

Between the Devil and the Deep Blue Sea: Refugee Youth in Resettlement

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Abstract

The global refugee crisis has reached unprecedented levels in scale and severity. Refugee youth face adversities at every phase of their experience; however, compared to premigration and migration, far less is understood about postmigration factors impacting well-being. An overemphasis on traumatic stress has led to a gap in the research on resilience, protective, and promotive factors during resettlement. In contrast to a deficit model, the socioecological framework provides a holistic understanding of individual functioning. It is vital for future research to utilize a socioecological framework to highlight protective and promotive factors and inform policy and prevention efforts that target contextual and macro-level processes that can benefit refugee youth development. Participatory, human-centered, and empowerment approaches are emergent strategies that view and treat refugee youth populations as equitable partners, building their agency to move toward social action and help lead the efforts in reducing health disparities and supporting refugee resilience in resettlement.

*you have to understand,
that no one puts their children in a boat
unless the water is safer than the land
—Warsan Shire “Home”*

The global refugee crisis has reached unprecedented levels. According to the Global Report of the United Nations High Commissioner for Refugees (UNHCR, 2016), over 65 million people are estimated to be forcibly displaced from their homes. Although over 40 million are internally displaced, there are 22.5 million refugees who cannot return to their countries-of-origin due to persecution, and over half of those are children under the age of eighteen (UNHCR, 2016). Estimates suggest that one of every four children globally lives in a conflict- or disaster-affected area (UNICEF, 2016). Although

there is a great deal of heterogeneity across samples of those who might be considered “war-affected,” it is important to recognize that many face unfathomable circumstances such as incessant airstrikes and chemical attacks on civilian populations, or severe restrictions on basic needs such as humanitarian aid, nutrition, education, or medical care (UNICEF, 2016).

Refugee populations around the world shift dependent on war and conflict. In 2016, more than half of all refugees worldwide originated from three countries: Syria, Afghanistan, and South Sudan. Most recently, Syrian and Afghani refugee populations have had the highest volume of refugees for several years and notably, contribute substantially to the percentage of unaccompanied minors, 75,000 of whom fled across borders without adult caregivers in 2016 (UNHCR, 2016). Refugees forced to take extreme measures to escape do not always succeed. For example, it is estimated that over 8000 died on the Mediterranean Sea trying to reach European borders in the years 2016 and 2017, many of whom were children (International Organization for Migration, 2018). The hundreds of thousands who survived were exposed to a treacherous and often traumatic journey.

The phases of premigration and migration are oftentimes the focus of empirical study because these periods are defined by their exposure to adversity and traumatic events that initiate flight, and send refugee children and families into upheaval and uncertainty (Porterfield *et al.*, 2010). Nonetheless, it is critical to underscore the impact of the postmigration or resettlement period and its stressors. Although research is emerging in this area, far less is understood about the factors that influence psychosocial well-being once resettled. Notably, the potential for resettlement, and the notion of receiving “asylum,” to offer healing, adjustment, and protection is often curtailed by exposure to new stressors, risks, and apprehension or outright hostility from their new communities. Children developing in contexts filled with toxic stress and ongoing disruption and fear as their families are uprooted, are at risk for negative long-term developmental, health, and behavioral outcomes (Hanes, Sung, Mutch, & Cherian, 2017). It is important to pay attention to what is known about the contextual factors that impact refugee youth well-being during resettlement. This essay takes a closer look at the burgeoning literature focused on resettlement factors and offers a critical perspective to consider for emerging trends.

SOCIOECOLOGICAL THEORY: A FOUNDATION FOR CONTEXTUALIZING REFUGEE YOUTH EXPERIENCES

Socioecological theory provides a holistic foundation for understanding refugee youth. In this framework, children are understood as nested within the contexts that influence them at different ecological levels (Bronfenbrenner

& Morris, 2006). The reciprocal and interacting relationships between person and environment at different ecological levels and systems occur over time, account for shifts and change. They include the individual's own resources and capacities, and those related to families, peers, schools, community, and society. A socioecological theoretical model is applicable to refugee youth populations to consider key developmental contexts affecting their psychosocial development in the context of war exposure, political upheaval, economic and social factors, cultural variables, and macro-level contexts including national attitudes toward newcomers and the related policy landscape (Porterfield *et al.*, 2010). For the case of refugees in resettlement, although some researchers have begun to point to the need for a socioecological foundation driving prevention and intervention efforts, there is a scarcity of empirical research examining the multiple levels of ecological domains impacting youth and how to best impact these. Importantly, although challenges and adversities are often included, few studies give ample attention to protective or promotive factors that help support refugee youth psychosocial functioning, growth, health, and achievement in resettlement.

