

CONGOLESE BACKGROUND

MAY 2022



Purpose of this Backgrounder

This backgrounder contains historical, political, and cultural information intended to cultivate a general understanding of refugees from the Democratic Republic of Congo (DRC) who are arriving to the U.S. through the United States Refugee Admissions Program (USRAP).

The [Cultural Orientation Resource Exchange](#) (CORE) produced this backgrounder to aid U.S. Resettlement Agencies (RAs) and their local affiliates to provide culturally appropriate Cultural Orientation (CO) and other services to newly arrived Congolese refugees. The information provided is intended as guidance and does not represent the needs and challenges of all Congolese refugees. As such, resettlement staff are encouraged to adapt their services as appropriate.

Information in this document is based on a variety of trusted resources, including, but not limited to, articles and reports from the United Nations High Commissioner for Refugees (UNHCR) and the United States Agency for International Development (USAID), as well as interviews with resettlement staff experienced in working with Congolese refugees. For a full list of resources used, see the Bibliography section of this document.

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Overview of Crisis

The ongoing refugee crisis in the DRC is complex and spans decades. UNHCR has described the situation in the DRC as “one of the world’s most complex, challenging, protracted, and forgotten crises.”¹ Human rights violations in the DRC include physical mutilation, killings, sexual and gender-based violence (SGBV), arbitrary arrest, and detention in inhuman conditions.

The crisis started in 1996 when Rwanda invaded the DRC in pursuit of perpetrators of the 1994

Rwanda genocide who had taken refuge in the eastern part of the DRC. Years of conflict followed, including the first and second Congo wars in 1996 and 1998. Although a peace accord was signed in 2003, unrest still plagues the country, as violence has spread to previously unaffected areas, specifically the Great Lakes region, causing new migrants to join Congolese refugees from previous waves of violence.² This displacement has a dramatic impact on first asylum countries which are already struggling to meet the needs of the displaced.



Kate Steger/IRC

Conditions in First-Asylum Countries

Congolese refugees' countries of first asylum are usually: Angola, Burundi, The Republic of Congo, Rwanda, Uganda, The United Republic of Tanzania, and Zambia. Most Congolese refugees will have resided in refugee camps or in urban centers.³ The region can be unstable for citizens and refugees alike, and many refugee camps are full or above capacity. Basic services are limited or unavailable giving rise to concerns regarding safety, water access,

food security and nutrition, health access, and provision of basic needs. Restrictions on freedom of movement also hinder the ability of individuals to seek employment or integrate into local communities. UNHCR has reported increased instances of SGBV across first-asylum countries. Displaced individuals can also face discrimination and xenophobia from other refugees and/or local groups.





Caseload Composition

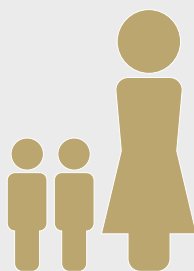
The Congolese caseload is relatively young with the majority under 40 years of age and more than half under 20 years of age. Congolese cases range in size from individuals to large families. The average case size is three to four individuals and single mothers make up approximately a quarter of the caseload. Almost all arriving Congolese identify with a religion.

The DRC has more than 250 ethnic groups and a long history of interethnic tensions. Resettlement staff report that Congolese refugees often face a large learning curve in adjusting to U.S. life. For example, they may have to adjust to systems for which they may have little to no reference, including the U.S. legal system, housing practices, and financial institutions. Despite these challenges, resettlement staff report that Congolese are able to draw on their own personal qualities, experiences, and communities to adjust to their new lives in the U.S.

CONGOLESE CASES RANGE IN SIZE FROM INDIVIDUALS TO LARGE FAMILIES



AVERAGE= 3-4 PEOPLE



- Single mothers make up approximately a quarter of the caseload
- Majority are under 40 years of age
- Almost all identify with a religion

Languages and Interethnic Considerations

While the official language of the DRC is French, there are more than 200 ethnic groups that speak over 250 languages in the country. The Banyamulenge, Hutus, and Tutsis speak the same central Bantu language, Kinyarwanda, with the Banyamulenge speaking a sub-language of Kinyarwanda called Kinyamulenge. Other Congolese refugees will know the Bantu language of Lingala, which is widely spoken in western DRC.⁴ Many Congolese refugees also speak Swahili (sometimes called Kiswahili), and it is often regarded as the second native language of the DRC. Even those who are not native speakers of Swahili can often communicate in it; thus, Swahili can sometimes function as the language of communication between individuals who have no other language in common.

