



Challenges Faced by Young Refugees and Immigrant Children

Ali Cisse USMAN¹; Yahaya HALIDU²

¹ Ibn Haldun University, Department of Psychology, Istanbul, Turkey

² Ankara Yıldırım Beyazıt Üniversitesi, Sosyal Bilimler Enstitüsü; İnsan ve Toplum Bilimleri Fakültesi, Tarih Anabilim Dalı, Ankara, Turkey

<http://dx.doi.org/10.18415/ijmmu.v11i8.5969>

Abstract

Refugee and Immigrant Children frequently encounter distinctive challenges that significantly affect their overall well-being and development. Largely, these challenges can be broadly categorized into educational, social, psychological, and legal challenges, and each of these presents unique obstacles that demand comprehensive and compassionate solutions. These challenges are multifaceted and interlinked and therefore, necessitate coordinated efforts from policymakers, educational institutions, families, and communities to address them effectively. This paper provides a comprehensive analysis of some of the challenges encountered by immigrant and refugee children. It also offers an insight into unveiling stages of experience, support systems, and resilience factors that serve as protective shields and sources of hope for those immigrant children.

Keywords: *Refugees; Immigrants; Children; Challenges; Lived Experiences; Support Systems*

Introduction

Voluntary and involuntary migration have been central in shaping nations and societies and therefore continue to influence people's lives globally. In the past decades, human migration involved "peopling the world" as people migrated to regions that previously had no human settlement. However, in modern times, people who migrate or relocate are often categorized as migrants, refugees, and asylum seekers. Each of these categories is defined based on the circumstances or motivations that necessitated such a movement. While migrants migrate voluntarily for better opportunities, refugees and asylum seekers are forced to move due to extraordinary circumstances of natural disasters, conflicts, and wars.

Regardless of the reasons, losing one's very own land while simultaneously trying to navigate the complexities of adapting to the social, cultural, and economic demands of a foreign country is a challenging endeavor. For immigrants, especially children, and teenagers, relocation means multiple losses and wiping off friends, education, family settings, way of life, belongings, and traditions (Derluyn et al., 2005). These life experiences increase their vulnerability to psychological issues and other struggles compared to children and adolescents in their country of origin (Fazel & Stein, 2003). In the present paper, we explored the experiences of adolescent refugees, immigrants, and asylum seekers. We also

considered the multifaceted nature of the experiences that young immigrants go through. Lastly, we critically examined the principal challenges confronting children and adolescents upon their arrival in a safer host country. Additionally, we examined the supportive and resilience factors that empower some individuals to recover despite adverse circumstances.

Methodology

This study is informed by assumptions derived from a systematic review. Thus, the researchers initiated their inquiry with the question: What insights does existing literature provide regarding the challenges faced by immigrant and refugee children? This inquiry defined the parameters and dimensions that ought to be incorporated into the study. Given that migration studies span multiple disciplines, the objective was to adopt a broad approach to generate a diverse range of literature on the subject. Accordingly, our methodology involved employing a comprehensive search strategy using databases such as PubMed, PsycINFO, and Google Scholar, alongside a thorough examination of reference lists derived from studies with keywords such as "immigrant children," "young immigrants," "refugee children," and "young refugees. This gave rise to a substantial large number of both pertinent and extraneous studies. Therefore, we first chose to include studies and published articles spanning from 2000 to the present day. We also decided to exclude studies that did not directly address our central research questions and objectives by formulating criteria for both inclusion and exclusion. The inclusion criteria encompassed studies focusing on immigrant and refugee children, the resilience capabilities of young immigrants, and socioeconomic variables within immigrant families. The exclusion criteria were based on the exclusion of studies that did not address the primary research question.

Refugees' Stages of Experiences

By definition, refugees cannot freely reside in their countries due to a well-founded fear of persecution based on "religion, race, affiliation in a particular social group, or political opinion" (United States, 2008). They are then forcibly dispersed to other countries seeking safety and protection. Before their successful resettlement in other countries, every refugee's experience or journey can be split into three phases: pre-departure, migration, and post-arrival (Khawaja et al., 2008).

The pre-migration phase refers to the period during which refugees remain in their country of origin prior to relocation. This phase is often characterized by major life stressors such as witnessing violence, torture, and murder of family members and friends (Hadfield et al., 2017). Children or adolescents growing up in these unfavorable situations are mostly at risk of emotional regulation (Evans, 2004). For example, a longitudinal study with 131 aged 3 – 15 refugee children in Denmark reported that exposure to a traumatic event before migration was a predictor of heightened internalizing and externalizing challenges after 8 – 9 years of successful relocation (Montgomery, 2008). In the same vein, a similar study with the same age group in Sweden also found that exposure to pre-migration conflict to be a reliable indicator of compromised mental health 6 – 7 years after successful relocation (Hjern & Angel, 2000).

The stage of migration is the physical journey into a safer country (Bhugra & Jones, 2001). When this phase begins, refugees or immigrants are uncertain about the present and the future. They experience insecurity, fear of repatriation, or the possibility of harm, including attacks or fatalities during their journey (Khawaja et al., 2008). They also experience persistent anxiety about the kind of reception and treatments they are likely to face upon arrival (Crowley, 2009).