The over-emphasis placed on individual-level variables often only provides a narrow glimpse of negative psychosocial outcomes and risks pathologizing refugees because contextual issues are not taken into consideration. In contrast, the socioecological perspective places the interaction between a person and the environment or context at the forefront. In fact, a critical examination of the results from a number of empirical reviews further substantiates the importance of utilizing a socioecological approach. A meta-analysis of 59 independent comparisons of over 22,000 refugees and over 45,000 nonrefugees, demonstrated that for resettled refugees, contextual variables, such as economic opportunity and unresolved status of the conflict they had fled, were key postmigration variables critical to predicting mental health (Porter & Haslam, 2005). A more recent set of systematic reviews of forcibly displaced children examined 27 studies of 5765 youth resettling in low- and middle-income countries (Reed, Fazel, Jones, Panter-Brick, & Stein, 2012) and 44 studies of 5776 youth resettling in high-income countries (Fazel, Reed, Panter-Brick, & Stein, 2012). Notably, across both reviews, only four studies (three of which took place in high-income countries) assessed postmigration exposure to violence as a predictor of psychosocial functioning, highlighting the paucity of research on the magnitude of the role of community and context in resettlement. Further research taking a range of socioecological factors into consideration during resettlement is imperative.

RESETTLEMENT STRESSORS

The research that does exist on resettlement or postmigration stressors highlights their significant contribution to the psychological well-being of refugees, even when accounting for adversities faced premigration and during migration (Kim, 2016). Resettlement is best conceptualized as the process which includes adjusting to living in a new society and economy, acquiring and mastering a new language, and learning new expectations, customs, and cultural values. Refugee resettlement socio-ecological factors that impact health and psychosocial outcomes include poverty, discrimination, and reception in the host country, belonging, and acculturative stress (Kia-Keating & Ellis, 2007; Marks, McKenna, & Garcia Coll, 2018; Porter & Haslam, 2005; Porterfield *et al.*, 2010).

Once resettled, economic struggles are common and persistent for refugee youth and families and can have implications for their well-being (Porter & Haslam, 2005). One study of Iraqi asylum seekers in the Netherlands, found that poor socioeconomic living conditions (including personal financial problems, family financial obligations, housing problems, lack of privacy, and lack of a safe environment for children), were strongly associated with lifetime prevalence of one or more psychiatric disorders (Laban, Gernaat, Komproe, Van Der Tweel, & De Jong, 2005). Researchers have also noted how economic challenges faced by refugees in resettlement can perpetuate a cycle of poverty for not only themselves but for future generations (Kim, 2016).

Prejudice, discrimination, racism, and xenophobia are other significant adversities faced by refugees in resettlement. Refugees not only may face interpersonal discrimination due to differences from the majority culture and/or race, they also experience overt or covert discrimination in encounters with institutional systems that obstruct their ability to meet their basic needs and opportunities, such as housing, health care, employment, professional advancement, and educational access. Discrimination has been associated with physical and mental health outcomes. For example, experiences of discrimination were significantly linked to stronger depressive affect among 647 Southeast Asian refugees resettled in Canada (Beiser & Hou, 2006) and to higher probability of being diagnosed with an anxiety disorder among 656 Latino and Asian refugees in the United States (Kim, 2016).

Stress related to acculturation, defined as the process of cultural and psychological change that occurs when integrating beliefs, values, and knowledge from home culture into host culture, can also contribute to poor mental health. Refugee families are also vulnerable to acculturation gap distress, whereby youth acculturate to their new culture at a faster pace than their parents resulting in family conflict, lower family cohesion, and

negative psychosocial functioning. Acculturative stress has been linked to poor mental health even when accounting for other major stressors, including trauma history. Conversely, greater acculturation has often been associated with higher levels of well-being and school adaptation and less psychological distress among refugee youth.