Due to the variety of languages spoken and the long history of interethnic tensions in the DRC, Resettlement Agency (RA) staff and community partners will need to be sensitive when navigating client relationships with case managers and interpreters. For instance, certain ethnic groups have experienced discrimination in the DRC, including Banyamulenge, Congolese Tutsi, and Hutu. Resettlement staff should ask about clients' preference for both language and, if possible, ethnic group when securing an interpreter. Furthermore, resettlement staff should work with interpreters in advance to help prepare interpretation for topics that will be discussed with individuals communicating in their second, third, or even fourth language.



Kellie Ryan/IRC

Resettlement Agency (RA) staff and community partners will need to be sensitive when navigating client relationships with case managers and interpreters.

Delivery of Cultural Orientation

Pre-Departure Cultural Orientation

Overseas, Resettlement Support Centers (RSCs) are required by the Bureau of Population, Refugees, and Migration (PRM) to provide pre-departure CO. The required CO topics and their key messages are outlined in the [Overseas CO Objectives and Indicators](#). Congolese refugees are generally processed out of sub-Saharan Africa. RSC Africa, based in Nairobi, Kenya, conducts CO for U.S.-bound refugees departing from this region. CO usually occurs in an in-person classroom setting at transit centers or in refugee camps throughout first-asylum countries.

CO usually takes place over five days, although in some cases, the timeline and activities surrounding a refugee's departure may impact delivery of CO in terms of amount of time and location. Congolese minors entering the [Unaccompanied Refugee Minors](#) (URM) program receive a two-day CO session overseas from RSC Africa specifically tailored to them. The CO session covers information about the URM program and what the minors should expect during travel and upon arrival in the U.S. Due to the COVID-19 pandemic, RSCs have modified their Cultural Orientation sessions to adhere to

local public health guidelines. Modifications vary based on location and include some or all of the following types of sessions: online, telephonic, and modified in-person with social distancing, masks, and other precautions.

RSC Africa uses a variety of adult learning methods and student-centered learning activities to ensure refugees' retention of CO key messages. As often as possible, RSC Africa CO trainers incorporate realia⁵ and demonstrations. When discussing housing in the U.S., for example, refugees may receive demonstrations on and practice the use of, real household appliances like a refrigerator and stove.

RSC Africa has also added additional topics for Congolese refugees based on feedback from domestic RAs. This extended curriculum aims to address the unique challenges of Congolese and includes, for example, more information on working with the Resettlement Agency, U.S. laws, types of employment, emotional health and support, and changing family dynamics as a part of cultural adjustment.

Post-Arrival Cultural Orientation

Domestic RAs are required by PRM to provide post-arrival CO to newly arrived refugees and assess refugee understanding of those topics through a post-CO assessment. The required CO topics and their key messages are outlined in the [Domestic CO Objectives and Indicators](#).

RAs may provide CO one-on-one or in groups, in a classroom, in the community, or in a client's home. The delivery method is dependent on the local RA's resources, and practices vary by location. Post-arrival CO is an essential service intended to assist refugees to increase understanding of resettlement, achieve early self-sufficiency, and promote long-term community integration.



Andrew Oberstadt/IRC



Cultural Orientation Considerations (by Topic)

The following sections contain detailed and contextualized information about working with Congolese while navigating different Cultural Orientation topics. For each topic, guidance and tips have been identified, drawing on expertise gleaned from interviews

and observations collected from resettlement staff. As noted previously, RAs and their local affiliates providing services through the Reception and Placement Program (R&P) should adjust this information based on specific cases and needs.



Role of the Resettlement Agency | Building Trust in a New Place

Due to both local and federal government corruption in the DRC, along with the possible spread of misinformation from individuals they know, Congolese clients may have a sense of mistrust toward government-funded organizations like RAs.

