a high sense of communication to deaf culture. Although the student revealed difficulty navigating social aspects of the Karenni culture, they did express a desire to develop relationships with others within this community. The student also

expressed that they wished their family and Karenni community members would learn alternative ways to communicate.

The parents expressed that they upon arrival in the United States, they had no experience with American-based education and very little experience with formal education in their home country. While they attend educational meetings and medical appointments in their child’s interest, they often are unsure of the roles of various service providers. Based on their responses, the parents were informed about educational options before agreeing to allow their child to enroll in the specialized school, which was in a different city. Responses from the student’s parents revealed limited direct communication with service providers.

The student’s adult siblings revealed that they are heavily involved in discussion and decision-making for the student. They indicated that the eldest sibling

serves as the primary point of contact for the school and is a liaison between the school and the family. Transition from high school to home and community was raised as a point of concern by the siblings. Based on their experience with educationally and socially supporting the student, the siblings expressed worry about the student's readiness to live and work independently.

The fourth interview which was conducted with the family (student, parents, and adult siblings) showed consistency between the previous three interviews. Communication barriers continued to resonate as the biggest challenge between the student and family as well as the family and service providers. Differences in experiences and perception was also noted, particularly between the deaf student and older siblings. Despite the student's concerns regarding a sense of connectedness to the Karenni community, the family did not share the same concern. Post-secondary education and employment was a point of discussion between family members during the interview. Questions about community-based resources were also raised and discussed. The family also discussed this in the context of their unique cultural and linguistic needs.

According to Gallaudet Research Institute (2011), 25.2% of students identified nationwide as being deaf, had a home language described as something "other" than English, Spanish, or ASL. As refugee resettlement continues in the United States, it is likely that the cultural and linguistic family profile of deaf students will continue to diversify, which is further evidenced by Gallaudet's (2011) publication. Asians are projected to be among the fastest growing groups across the country slightly second to individuals represented by two or more races (Colby & Ortman, 2014). In fact, a report by Colby and Ortman (2014) estimated the Asian population to increase by 128% between 2014 and 2060. The Colby and Ortman report also projected the U.S. foreign-born population to increase by 85% by the year 2060. This being the case, communication sciences and disorders (CSD) professionals and related providers should not only be prepared to service students from culturally and linguistically diverse backgrounds, but they should also be inclusive of students' families as well. While it can be tempting to avoid additional steps needed in serving students and families from different cultural and linguistic backgrounds, regular communication with family is essential when working with individuals from refugee backgrounds. It should also be noted that involvement of multiple family members, such as in this case study may be a cultural aspect to consider. For example, a survey of Spanish-speaking parents of school-aged children with se-

vere hearing impairment indicated that support and decision-making occurred most often as a collective between parents, grandparents, and at times extended family members (Gubierson, 2013). Consistent communication can also encourage involvement of family members in the decision-making process, as they may provide key insight into factors that can impact generalization of skills across the student's cultures and languages (Mindel & John, 2018).

Consistent communication between service providers, the student, and family may help shape positive experiences and perceptions. Education about service offerings and the various roles of service providers is a critical aspect in involving clients and families from refugee backgrounds in the decision-making process. Clinician assumptions about the family's base knowledge and/or desire to be involved in intervention can result in gaps in support and challenges with generalization of skills into the home and community settings (Mindel & John, 2018).

---

## CONCLUSION

As revealed in data from this qualitative study, service providers may need to account for quality of life beyond the classroom. While students may be well-adjusted to communication methods in the school environment, this does not necessarily translate to the home and community settings. This is not only in regard to modes of communication for students who are deaf, but is also applicable to other populations such as fluency disorders, language disorders, or challenges in feeding and swallowing. A team-based approach to merging communication between school and home may aid in family communication and dynamics. A primary case manager who is proficient in cross-cultural communication may serve as a liaison between service providers and the family. They may also support other team members in understanding cultural dynamics that should be taken into consideration as services are rendered.