UNACCOMPANIED MINORS

In general, being unaccompanied when seeking asylum poses as a risk factor for negative psychological functioning (Fazel *et al.*, 2012; Reed *et al.*, 2012). The majority of studies on this population have focused on premigration traumatic experiences rather than resettlement stressors. However, studies of unaccompanied minors in Norway and Belgium have found that reported daily stressors increase over time for up to 2 years, including discrimination, and both social and material stressors (Jensen, Skardalmo, & Fjermestad, 2014; Vervliet, Lammertyn, Broekaert, & Derluyn, 2014). Moreover, these daily stressors are associated with increased psychopathology, including depression, anxiety, and post-traumatic stress disorder.

Thus, this subpopulation of refugee youth faces potential vulnerabilities, particularly as many enter the foster care system and may encounter unique challenges associated with adjustment to new family environments and expectations. Like other refugee youth, many of the struggles that unaccompanied minors experience ultimately manifest behaviorally and academically in the place where they spend an abundant portion of their time: the school context. As such, schools are an opportune context for prevention and intervention efforts, and asset-building.

RESETTLEMENT PROTECTIVE FACTORS

Investigations of resilience, protective, and promotive factors for youth in resettlement need greater attention. Using a socioecological perspective creates a foundation to include multiple levels of positive predictors and examine healthy outcomes. On an individual level, research has found that refugee youth sense of agency, self-determination, and autonomy can promote healthy adjustment (Pieloch, McCullough, & Marks, 2016). These factors can be facilitated through community programs and services that provide peer and community resources to empower refugee youth to make many of their own, informed decisions in resettlement. Furthermore, sense of hope and meaning have also been linked to refugee youth resilience (Pieloch *et al.*, 2016). These constructs are often accessed through religious and spiritual beliefs but could also be developed from activities that help build agency, empowerment, and self-efficacy.

At the family level, existing research points to family stability, family cohesion, parental support, and parent mental health and well-being as associated with positive psychosocial functioning among youth resettled in high-income countries (Fazel *et al.*, 2012). In short, within-family variables play a central role in youth well-being. Thus, it is crucial to consider how policies and practices work to decrease family separations, prevent and reduce family conflicts, and fissures, and enhance family cohesion and ability to stay intact.

The school domain is another critical context where youth spend the majority of their time; thus, schools can emerge as a source of stress or alternately, have the potential to be places of hope and opportunity. School experiences and sense of belonging can be protective, buffering refugee youth from the negative consequences of resettlement stress (Fazel *et al.*, 2012; Pieloch *et al.*, 2016). Belonging has been identified as integral to refugee's sense of their own health and well-being and acts as a protective resource in the face of resettlement and acculturative stressors. For youth, schools can also act as facilitators of belonging, and school belonging among refugee adolescents in the United States has been associated with higher self-efficacy and lower psychological distress (Kia-Keating & Ellis, 2007).

It is important for schools to work intentionally to provide support, mentorship, and inclusion, build and sustain a sense of belonging, and establish stability, safety, and continuity for refugee youth, particularly unaccompanied minors. One of the best ways to accomplish these tasks, particularly with new waves of refugee arrivals, is to draw from the strengths within the refugee communities themselves. Many refugees come with skills in professional areas that may not be reflected in the job opportunities they can acquire upon arrival in a resettlement country. However, their skills and desire to help their own community, network, and language and cultural knowledge are indispensable to creating bridges. Similarly, community health workers are laypersons within a community who are trained to help create a bridge for their peers in accessing health and mental health information, resources, and support. Recognition of this vital and accessible but relatively untapped resource has begun to emerge in greater use of cultural brokers, community leaders, paraprofessionals, and community health workers.

EMERGING TRENDS: PREVENTION AND PARTICIPATORY ACTION

The sheer number of children and families affected by war and disaster around the world has reached crisis levels. Given the mass scale of forced displacement and resettlement, it is of global concern to understand how to respond to populations who seek and obtain asylum. However, the scope of research on stressors faced by refugees in resettlement, as well as

psychosocial promotive and protective factors, remains limited. Despite this dearth, there is empirical evidence to suggest that refugee youth who have just escaped war and persecution can experience increased stress in resettlement, and postmigration stressors are at times a stronger predictor of mental health than war exposure.