RA staff, volunteers and interns, and community partners should take time to build trust and rapport with Congolese clients, acknowledging that this process may take time. To do this, resettlement staff may consider incorporating the following strategies to build trust⁶:

Tips

- Utilized a [whole-office approach to CO](#), where all staff take part in delivering consistent messaging about the role of the RA, as well as other CO topics as needed. This will ensure clients hear the same messages from multiple individuals with whom they have begun to build trust.
- Facilitate connections with local Congolese or, as appropriate, religious communities. Such communities can be a tremendous resource and partner for RAs. Former clients can share their resettlement journey and community leaders can reinforce key CO messages about resettlement in the U.S.
- Leverage the Congolese cultural tradition of storytelling as a strength in the delivery of CO and other core services. Create safe environments and ask appropriate questions for Congolese to share their experiences.
- Apply a trauma-informed lens when working with cases around addressing questions and challenges. For instance, if a case refuses to participate in an RA service, rather than becoming frustrated or forcing the issue, consider if the choice is a product of trauma and, if appropriate, what other resettlement staff or other resources might be available to assist the client or address the challenge.
- In addition to referring clients to resources or services in a timely manner, conduct follow-up with the client to ensure they were able to access them. This is particularly valuable during the early stages of the resettlement process when a Congolese client has just arrived and is learning how to navigate their new community.



Andrew Oberstadt/IRC



Employment | Achieving Client Self-Sufficiency

Congolese refugees' formal work experience and skills will vary, from professionals in urban areas to farmers or herders from rural areas. Additionally, often women, along with individuals who have spent long periods in refugee camps, have limited to no formal work experience. However, Congolese cases can bring factors such as entrepreneurial resourcefulness and

a strong work ethic to their employment search in the U.S. Accounting for these various factors, resettlement staff should consider the following tips when assisting Congolese cases to achieve self-sufficiency:

Tips

- Set clear expectations with Congolese refugees on employment goals and timelines. This includes identifying the types of entry-level jobs that are available, mitigating childcare barriers, and emphasizing the need for all employable adults to work to achieve self-sufficiency. Additionally, leverage long-term goals, such as starting a business or returning to school, when discussing early employment and building language proficiency.
- Use a strengths-based approach and discuss the skills individuals may have that are transferrable to a job in the U.S. For example, draw on experiences from agricultural work such as planting and management of crops and food preparation.
- Facilitate an open and honest dialogue on traditional gender roles in the context of employment and emphasize the need for all employable adults to work to achieve self-sufficiency. The creation of, and reference to, a resettlement plan and household budget will assist refugees understand the importance of full employment.
- As relevant, emphasize the need for continuing English Language Learning even after obtaining employment in order to gain the skills needed for job upgrades and for integration in general.



Education | Supporting Children and Youth

The DRC education system is restrained by low coverage and poor-quality instruction, which often relies on rote memorization. Most Congolese primary school children do not gain the basic language skills required for literacy or for further progression through the education system.⁷

Access to and availability of education programs in refugee camps also varies. In some cases, there may be a lack of teachers and supplies, as well as safety considerations that impact schooling in camps.

Overall, resettlement staff may find that many Congolese clients are not literate upon arrival to the U.S. and have prior educational experiences that are different from the U.S. Thus, in working with Congolese cases, resettlement staff should keep in mind the following guidance:

Tips

- Utilize the creation of (and later reference to) the family's resettlement plan as an opportunity to discuss and reinforce key CO messages connected to education and achieving self-sufficiency. Resettlement staff will need to emphasize the need to work prior to or while pursuing educational goals.
- Use picture-based materials in the delivery of CO and in other communication which has proven successful in increasing client understanding and retention of information.
- Leverage potential client interest in the value of education and eagerness to see their children succeed while discussing the fundamental differences in the DRC and U.S. school systems. Include in this discussion: educational rights and responsibilities, expectations of parental involvement, daily attendance requirements, role of digital literacy and device access, and opportunities/activities available through the local school system.
- When possible and relevant, introduce Congolese clients to other community-based education programs beyond those designed to teach English, such as literacy and digital literacy programs or programs that assist with obtaining General Educational Development (GED) diploma for older youth.



U.S. Laws | Understanding Consequences

For many Congolese refugees, the U.S. legal system is their first experience interacting with a formal judicial system. Therefore, when discussing U.S. laws, resettlement staff should consider the following possibilities:

Tips

- Spend more time discussing housing regulations, specifically occupancy laws, tenant rights and responsibilities, and leases as legal agreements. For example, some clients may not understand why large families cannot reside in one- or two-bedroom dwellings due to occupancy laws or may approach the landlord-tenant relationship, the rental price, and the leasing terms as negotiable rather than bound by a signed, standardized legal agreement.
- Use community partnerships and guests, such as police officers, firefighters, and landlords to emphasize information and build community trust. These guests could assist in discussing topics, such as U.S. laws specific to battery and assault, legal ages for marriage, and overall child protection, along with highlighting the consequences of breaking U.S. laws.