Upon all these challenges and uncertainty, they finally arrive at a safer host country where they are seeking asylum. This then marks the beginning of their post-migration experience. This post-migration phase presents a whole new range of issues for refugees. Initially, they are filled with enthusiasm, excitement, and relief, followed by confusion, bewilderment, anxiety, and fear as new

challenges quickly start appearing. In this stage, the primary cause of distress to refugees or immigrants stems from social isolation, loss of family members, community and important life projects, lack of environment mastering, identity confusion, and poverty (Khawaja et al., 2008; Keyes & Kane, 2004).

Challenges of Young Refugees and Immigrants

The estimated number of persons vigorously displaced from their home countries due to wars, persecution, and natural disasters is rising worldwide, stretching close to 70 million by 2017 (UNHCR, 2018). As reported by Stevens (2020), children presently account for over half of the world's refugee population. These young refugees and illegal or unauthorized migrants are subjected to several risks, ranging from poor physical conditions, and mental health to other undocumented challenges that do not only affect them at some point but at every stage of their entire migration journey (Stevens, 2020). Although conventions and legislations acknowledge young migrant's rights like access to health care, education, and other important supportive services, yet antagonistic immigration policies impede the possibilities of putting these policies into practice (Stevens, 2020).

Depending on circumstances, as families await the necessary procedures of their resettlement evaluation process, a large number of this group live in slums where their children are repeatedly exposed and subjected to a poor standard of living, while many even toil to obtain entry into schools (Dryden-Peterson, 2015). Economic pressures such as poverty and unemployment (Migration Policy Institution (MPI), 2015) therefore leave parents with no choice but to push older children into child labor to help with food, accommodation, and clothing (Wahby et al., 2014). These difficulties also expose these children to diseases, malnourishment, physical injuries, sexual abuse, and brain damage (Neugebauer, 2013).

Furthermore, refugees who are allowed to resettle face the significant challenge of readapting to a different social structure, culture, language, educational system, and a new set of academic standards (Dryden-Peterson, 2015). These factors collectively contribute to their health outcomes, increasing the likelihood of encountering various challenges in their personal lives and family interactions (McBrien, 2005). For instance, most refugee children tend to arrive in their host countries with low levels of education and substantial high degrees of depression, trauma, and anxiety (Henly & Robinson, 2011). This suggests that additional stressors hinder their capacity to manage stress effectively, particularly when the stress persists and becomes overwhelming.

Schools are essential shelters that play a critical role in mitigating the diverse challenges experienced by immigrant children. However, a significant percentage of immigrant or refugee children remain unenrolled in educational institutions, as highlighted by UNHCR (2016). While approximately 91% of children globally attend school, slightly more than half of refugee children in host countries have access to primary education (UNHCR, 2016). Even those who are likely to have access to primary education or other forms of education, such children have the greatest propensity to receive poor grades (Dryden-Peterson, 2015) or being placed in shallow courses as they fail to affirm themselves as intelligent and capable pupils (Uptin Wright, & Harwood, 2013). This is often attributed to the fact that such children are not skilled enough to understand what is taught due to the language barrier. Efforts to obtain a level of proficiency in the host language have also been explored as a difficulty that adds to the stressors children experience in their efforts to adequately interact with other peers and teachers (Poppitt, & Frey, 2007). This may be evidenced by the frustration experienced when such students dedicate hours to completing an assignment that their domestic counterparts typically finish within minutes.

In addition, challenges such as frustration, difficulties with the host language, and other adversities contribute to low retention rates among refugee children compared to their non-refugee peers (UNHCR, 2016). However, remaining enrolled in school represents a crucial aspect of the integration process for every refugee child, as it does not only facilitate their resettlement but also fosters heightened aspirations and prospects for the future (Beste, 2015). Consequently, adolescent refugees who are

deprived of educational opportunities frequently face heightened susceptibility to recruitment by extremist organizations (Watkins & Zyck, 2014). In the context of parent-child relationships, research has demonstrated that the acquisition and fluency in the host language can notably impact the dynamics between children and their parents. According to Lincoln et al. (2016), refugee parents encounter significant difficulty in achieving fluency in the host language, leading them to heavily rely on their children for translation. This dependence frequently results in a reversal of traditional parent-child role dynamics.

Aside from the linguistic obstacles they face, refugees have highlighted how the hostile attitudes of their host countries affect their overall satisfaction with the resettlement process (Kogan et al., 2018). On that grounds, numerous authors have illustrated how bigotry and racism give rise to feelings of mistrust, hostility, fear, and rage (Williams et al., 2012; Williams & Mohammed, 2009). More precisely, how it impacts negatively on the physical and mental health of people in an ethnic minority (Every & Perry, 2014; Williams & Mohammed, 2009) and refugees and immigrants in particular (Kabir et al., 2016). In an interview with 40 immigrants and refugees resettling in Australia, Kabir et al. (2016) reported problems such as being identified and treated differently in schools to the extent of being excluded from school for wearing hijab and being overlooked in social settings as open prejudice experienced by immigrants and refugees. These experiences contribute to their sense of alienation and impact the well-being of young refugees and immigrants.

In as much as the language and the aggressive atmosphere faced by young refugees and immigrants, acculturative stress has also been reported in a variety of refugees' and immigrants' studies as issues that adversely impact them. By definition, acculturation means learning and adapting of values, cultural beliefs, attitudes, lifestyles, and practices of the majority (Berry, 2005). Efforts to adapt to these dominant cultural transformations lead to stress as refugees and immigrants often clash between native and host cultures. In many ways, this reflects the evolutionary environments in which children engage and their reciprocal adaptation. For instance, as their personality begins to evolve, refugees' and immigrants' children find it increasingly difficult to deal with the ethnic conflict and expectations in every effort to assimilate and adjust to the dominant host culture (Albeg & Castro-Olivo, 2014). The ability to effectively respond to cultural changes according to Liebkind and Jesinskaja-Lahti (2000) is mostly affected by the native cultural disparities, as they are to readjust to a new language requirement, norms, values, ethnic identity, and unfamiliar social expectations. Upon all this acculturative stress, these children are required to adapt and negotiate both family expectations and the societal norms of the host country.