Moreover, longitudinal studies point to the negative repercussions of adverse childhood experiences (ACEs), leading to chronic diseases and early mortality (Hanes *et al.*, 2017). If policies and reception in host countries increase the number of adversities that refugee youth endure, they are cumulatively increasing the odds of these negative physical and mental health outcomes, including life expectancy. For example, in the United States, recent policy and practice has increased risk of refugee family separation, despite evidence that family separations during migration and resettlement are exceptionally damaging and contribute to ongoing distress, fear, powerlessness, and inner conflict regarding resettlement decisions (Miller, Hess, Bybee, & Goodkind, 2018). Another example is in Sweden, where policy and practice has been related to a startlingly new disorder exclusively documented among hundreds of refugee youth seeking asylum: *uppgivenhetssyndrom* or resignation syndrome (RS; Salliqn *et al.*, 2016). Likened to catatonia, and the tonic immobility related to terror in what is perceived as an inescapable situation (such that animals and sexual assault victims experience), symptoms of RS include a gradual progression from lethargy, stupor, and lack of response to eventual unconsciousness (and a need to be tube-fed). Given the contextual stressors faced by these youth, the etiology of the disorder has pointed to the incomprehensible terror experienced in asylum as refugees wait to find out their fate and the fate of their family members. The notion of refugee youth willing themselves to death is a stark reminder of the moral imperative to protect children from preventable suffering and calls for a long-overdue shift toward scientifically informed, wellness-focused refugee policies.

By shifting away from the detrimental deficit model which positions refugees as only vulnerable and victimized, a socioecological framework helps to recognize the importance of contextual variables that can and should be addressed at a macro-level. Key contextual variables impacting refugee youth in resettlement such as poverty, family factors, belonging, school climate, and community reception, and their relationships and interactions with one another need further explication to determine the key social determinants of health and well-being among, often heterogeneous populations of young refugees. Moreover, prevention and intervention studies, utilizing a socioecological foundation to develop and test multiple factors are warranted.

The acknowledgment of the complexity of interacting systems, and the importance of addressing refugee youth needs from a bioecological perspective, logically leads to utilizing multisystemic, multimodal, and multilevel approaches to address complex and cumulative trauma and risk, in addition to building on potential protective factors (Marks *et al.*, 2018). Refugee youth face profound deprivation and loss, uncertainty, and instability during critical developmental windows. Empirical investigations utilizing a socioecological framework can advance scientific understanding of the social determinants of health and mental health, and lead to community-based and culturally relevant approaches in prevention and intervention.

Policies and approaches can support resilience through a focus on increasing capacity, agency, and empowerment among refugee youth and communities. Approaches informed by frameworks such as community-based participatory research (CBPR), participatory action, and human-centered design, can increase contextual sensitivity and capitalize on local knowledge to engender change that is meaningful and effective, rather than solely relying on Western models and/or assumptions of universalism (Ellis, Kia-Keating, Yusuf, Lincoln, & Nur, 2007).

Approaches such as these empower refugees by allowing them to construct their own narrative of experiences and supporting their efforts toward social action and change. As an example, refugees have helped to develop an economy worth over US\$50 million at the Kakuma Refugee Camp in Kenya (International Finance Corporation, 2018). The Kakuma refugees and asylum seekers, who own 12% of marketplace businesses within the camp, have actively created a system of production that has warranted private investment interest and entry into a global marketplace. This example highlights the enormous capacity for refugee resilience and thriving.

The current refugee crisis has global impact and needs to be taken up as a global responsibility. Therefore, rather than approaching these issues as country-specific problems, the most effective solutions will likely arise from nations coming together on a shared agenda for preventing further suffering. This agenda must be informed by the humanitarian understanding that refugees resettle because there is no other option for them, and aid must be provided to those in need, in order to prevent further large-scale, irreparable repercussions. Equally important to this agenda is the scientific perspective that children, our next generation of global citizens, will suffer if we do not ensure that their basic needs are met and that they have the resources and opportunities to learn and grow. Despite accumulating evidence related to the detrimental health and economic impact of various resettlement stressors, policies and practices have yet to reflect the scientific knowledge that much of what refugees are enduring is preventable, and

can be addressed at a macro-level. As the global refugee crisis continues to unfold, more research needs to include models that integrate protective and promotive factors with risks to examine both short- and long-term functioning and healthy outcomes. Gaining a better understanding of which and how resettlement factors are critical for long-term outcomes will help to inform individual, community, national, and global resources and policies that support children's resilience, healthy development, and as UNICEF (2016) states, ensure "a fair chance for every child."

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