Andrew Oberstadt/IRC



Housing | Navigating a New Kind of Home

In refugee camps and urban environments overseas, Congolese home life is likely very different from what they can expect to encounter in the U.S. Differences can include the physical space, responsibility of maintenance and care, and amenities within the home.

Refugees may have previously resided in temporary homes made of mud or brick, or in one large room, which is split using a curtain. Additionally, in camp and urban settings, refugee homes may be constructed on land they do not own, but often they acquired or purchased the materials for the semi-permanent structures they live in.

Maintenance and repairs are also their responsibility, and there may be loose local or camp regulations to consider, but no “landlord” to consult on such matters.

In terms of amenities, due to water scarcity, Congolese may be unfamiliar with the idea of running water in the home, and many will be introduced to an oven and stove for the first time as most cooking in the DRC is done using an outdoor fire. In accounting for these differences, resettlement staff may apply the following guidance to assist clients in acclimating to their new homes:

Tips

- Discuss with clients how they cared for their homes previously. Then, together identify which habits they may need to change to keep their new home clean, and how new appliances or household items can assist them in doing certain daily tasks.
- Use repetitive demonstrations throughout the R&P process to assist Congolese clients' knowledge retention in using appliances and other household amenities that are new to them. At the end of such demonstrations, provide visual aids that clients can refer to as needed. Note that some RAs report that using volunteers or interns to conduct in-home demonstrations can be an effective strategy.
- Review household maintenance, including clearly outlining which upkeep and repair responsibilities belong to the occupant and which fall to the landlord, and review tasks related to home cleanliness.

Resettlement staff, in the process of assisting clients, may have individuals or families that express the desire to own their own homes early in resettlement or may have unrealistic expectations of the timeline for home ownership. In these instances, discussing the pathway to home ownership and setting realistic timelines may encourage early employment and motivate budgeting and setting financial goals. Community guests from banks or first-time homebuyer programs may also prove helpful.



Angie Smith/IRC

Budgeting and Personal Finance | An Unfamiliar System

The DRC has an unreliable banking system and many Congolese adults may be unfamiliar with formal banking services. As a result, Congolese clients may have limited knowledge of banking, financial planning, and budgeting. At the same

time, however, Congolese clients can be quite driven by a desire for financial independence as well as home and car ownership. In response to this subject, resettlement staff can draw on the following tips:

Tips

- Work with clients when developing their resettlement plans and throughout the R&P period to identify long-term financial goals and lay out realistic timeframes to achieve them.
- Consider a field trip to a bank and involve a community guest speaker to explain the U.S. banking system as part of CO. This will assist Congolese clients in understanding and navigating a new, unfamiliar financial system.
- Be mindful that budgeting tools can be overwhelming to understand which may lead to disengagement by the client. Use images and pictures to help mitigate challenges clients may face due to low literacy and illiteracy, and to increase understanding of the U.S. banking system and budgeting.



Cultural Adjustment | Changing Family Dynamics

Like other refugee populations, Congolese need support as they adjust to U.S. cultural norms. Some adjustments are easy to support while others may take time, patience, and repetition.

When working with Congolese cases, the following are tips and guidance that are useful for resettlement staff to keep in mind:

Tips

- Discuss the importance of timeliness, in particular, focusing on U.S. norms about arriving to appointments and work on time. Make connections between developing time management skills and the role this plays in building respect and trust with others.
- Facilitate discussions about changes in family dynamics and the impact on children, along with ways to navigate family conflict that may arise while adjusting to U.S. culture. For example, Congolese children often learn English more quickly than their parents, which can cause a power shift from the parents to the children. As parents may rely on their children for translation assistance and navigation of their new communities. Some children may use the power shift as an opportunity to take advantage of their parents' lack of familiarity and knowledge of U.S. systems and laws. Resettlement staff need to discourage parents from using their children as interpreters and instead emphasize the parents' right to have an interpreter, how to access an interpreter, and the importance of prioritizing their own English language learning.
- Review the cultural adjustment process and use relevant scenarios to discuss healthy ways to cope with possible challenges that may arise, including changes in gender roles, possible alcohol abuse, and concerns related to mental health. Discussions of how clients can cope with and navigate these changes are critical in adjusting to life in the U.S. Gender-segregated CO programming can be an effective strategy and provide a safe place for both men and women to share their challenges. If possible, engage an appropriately trained community guest, such as a local mental health service provider, for these discussions.
- Encourage Congolese clients to build and rely on strong social networks within the Congolese-American community for support as they adjust to life in the U.S. Ethnic Community Based Organizations and religious institutions may offer supportive environments for building these networks.
- If appropriate and relevant, address questions about marital rights and laws, including polygamy, at-will divorce, and arranged marriages.



Angie Smith/IRC

Health | Accessing Care

When working with Congolese clients to navigate healthcare in the U.S., RAs will need to take into account a [variety of factors](#). In addition to considering the list of items below, resettlement staff should also refer to the [Centers for Disease Control and Prevention \(CDC\) Congolese Health Profile](#) for more details.

- The lasting political and economic collapse of the DRC dramatically impacted the country's healthcare system and the majority of Congolese have little or no access to healthcare services.⁸
- Congolese refugees may arrive with a variety of medical conditions. Although Congolese clients self-report some medical conditions, these reports may not always be complete or accurate.
- Western medicine is generally accepted and practiced although traditional medicine is often used when modern healthcare services are not available or affordable. Some Congolese hold strong animistic beliefs which may bundle physical, mental, and spiritual well-being into ritualistic practices related to the natural world.

- Many arriving Congolese refugees will have witnessed, experienced, and survived conditions that may have impacted their psychological health. SGBV is on the rise in both the DRC and in surrounding first asylum countries. RA staff should not assume men have not also experienced instances of SGBV. The psychological impact of witnessing or experiencing extreme violence can manifest itself in different ways like insomnia, alcohol or drug abuse, high stress, anxiety, anger, and depression.
- Among the Congolese, there is little understanding of mental health. There is a misconception that only those who are “crazy” need mental health services such as therapy, and it can be viewed as shameful to access these services.

In response to these complex issues, the RAs may apply the following strategies as applicable:

Tips

- Review clients' biographical information carefully prior to arrival and plan accordingly. However, because such reports may not always be complete, resettlement staff should be prepared to respond to needs as appropriate upon arrival to the U.S.
- Show respect for Congolese belief systems regarding medical care, while also educating them on the availability and benefits of medical services in the U.S.
- Be prepared to support Congolese clients in understanding the complex U.S. health-care system. Some RAs have used health-care navigators or volunteers to accompany Congolese refugees to appointments or to the pharmacy, and to assist in understanding health insurance and medical bills, with successful results.
- Demystify and destigmatize mental health services when discussing health and cultural adjustment. For example, ask interpreters to replace the term "mental health" with "emotional health" or "services to address emotional well-being" and replacing "therapy" with "counseling" may also be helpful. Partnering with a local mental health service provider can assist with training resettlement staff to destigmatize mental health services and link Congolese clients to needed services.
- Utilize a variety of community partnerships to address health concerns. This can include requesting a guest speaker from a local service provider to assist in destigmatizing mental health services during a CO class. Another important source of support for emotional well-being is local faith leaders within the Congolese community. RAs should build strong relationships with and train leaders of the Congolese community on the importance of accessing mental health services. This can assist reluctant clients to access mental health services as well as destigmatize the access of those services in the Congolese community.
- Discuss health concerns, including those related to mental health, with Congolese clients early in the resettlement period. The misunderstanding of, and lack of education on, mental health has led newly arrived Congolese clients to inaccurately complete mental health screenings as they are unfamiliar with the signs of mental health distress. By providing education on mental health early in the resettlement period, clients may be more willing to open up about their issues and receive referrals to appropriate services.