Moreover, racial disparities and acculturation gaps are risk factors that increase and contribute to cultural adaptation, acculturative tension, and other adverse personal and social-emotional consequences for children. Across several studies on racial differences, diverse ethnic individuals experienced and perceive cultural adaptation and acculturation stress and prejudice distinctively. For instance, Beiser et al. (2015) argue that greater discrepancies between the original cultural norms and those of the host culture increase the likelihood that resettled individuals perceive themselves as experiencing discrimination. In the case of children, such manifestations may occur within educational institutions or their surrounding environments, where they perceive or experience discrimination or bullying due to inadequate efforts to embrace ethnic minority identities (Goldin et al., 2001).

Also, the fact that immigrant and refugee families navigating between dual cultural contexts underscores the critical importance of the divergent cultural expectations placed by parents on their children, and reciprocally, by children on their parents. Parents typically exhibit greater proficiency in their native cultural identity, whereas their children are often socialized within both the native and host cultures or predominantly within the host culture (Costigan & Dokis, 2006). Acculturation gaps between parents and children therefore arise as families and children view acculturation poles apart (Tardif-Williams & Fisher, 2009). In most cases, a gap occurs when children exhibit greater acculturation than

parents in the host country or vice versa (Rasmi et al., 2014). In a study focusing on Muslim students, Asvat and Malcarne (2008) found that depressive symptoms observed in refugee or immigrant children were attributable to the degree of congruence or incongruence in parent-child acculturation. This suggests that a larger discrepancy in acculturation levels between parents and children is linked to heightened depressive symptoms, whereas a closer congruence in acculturation levels correlates with reduced depressive symptoms. A previous study found that parents who maintained and enforced native cultural values and beliefs from their home country exerted a greater degree of dominance and influence over their children (Henry et al., 2008). These children in return exhibited more psychological problems as they were struggling to keep up with their parents' expectations (Henry et al., 2008).

Within this context, additional research indicates that the disparities in acculturation levels between parents and their children contribute to the heightened incidence of behavioral issues among refugee and immigrant youth (Rasmi et al., 2014; Kim et al., 2013). The divergence between the two cultural values can also result in parent-child conflict. This parent-child conflict elucidates why parents of refugee and immigrant children often experience a sense of detachment from their children, especially as the children assimilate into the cultural values of the host society, while the parents have not yet reconciled with these new values and norms (Betancourt et al., 2015).

The emotional state of children is just as critical as their physical well-being. Given that adolescence is a transitional period, maintaining strong mental well-being equips individuals with the resilience necessary to manage stressors effectively and facilitates healthy development into adulthood. The process of assuming the status of a refugee or immigrant in a foreign nation during adolescence progressively exposes young individuals to heightened susceptibility to psychopathological conditions. Therefore, multiple risk factors profoundly influence the mental health of refugee and immigrant children, the effects of which are shaped by the extent and severity of their exposure.

Existing research on the emotional well-being of minor refugees or immigrants has identified several challenges. These include disrupted sleep patterns, avoidance behaviors triggered by reminders of past traumas (Burnett & Peel, 2001), persistent experiences of sadness and fear of family separation (Dyregrov et al., 2002), as well as conditions such as prolonged grief disorder, posttraumatic stress disorder, anxiety, and depression (Nickerson et al., 2014; Hocking et al., 2015). Nickerson et al. (2014) further explored these issues, reporting that prolonged grief disorder and posttraumatic stress disorder correlate with distinct types of traumatic experiences: traumatic loss predicts both PGD and PTSD, loss of social support and cultural values predicts PTSD specifically, and challenges related to adaptation predict PGD.

Similarly, Nickerson et al. (2015) identified that the intricacies involved in emotional regulation among refugees are influenced by traumatic experiences, which mediated the manifestation of post-traumatic stress, depression, and aggression. These observations align with prior research demonstrating the association between emotional dysregulation and posttraumatic stress (Lilly & Hong Phyllice Lim, 2013; Kulkarni et al., 2013), as well as with studies indicating a link between emotional dysregulation and expressions of anger and aggression (Shorey et al., 2011). This implies that challenges in emotional regulation are linked to post-migration adversities, thereby influencing various psychological issues among already traumatized young refugees.

In a nutshell, the experience of wars and conflict-related trauma along with the complexities of social adaptation to a new ecological environment contributes to psycho-social maladjustment (Murray, Davidson, & Schweitzer, 2010). These are likely to disrupt the long-term psycho-social stability of the child, especially in their host countries (Bronstein and Montgomery 2011). Children who are coerced into participating in armed conflict as combatants or subjected to exploitative conditions such as sexual slavery are more likely to demonstrate an increased tendency toward aggressive behavior. This tendency is posited to stem not only from enduring traumatic recollections and flashbacks but also from a profound

sense of culpability arising from involvement in severe acts of violence (Derluyn et al., 2004). These explicit memories are more likely to be closely linked with elevated susceptibility to psychological disorders among refugee and immigrant children.

