

GUINEA: Considerations for Unaccompanied Refugee Minors (URMs)



A Supplemental Guide to [Guinea: An Introduction for Service Providers](#)

EXPERIENCES PRIOR TO RESETTLEMENT

Periods of political instability, political violence, human rights violations, displacement, and economic hardship in Guinea means that Guinean unaccompanied refugee minors (URMs) may have experienced significant disruptions before arriving in the United States. URMs may have been exposed to violence, insecurity, food insecurity, disrupted education, or other adverse experiences that can affect emotional well-being and adjustment during resettlement. Trafficking remains a concern in Guinea. URMs may have experienced exploitation, trafficking, or situations that placed them at risk for harm. Maintain a **trauma-informed** and cross-cultural approach and provide relevant training for foster parents who are welcoming Guinean URMs.

COUNTRY INFORMATION

Official Language: French

Most Spoken Languages: Pulaar, Malinké, Susu, Kpelle, Loma, Kisi, and others

Population: ~ 17.5 million

Religion(s): Muslim (~90%), predominantly Sunni

Ethnic Groups: Fulani, Malinke, Susu, and others

Health and Well-Being Considerations

Guinean URMs may have experienced or been at risk of child marriage, gender-based violence, domestic violence, female genital mutilation (FGM), trafficking, exploitation, or sexual violence. Such circumstances may have been connected to discrimination, violence, or persecution related to their relationships. These experiences can result in ongoing physical, emotional, or psychological effects and may require access to appropriate **cross-cultural** and trauma-informed medical and mental health services. See [The Guinea Country Snapshot](#) and [A Statistical Overview of Female Genital Mutilation in Guinea](#) for additional information and resources.

Some Guinean URMs may have ongoing medical needs that require continued support and care coordination. URMs affected by trafficking or sexual violence may also require support accessing appropriate, trauma-informed medical care, including sexual and reproductive health services, and HIV and STI testing. Migration and resettlement may further disrupt continuity of care and access to medications.

Data indicates that Guinea has one of the highest proportions of sickle cell disease in sub-Saharan Africa. Sickle cell disease may be unfamiliar to some service providers. When URMs report recurring pain, fatigue, or other ongoing physical symptoms, facilitate appropriate medical evaluation to help identify underlying health concerns and ensure access to treatment. Build trust with URMs and create opportunities for them to discuss health concerns in a safe environment to help identify needs that were previously

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unaddressed. Consider how chronic health conditions may impact school attendance or adjustment to a new community.

EDUCATIONAL CONSIDERATIONS

Educational experiences in Guinea vary considerably. **As of 2024**, slightly more than half of Guinean youth ages 5 to 14 attended school; completion rates decline at the secondary level. Guinean URMs may have experienced interrupted or limited access to formal education before arriving in the U.S. Assess educational history on an individual basis and recognize that academic skills may not align with age or grade level placement. In Guinea, some youth receive religious education through Quranic schools or madrassahs, where instruction may focus on Quranic studies and are often taught in Arabic rather than French. These schools may operate alongside formal schooling or serve as a youth's primary or only form of education.

Guinean URMs may have different experiences and perspectives regarding formal and religious education. For some youth, educational histories may include a combination of formal schooling, Quranic education, interrupted schooling, or other community-based learning. Understanding these individual educational experiences can help foster parents, educators, and service providers better support URMs as they navigate the U.S. education system.

INDIVIDUALIZED CARE CONSIDERATIONS

Language, Culture, and Faith

Guinean URMs may face challenges related to language access, cultural adjustment, and navigating unfamiliar systems. Some speak French, while others may be more comfortable communicating in languages such as Pulaar. Ask each URM about their preferred language; don't assume French proficiency. Many Guinean URMs identify as Muslim and may value religious observances, such as Ramadan and Eid. However, avoid making assumptions about URMs' interest in participating in faith communities or religious institutions.

Relationships and Community Connections

IMPORTANT CONTEXT: Gay and lesbian relationships are illegal in Guinea. As a result, some URMs may have experienced discrimination or fear related to their relationships or identity, which may have contributed to why they fled to the U.S.

The context above may shape a URM's comfort with certain foster care placements, religious settings, or community connections. Explore individual preferences to help identify meaningful sources of support that align with each URM's experiences and comfort level.



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Staff and foster parents should prioritize learning opportunities that strengthen their ability to support URMs from a variety of cultural, religious, and identity backgrounds to ensure holistic support.

Some Guinean URMs maintain connections with family members or relatives outside the United States. These relationships can offer important sources of support during resettlement and adjustment. Connections with local or digital Guinean communities may provide additional social and cultural support for URMs. When available, these community connections complement formal services and supports.

RESOURCES

USCRI Refugee Youth Resource Center

Switchboard

- **Backgrounder:** Guinea: An Introduction for Service Providers (2026)
- **eLearning:** Unaccompanied Refugee Minor Programming 101 (2025)
- **Tool:** Unaccompanied Refugee Minor (URM) Placement Preparation Checklist (2026)
- **Toolkit:** Teen Dating Violence Toolkit: Education and Response Strategies to Support Refugee and Newcomer Youth (2026)
- **Webinar:** Child Protection Roundtable Session 3: Hear From Foster Parent and Staff Perspectives (2025)
- **Video:** Show Up for URMs with Resources, Responsiveness, and Readiness (2025)
- **eLearning:** Supporting Refugee Students with Interrupted or Limited Formal Education (SLIFE) (2020)

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