Olivia Acland/IRC



Hygiene | Adopting New Habits

Congolese refugees may also have experienced a lack of access to clean water and basic sanitation facilities in the DRC and first asylum countries. Congolese clients may also have a lack of familiarity with home cleaning and hygiene products, and bathroom fixtures. As such, resettlement staff should be prepared to engage with clients directly and respectfully around expectations of hygiene practices in the U.S., including personal hygiene and household cleaning and maintenance. The following tips may be useful for resettlement staff to consider when addressing this topic:

Tips

- Make connections between proper hygiene practices and workplace and social norms.
- Conduct in-home demonstrations to assist clients in navigating various bathroom fixtures as lack of running water in some locations may make sinks, toilets, showers, and bathtubs unfamiliar. A discussion using the actual cleaning and/or hygiene products coupled with take-home visual materials can greatly assist clients in identifying the appropriate use of products and amenities.
- Provide an opportunity for clients to discuss the topic one-on-one.

Conclusion

With support from RAs, Congolese can mobilize their inherent strengths and attitudes that will help them successfully resettle in the U.S. As with other refugee populations, Congolese clients will require RAs to incorporate a variety of teaching methods and approaches into CO and throughout the R&P service period to ensure maximum retention of CO topics. RAs can visit [CORE's website](#) to learn more about successful approaches to delivering CO to Congolese clients and access the [CORE Resettlement Navigator](#) for resources for Congolese in Kinywarnda and Swahili.



Andrew Oberstadt/IRC



Preparing for Arrival | A Congolese Grocery List⁹

RAs are required to ensure newly arrived refugees have a culturally appropriate, ready-to-eat meal upon arrival and continued food assistance until receipt of food stamps or until the individual or family is able to provide food for himself, herself, or themselves. The sample grocery list below may be used by resettlement staff to purchase food for a newly arrived Congolese case.

Fresh Produce

- Apples
- Banana
- Cabbage
- Carrots
- Dried Cassava Leaves
- Garlic
- Green Bean
- Green Pepper
- Limes
- Mango
- Onion
- Romaine Lettuce
- Spinach
- Sweet Potatoes
- Tomatoes
- Yams

Dairy/Meat

- Beef
- Butter
- Stewing Chicken
- Eggs
- Fish
- Whole Milk
- Yogurt

Grains Legumes

- Beans (cramberry, mayocoba, or pinto)
- Bread
- Jasmine Rice

Pantry Staples

- Aluminum Foil
- Bouillon Seasoning
- Vegetable Cooking Oil
- Corn Flour
- Honey
- Salt
- Sugar
- Tomato Paste
- Nido Dry Whole Milk

Beverages

- Ketepa Pride Tea
- Orange Juice/Mixed Fruit Juice

Tips for Healthcare Providers of Congolese Clients

In working with healthcare providers, RAs should consider providing tips on working with Congolese clients. In addition to reviewing the CDC Congolese Refugee Health Profile, RA staff should visit the [Center of Excellence in Newcomer Health](#). Below are a few tips for RAs to consider sharing with healthcare providers.

- 1. Provide a basic orientation to the office or clinic and its appointment procedures.** Congolese clients will have varying levels of understanding about the U.S. healthcare system and practitioners. As such, practitioners should provide a basic orientation to the office or clinic and its appointment procedures which will help put clients at ease about the unfamiliar system. It is important to allow sufficient time to repeat instructions and meet the needs, interests, and concerns of clients. Practitioners should be sure to explain why a client may encounter long wait periods for appointments and stress the importance of being on-time to reduce tardiness and no-show appointments. Many Congolese adults have not had access to preventive care overseas and may need guidance and encouragement to follow the primary care physician's recommended schedule of preventive care.
- 2. Ensure open, honest communication.** The Congolese speak a variety of languages, so it is important to ask clients which language they prefer and ensure the appropriate language is noted in patient charts. Practitioners should also ask clients if they prefer a same-sex interpreter or healthcare provider to ensure open, honest communication.
- 3. Understand that clients have experienced trauma.** Many Congolese clients will have high levels of psychological stress from a history of traumatic events as well as the stress of adjusting to a new culture. Healthcare practitioners should be patient and transparent with clients about their needs and follow-up appointments. Congolese clients may need more repetition and support than other populations due to the trauma they have experienced.
- 4. Recognize cultural as well as traditional and religious beliefs.** While most Congolese respect and accept Western medicine, some have traditional and religious animistic beliefs that could affect services. A basic understanding and incorporation of these beliefs, as appropriate, may improve patient satisfaction and health outcomes. Additionally, elderly family members may have a strong influence on the rest of the family so encouraging health practices and behaviors in elders may improve the family's overall health.



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