All of the above findings underline the importance of addressing symptom profiles and triggers in young and minor refugees and immigrants who are subjected to misfortune and trauma. Especially as their path to a safer country often starts with a long period of uncertainty, and weeks or months in dangerous circumstances while temporarily or permanently separated from their parents, yet some might still need the services of a special trafficker to make their move (Feijen, 2008; Derluyn & Broekaert, 2005). These memories transform into persistent, distressing thoughts, often resulting in flashbacks and dissociation when triggered by stimuli reminiscent of past events. In the face of these challenges, some individuals demonstrate resilience, overcoming adversities and recovering despite life's downturns.

Support Systems and Resilience Factors Among Young Refugees and Immigrants

The days and weeks that precede any traumatic experience can be highly exhausting and breathtaking. But how do adolescent and young refugees “make it” despite their development being threatened by wars, conflicts, racism, acculturation stress, discrimination, poverty, and neglect? What provides them with protective shells against mental illness? The concept of “resilience,” is defined as the ability to adapt in response to trauma, tragedy, and significant stressors, emerged in 1970 when early researchers began identifying instances of positive adaptation among children considered at risk for potential psychopathological development (Masten, 2001).

Since then, the term has been operationalized and defined in various ways, from an adaptation mechanism that connotes the versatility of certain groups of children who appear at risk of swinging back strongly from stress to thriving in the face of challenges. In the same line, Crawford, Wright & Masten, (2005) defined resilience as the potentiality of certain individuals to adapt fitfully under stress, precisely in the light of significant suffering and detrimental situations. In the view of Werner and Smith (2019), resilience denotes the ability to adjust effectively in the face of adversity, encompassing the cultivation of coping mechanisms to manage prolonged stress and challenges. They additionally posit that adaptation involves an interactive process incorporating: i) individual dispositional factors, ii) supportive family factors, and iii) external environmental factors. This evokes the understanding that resilience should not be perceived as a unidimensional trait assessed solely by its presence or absence. Instead, it represents a collection of attributes and resources that fluctuate over time and are accessible to individuals in diverse capacities.

Individual Dispositional Resilience Factors

Dispositional factors are individual characteristics that influence actions and behaviors. These factors include personality traits, genetic structures, temperament, etc. – that provide a voice for the development of strategies aimed at sustaining behaviors that model positive outcomes. Several factors within this context have been identified in past studies to explain the resilience of adolescent and young refugees. In their investigation of children and adolescents seeking asylum, Hodes et al., (2008) examined the prevalence of posttraumatic stress and depressive symptoms, alongside various background risks and protective factors influencing distress levels. They found that younger refugees generally demonstrated more resilient outcomes when faced with threats and adversities compared to older children. It is important to know that in a cross-sectional survey in London among adolescents aged 13 – 18, primarily from the Balkans and Africa, findings also indicated a positive association between older age and heightened manifestations of mental and emotional distress symptoms. This phenomenon could be clarified by acknowledging that children display fluctuations between pursuing independence and experiencing insecurity in the aftermath of distressing events.

The presence of self-esteem and life satisfaction alongside the absence of negative symptoms such as depression and anxiety are key components that acculturation and developmental researchers use as typical benchmarks in assessing psychological well-being. Dauda et al. (2008) investigation involving young Iraqis aged 6 to 17, whose parents had experienced posttraumatic stress disorder, indicated that intelligence, self-esteem ("I Think I Am"), and prosocial tendencies were correlated with adaptive capacities in the face of adversity. Thus, it was determined that resilience among adolescent refugees was bolstered not solely by perceived family support systems and positive peer relationships, but also by the presence of proactive initiatives and sufficient emotional expression

In a manner akin to the preceding study, it was noted that enhanced school belongingness was associated with reduced depressive symptoms and increased self-efficacy among Somali adolescents in the United States (Kia-Keating & Ellis, 2007). These findings underscore the importance of ensuring widespread access to key services essential for all young refugees. Henceforth, it suggests that the pursuit of strategies aimed at establishing a positive school experience will constitute a pivotal endeavor in the establishment of a school-centered resettlement initiative for young refugees. An additional crucial element reported in extant scholarly literature, purported to influence the resilience of early adolescents at the dispositional level is the conceivable influence of genetic inheritance. In circumstances characterized by socio-economic deprivation, a predisposition towards sociability generally supports positive adaptation in specific children (Kim-Cohen et al., 2004). These findings introduce novel dimensions by revealing that resilience is influenced to some extent by genetic factors, alongside various other protective elements that operate with differing degrees of effectiveness.

Finally, on individual dispositional factors, positive attitudes towards host culture (Kovacev, & Shute, 2004) and gradual increase in self-esteem over time (Geeraert, & Demoulin, 2013) are considered to be protective shields that facilitate favorable psychological adjustment in the presence of acculturation stress. Kovacev and Shute (2004) demonstrated that adolescents' positive attitudes toward acculturation positively influenced psychosocial adjustment by enhancing perceptions of social support. Whereas the study of Geeraert and Demoulin (2013) on the examination of temporal dynamics of stress and self-esteem before, during, and after intercultural interactions indicates that personal growth serves as a significant predictor of resilience to acculturation stress.