While results from this qualitative study may not be completely generalizable to a larger scope of refugee children and their families, the study does provide insight into the unique circumstances that families with similar profiles may experience. Results from this study may also aid clinicians in team-based contexts to better understand the needs of such children and families as they navigate options for effective communication across settings. As cases of children with hearing impairments from refugee backgrounds continue to surface, service providers may look to this and similar studies to support student and family quality of life within the educational and social aspects of their given community.

---

## REFERENCES

- Colby, S. L. & Ortman, J.M. (2014). Projections of the Size and Composition of the U.S. Population: 2014 to 2060: Current Population Reports. U.S. Census Bureau. Washington, DC.
- Crock, M., Ernst, C., McCallum, R. (2013). Where Disability and Displacement Intersect: Asylum seekers and refugees with disabilities. *International Journal of Refugee Law*, 24, 735–764
- Deaf Refugee Advocacy (n.d.). Retrieved from <https://www.deafrefugeeadvocacy.org/>
- Deaf Planet Soul. (n.d.). Retrieved from <https://www.deafplanetsoul.org/deaf-refugee-initiative.html>
- Duran, C.S. (2017). *Language and Literacy of Refugee Families*. London, UK: Palgrave Macmillan.
- Gallaudet Research Institute. (2011). *Gallaudet Research Institute (April 2011). Regional and National Summary Report of Data from the 2009-10 Annual Survey of Deaf and Hard of Hearing Children and Youth*. Washington, DC: GRI, Gallaudet University.
- Gubierson, M. (2013). Survey of Spanish Parents of Children Who Are Deaf or Hard of Hearing: Decision-Making Factors Associated With Communication Modality and Bilingualism. *American Journal of Audiology*, 22, 105–119.
- Karenni Social Development Center (n.d.). Retrieved from <http://karennisdc.org/karenni-state/>
- Mindel, M., and John, J. (2018). Bridging the School and Home Divide for Culturally and Linguistically Diverse Families Using Augmentative and Alternative Communication Systems. *ASHA Perspectives*, 3(4), 154-163
- Patton, M.Q. (2015). *Qualitative Research and Evaluation Methods*. (4<sup>th</sup> ed). Thousand Oaks, CA: Sage Publications, Inc.
- Saltsman, A. (2014). Beyond the law: Power, discretion, and bureaucracy in the management of asylum space in Thailand. *Journal of Refugee Studies*, 27(3), 457-476.
- Silverman, D. (2017). *Doing Qualitative Research*. (5<sup>th</sup> ed). Thousand Oaks, CA: Sage Publications, Inc.
- Sivunnen, N. (2019). An Ethnographic Study of Deaf Refugees Seeking Asylum in Finland. *Societies*, 9 (2).
- Stead, G.B., Perry, J.C., Munka, L.M., Bonnett, H.R., Shiban, A.P., & Care, E. (2011). Qualitative research in career development: Content analysis from 1990 to 2009. *International Journal for Educational and Vocational Guidance*, 12(2), 105–122.
- United Nations Refugee Agency. (2018). USA for UNHCR. Retrieved from <https://www.unrefugees.org/refugee-facts/>
- U.S. Census Bureau. (2018). *2018 Disability Characteristics: American Community Survey 1-year Estimates*. Retrieved from <https://data.census.gov/cedsci/table?q=S18&d=ACS%201-Year%20Estimates%20Subject%20Tables&tid=ACSST1Y2018.S1810>
- U.S. Department of Health and Human Services (2013). Fiscal year 2012 refugee arrivals. *Administration for Children and Families*. Retrieved from <https://www.acf.hhs.gov/orr/resource/fiscal-year-2012-refugee-arrivals>
- Williams, C., Mayer, C. (2015). *Writing in Young Deaf Children. Review of Educational Research*, 85(4), 630–666.
- World Health Organization (2018). *Global Estimates on Prevalence of Hearing Loss. Prevention of Deafness*. Geneva, Switzerland.
- World Health Organization (2008). *The Global Burden of Disease: 2004 update*. Geneva, Switzerland.