Belief Systems

Across many effective human functions, beliefs and religious variables are found. Belief systems are frequently associated with related overt behaviors. As such, studies on resilience among young refugees linked these elements to other psychological constructs. For instance, in a thematic review of stressful experiences and stress reactions among child and adolescent refugees, belief systems mediated coping strategies were outlined as resilience factors that mitigate adversities in young refugees (Lustig et al., 2004). The study further revealed that resilience was synonymous with persistent hope in the hardest of times, as hope for the future and not lamenting on past traumatizing experiences predicted positive mental health among young Afghani refugees. This pinpoints that in the face of adversities, how young refugees view life is critical to what they get out of it. Hope therefore allows young refugees to make sense of and form their reaction to hardship by creating a personal and collective narrative that best describes their experiences.

The act of making sense and creating a narrative that best describes personal and collective experiences in adversities and losses was better explained in a study by Goodman, (2004) as she explored how unaccompanied adolescent refugees from Sudan survived. These young refugees conveyed a sense of duty to uphold their family honor, encapsulated by their shared conviction: *"If I survive, I will represent my family. If it is destined, I will live, ensuring my family's continuity."* (Goodman, 2004). Similarly, Kanji et al. (2007) sought to leverage personal insights from living in post-Taliban Afghanistan to explore resilience factors among Afghan children and families. Their study underscored the pivotal roles of

unwavering faith in Allah (God) and reliance on family and community support as essential protective factors enabling survival and the process of rebuilding after enduring multiple losses.

Supportive Relationship and Family Resilience Factors

At these protective factors, Berthold (2000) found in their study with Khmer adolescent refugees that social support significantly influences the lives of these adolescents irrespective of the challenges they face. This observation was further corroborated by Montgomery's (2010) research involving young Middle Eastern refugees living in Denmark. The research underscored the significance of environmental variables, family assistance, and the educational attainment of refugees' parents in fostering sustained adaptation following exposure to traumatic incidents associated with violence and organized criminal activities. As a result, it was inferred that refugee children who exhibited effective adaptation following traumatic events and bereavement tended to have fathers with a substantial level of education.

Relatedly, factors such as family solidarity and coherence, intimacy and responsibilities, ambitious goals, and parental emphasis on education have also been identified as promoting favorable adjustment among adolescent immigrants, particularly those in the first generation (Garcia Coll & Marks, 2012). These family values and support include both immediate and extended family members (Fazel et al., 2014) as unaccompanied adolescent refugees who had support even from family members abroad portrayed higher intrinsic motivation compared to those without any support (Oppedal & Idsoe, 2015).

In this context, families have also been identified as key proximal factors that aid adolescent adaptation regardless of specific family attributes. Hughes et al. (2006) emphasized the crucial role of immigrant parents in both maintaining their children's heritage culture and promoting their integration into the societal norms of the host country. Furthermore, they advocated for the role of parents in imparting understanding, fostering respect, and equipping their children with strategies to navigate challenges such as racism and discrimination. This theme additionally emphasized the discourse surrounding the nature-nurture controversy, exploring their dynamic influence on the resilience of adolescent and minor refugee populations. Therefore, the strength of supportive relationships and family resilience factors in adolescents and minor refugees largely depends on the strength of their peer relationships and family support systems as these are integral parts of healthy psychological development after any adversity (Fazel et al., 2012).

External Environmental Resilience Factors

External environmental resilience factors are made up of two factors. Community protective factors and societal protective factors. The environmental settings where social relationships evolve such as schools, workplaces, and neighborhoods constitute community protective factors. While societal elements like cultural norms, governmental policies, and interventions contribute to fostering a positive climate conducive to favorable outcomes. Research suggests that community protective factors such as schools and teachers boost resilience in refugee children as they serve as the central point for achieving social, and emotional development (Fazel et al., 2005). Schachner et al. (2016) emphasized that educational programs implemented within school settings promote equality, inclusivity, and cultural diversity, given the inherently multicultural nature of schools. The same study also emphasized that schools should encourage cooperation and contact as different students from different ethnic groups work towards the achievement of common educational objectives, thereby giving refugee students a desirable level of school connectedness and belongingness (Schachner et al., 2016).

Conclusion

In addition to investigations into schools as protective factors within communities, scholarly attention has also been directed toward examining the environments where refugee children reside. One such study is the study by Correa-Velez et al. (2010). Their study comprehensively examined the psychosocial dimensions associated with subjective health and fundamental well-being outcomes among adolescent refugees aged 11 – 19 during their early settlement years in Melbourne, Australia. It was concluded that key factors that predicted well-being in young refugees are those that are characterized by a sense of community belonging, – thus arguing that resettlement of young refugees should include wider social inclusive policies and programs that offer real opportunities for young refugees to thrive (Correa-Velez et al., 2010). Similarly, Geltman et al. (2005) previous findings also indicate that minor refugees resettling in the United States experience enhanced adjustment, thriving, and flourishing when the resettlement process incorporates a detailed model fostering community involvement and innovative social interventions.

References

- Albeg, L. J., & Castro-Olivo, S. M. (2014). The relationship between mental health, acculturative stress, and academic performance in a Latino middle school sample. *Contemporary School Psychology, 18*(3), 178-186.
- Asvat, Y., & Malcarne, V. L. (2008). Acculturation and depressive symptoms in Muslim university students: Personal–family acculturation match. *International Journal of Psychology, 43*(2), 114-124. doi:10.1080/00207590601126668.
- Beiser, M., Puente-Duran, S., & Hou, F. (2015). Cultural distance and emotional problems among immigrant and refugee youth in Canada: Findings from the New Canadian Child and Youth Study (NCCYS). *International Journal of Intercultural Relations, 49*, 33-45.
- Berry, J. W. (2005). Acculturation: Living successfully in two cultures. *International journal of intercultural relations, 29*(6), 697-712.
- Berthold, S. M. (2000). War traumas and community violence: Psychological, behavioral, and academic outcomes among Khmer refugee adolescents. *Journal of multicultural social work, 8*(1-2), 15-46.
- Beste, A. (2015). Education provision for Syrian refugees in Jordan, Lebanon and Turkey: Preventing a “Lost generation”. <https://gcm.unu.edu/publications/policy-reports/education-provision-for-syrian-refugees-in-jordan-lebanon-and-turkey-preventing-a-lost-generation.html>
- Betancourt, T. S., Frounfelker, R., Mishra, T., Hussein, A., & Falzarano, R. (2015). Addressing health disparities in the mental health of refugee children and adolescents through community-based participatory research: a study in 2 communities. *American Journal of Public Health, 105*(S3), S475-S482.
- Bhugra, D., & Jones, P. (2001). Migration and mental illness. *Advances in psychiatric treatment, 7*(3), 216-222.
- Bronstein, I., & Montgomery, P. (2011). Psychological distress in refugee children: a systematic review. *Clinical child and family psychology review, 14*(1), 44-56.
- Burnett, A., & Peel, M. (2001). Asylum seekers and refugees in Britain: Health needs of asylum seekers and refugees. *BMJ: British Medical Journal, 322*(7285), 544.

- Correa-Velez, I., Gifford, S. M., & Barnett, A. G. (2010). Longing to belong: Social inclusion and wellbeing among youth with refugee backgrounds in the first three years in Melbourne, Australia. *Social science & medicine*, 71(8), 1399-1408.
- Costigan, C. L., & Dokis, D. P. (2006). Similarities and differences in acculturation among mothers, fathers, and children in immigrant Chinese families. *Journal of cross-cultural psychology*, 37(6), 723-741.
- Crawford E, Wright MO, Masten A. (2005). Resilience and spirituality in youth. In *The handbook of spiritual development in childhood and adolescence* Edited by: Roehlkepartain EC, King PE, Wagener L, Benson PL. *Thousand Oaks, CA: Sage; 2005:355-370*.
- Crowley, C. (2009). The mental health needs of refugee children: a review of literature and implications for nurse practitioners. *Journal of the American Academy of Nurse Practitioners*, 21(6), 322-331.
- Daud, A., af Klinteberg, B., & Rydelius, P. A. (2008). Resilience and vulnerability among refugee children of traumatized and non-traumatized parents. *Child and Adolescent Psychiatry and Mental Health*, 2(1), 7.
- Derluyn, I., & Broekaert, E. (2005). On the way to a better future: Trafficking and smuggling of unaccompanied minors. *International Migration*, 43, 31-56.
- Derluyn, I., Broekaert, E., Schuyten, G., & De Temmerman, E. (2004). Post-traumatic stress in former Ugandan child soldiers. *The Lancet*, 363(9412), 861-863.
- Derluyn, I., Wille, B., De Smet, T., & Broekaert, E. (2005). *Op weg. Psychosociale en therapeutische begeleiding van niet-begeleide buitenlandse minderjarigen*. Garant.
- Dryden-Peterson, S. (2015). The educational experiences of refugee children in countries of first asylum. *British Columbia Teachers' Federation*.
- Dyregrov, A., Gjestad, R., & Raundalen, M. (2002). Children exposed to warfare: A longitudinal study. *Journal of traumatic stress*, 15(1), 59-68.
- Evans, G. W. (2004). The environment of childhood poverty. *American psychologist*, 59(2), 77.
- Every, D., & Perry, R. (2014). The relationship between perceived religious discrimination and self-esteem for Muslim Australians. *Australian Journal of Psychology*, 66(4), 241-248. doi:10.1111/ajpy.12067.
- Fazel, M., & Stein, A. (2003). Mental health of refugee children: comparative study. *Bmj*, 327(7407), 134.
- Fazel, M., Karunakara, U., & Newnham, E. (2014). Detention, denial, and death: migration hazards for refugee children. *The Lancet Global Health*, 2(6), 313-314. [https://doi.org/10.1016/S2214-109X\(14\)70225-6](https://doi.org/10.1016/S2214-109X(14)70225-6)
- Fazel, M., Reed, R. V., Panter-Brick, C., & Stein, Alan (2012). Mental health of displaced and refugee children resettled in high-income countries: Risk and protective factors. *The Lancet*, 379, 266–282.
- Fazel, M., Wheeler, J., & Danesh, J. (2005). Prevalence of serious mental disorder in 7000 refugees resettled in western countries: A systematic review. *The Lancet*, 365, 1309–1314.
- Feijen, L. (2008). The challenges of ensuring protection to unaccompanied and separated children in composite flows in Europe. *Refugee Survey Quarterly*, 27(4), 63-73.

- Garcia Coll, C. G. E., & Marks, A. K. E. (2012). The immigrant paradox in children and adolescents: Is becoming American a developmental risk?. *American Psychological Association*.
- Geeraert, N., & Demoulin, S. (2013). Acculturative stress or resilience? A longitudinal multilevel analysis of sojourners' stress and self-esteem. *Journal of Cross-Cultural Psychology, 44*(8), 1241-1262.
- Geltman, P. L., Grant-Knight, W., Mehta, S. D., Lloyd-Travaglini, C., Lustig, S., Landgraf, J. M., & Wise, P. H. (2005). The "lost boys of Sudan": Functional and behavioral health of unaccompanied refugee minors resettled in the United States. *Archives of Pediatrics & Adolescent Medicine, 159*(6), 585-591.
- Goldin, S., Levin, L., Persson, L. Å., & Hägglöf, B. (2001). Stories of pre-war, war and exile: Bosnian refugee children in Sweden. *Medicine, Conflict and Survival, 17*(1), 25-47.
- Goodman, J. H. (2004). Coping with trauma and hardship among unaccompanied refugee youths from Sudan. *Qualitative Health Research, 14*, 1177-1196. doi:10.1177/1049732304265923
- Hadfield, K., Ostrowski, A., & Ungar, M. (2017). What can we expect of the mental health and well-being of Syrian refugee children and adolescents in Canada? *Canadian Psychology/psychologie canadienne, 58*(2), 194.
- Henley, J., & Robinson, J. (2011). Mental health issues among refugee children and adolescents. *Clinical Psychologist, 15*(2), 51-62.
- Henry, H. M., Stiles, W. B., Biran, M. W., & Hinkle, S. (2008). Perceived parental acculturation behaviors and control as predictors of subjective well-being in Arab American college students. *The Family Journal, 16*(1), 28-34.
- Hjern, A., & Angel, B. (2000). Organized violence and mental health of refugee children in exile: a six-year follow-up. *Acta Paediatrica, 89*(6), 722-727.
- Hocking, D. C., Kennedy, G. A., & Sundram, S. (2015). Mental disorders in asylum seekers: The role of the refugee determination process and employment. *The Journal of nervous and mental disease, 203*(1), 28-32.
- Hodes, M., Jagdev, D., Chandra, N., & Cunniff, A. (2008). Risk and resilience for psychological distress amongst unaccompanied asylum-seeking adolescents. *Journal of Child Psychology and Psychiatry, 49*, 723-732. doi:10.1111/j.1469-7610.2008.01912.x.
- Hughes, D., Rodriguez, J., Smith, E. P., Johnson, D. J., Stevenson, H. C., & Spicer, P. (2006). Parents' ethnic-racial socialization practices: a review of research and directions for future study. *Developmental psychology, 42*(5), 747.
- Kabir, R., Misajon, R., Bliuc, A. M., & Chambers, R. (2016). Experiences of Perceived Exclusion by Migrants and Refugees in Australia: OR1909. *International Journal of Psychology, 51*.
- Kanji, Z., Drummond, J., & Cameron, B. (2007). Resilience in Afghan children and their families: A review. *Paediatric Nursing, 19*, 30-33. Retrieved from www.paediatricnursing.co.uk.
- Keyes, E. F., & Kane, C. F. (2004). Belonging and adapting: Mental health of Bosnian refugees living in the United States. *Issues in mental health nursing, 25*(8), 809-831. doi:10.1080/01612840490506392

- Khawaja, N. G., White, K. M., Schweitzer, R., & Greenslade, J. (2008). Difficulties and coping strategies of Sudanese refugees: A qualitative approach. *Transcultural psychiatry*, *45*(3), 489-512. doi:10.1177/1363461508094678.
- Kia-Keating, M., & Ellis, B. H. (2007). Belonging and connection to school in resettlement: Young refugees, school belonging, and psychosocial adjustment. *Clinical child psychology and psychiatry*, *12*(1), 29-43.
- Kim, S. Y., Chen, Q., Wang, Y., Shen, Y., & Orozco-Lapray, D. (2013). Longitudinal linkages among parent-child acculturation discrepancy, parenting, parent-child sense of alienation, and adolescent adjustment in Chinese immigrant families. *Developmental psychology*, *49*(5), 900. doi:10.1037/a0029169.
- Kim-Cohen, J., Moffitt, T. E., Caspi, A., & Taylor, A. (2004). Genetic and environmental processes in young children's resilience and vulnerability to socioeconomic deprivation. *Child Development*, *75*, 651-668. doi:10.1111/j.1467-8624.2004.00699.x.
- Kogan, I., Shen, J., & Siegert, M. (2018). What makes a satisfied immigrant? Host-country characteristics and immigrants' life satisfaction in eighteen European countries. *Journal of Happiness Studies*, *19*(6), 1783-1809. doi:10.1007/s10902-017-9896-4.
- Kovacev, L., & Shute, R. (2004). Acculturation and social support in relation to psychosocial adjustment of adolescent refugees resettled in Australia. *International Journal of Behavioral Development*, *28*(3), 259-267.
- Kulkarni, M., Pole, N., & Timko, C. (2013). Childhood victimization, negative mood regulation, and adult PTSD severity. *Psychological Trauma: Theory, Research, Practice, and Policy*, *5*(4), 359-365. <https://doi.org/10.1037/a0027746>.
- Liebkind, K., & Jasinskaja-Lahti, I. (2000). The influence of experiences of discrimination on psychological stress: A comparison of seven immigrant groups. *Journal of Community & Applied Social Psychology*, *10*(1), 1-16.
- Lilly, M. M., & Hong (Phyllice) Lim, B. (2013). Shared pathogeneses of posttrauma pathologies: Attachment, emotion regulation, and cognitions. *Journal of clinical psychology*, *69*(7), 737-748.
- Lincoln, A. K., Lazarevic, V., White, M. T., & Ellis, B. H. (2016). The impact of acculturation style and acculturative hassles on the mental health of Somali adolescent refugees. *Journal of Immigrant and Minority Health*, *18*(4), 771-778.
- Lustig, S. L., Kia-Keating, M., Knight, W. G., Geltman, P., Ellis, H., Kinzie, J. D., ... Saxe, G. N. (2004). Review of Child and Adolescent Refugee Mental Health. *Journal of the American Academy of Child & Adolescent Psychiatry*, *43*(1), 24-36. doi:10.1097/00004583-200401000-00012.
- Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American psychologist*, *56*(3), 227.
- McBrien, J. L. (2005). Educational needs and barriers for refugee students in the United States: A review of the literature. *Review of educational research*, *75*(3), 329-364.
- Migration Policy Institute. (2015). The integration outcomes of US refugees: Successes and challenges. <https://www.migrationpolicy.org/research/integration-outcomes-us-refugees-successesandchallenges>

- Montgomery, E. (2008). Long-term effects of organized violence on young Middle Eastern refugees' mental health. *Social science & medicine*, 67(10), 1596-1603.
- Montgomery, E. (2010). Trauma and resilience in young refugees: A 9-year follow-up study. *Development and psychopathology*, 22(2), 477-489.
- Murray, K. E., Davidson, G. R., & Schweitzer, R. D. (2010). Review of refugee mental health interventions following resettlement: best practices and recommendations. *American Journal of Orthopsychiatry*, 80(4), 576.
- Neugebauer, R. (2013). Bleak outlook for children who are refugees. *Report on Children Who Are Refugees*.
- Nickerson, A., Bryant, R. A., Schnyder, U., Schick, M., Mueller, J., & Morina, N. (2015). Emotion dysregulation mediates the relationship between trauma exposure, post-migration living difficulties and psychological outcomes in traumatized refugees. *Journal of Affective Disorders*, 173, 185-192.
- Nickerson, A., Liddell, B. J., Maccallum, F., Steel, Z., Silove, D., & Bryant, R. A. (2014). Posttraumatic stress disorder and prolonged grief in refugees exposed to trauma and loss. *BMC psychiatry*, 14(1), 106.
- Oppedal, B., & Idsoe, T. (2015). The role of social support in the acculturation and mental health of unaccompanied minor asylum seekers. *Scandinavian Journal of Psychology*, 56(2), 203-211. <https://doi.org/10.1111/sjop.12194>.
- Poppitt, G., & Frey, R. (2007). Sudanese adolescent refugees: Acculturation and acculturative stress. *Journal of Psychologists and Counsellors in Schools*, 17(2), 160-181.
- Rasmi, S., Chuang, S. S., & Hennig, K. (2014). The acculturation gap-distress model: Extensions and application to Arab Canadian families. *Cultural Diversity and Ethnic Minority Psychology*, 21(4), 630. doi:10.1037/cdp0000014.
- Schachner, M. K., Noack, P., Van de Vijver, F. J., & Eckstein, K. (2016). Cultural diversity climate and psychological adjustment at school—Equality and inclusion versus cultural pluralism. *Child development*, 87(4), 1175-1191.
- Shorey, R. C., Brasfield, H., Febres, J., & Stuart, G. L. (2011). The association between impulsivity, trait anger, and the perpetration of intimate partner and general violence among women arrested for domestic violence. *Journal of Interpersonal Violence*, 26(13), 2681-2697.
- Stevens, A. J. (2020). How can we meet the health needs of child refugees, asylum seekers and undocumented migrants? *Archives of Disease in Childhood*, 105(2), 191-196.
- Tardif-Williams, C. Y., & Fisher, L. (2009). Clarifying the link between acculturation experiences and parent-child relationships among families in cultural transition: The promise of contemporary critiques of acculturation psychology. *International Journal of Intercultural Relations*, 33(2), 150-161. doi:10.1016/j.ijintrel.2009.01.001.
- UNHCR. (2017). Global trends. forced displacement in 2017. Geneva, 2018. <http://www.unhcr.org/5b27be547.pdf>.
- United Nations High Commissioner for Refugees (UNHCR). (2016). Missing out: Refugee education in crisis. Retrieved from <http://www.unhcr.org/57d9d01d0>.

- United Nations. (2008). Convention relating to the status of refugees: Protocol relating to the status of refugees. *United Nations Audiovisual Library of International Law*. Retrieved from: <http://legal.un.org/avl/ha/prsr/prsr.html>.
- Uptin, J., Wright, J., & Harwood, V. (2013). 'It felt like i was a black dot on white paper': examining young former refugees' experience of entering Australian high schools. *The Australian Educational Researcher*, 40(1), 125-137.
- Wahby, S., Ahmadzadeh, H., Çorabatır, M., Hashem, L., & Hussein, J. (2014). *Ensuring quality education for young refugees from Syria (12-25 years): a mapping exercise*. Refugee Studies Centre, Oxford Department of International Development, University of Oxford.
- Watkins, K., & Zyck, S. A. (2014). Living on hope, hoping for education. *The Failed Response to the Syrian Refugee Crisis*. London
- Werner, E. E., & Smith, R. S. (2019). *Overcoming the odds: High risk children from birth to adulthood*. Cornell University Press.
- Williams, D. R., & Mohammed, S. A. (2009). Discrimination and racial disparities in health: evidence and needed research. *Journal of behavioral medicine*, 32(1), 20-47. doi:10.1007/s10865-008-9185-0.
- Williams, D. R., John, D. A., Oyserman, D., Sonnega, J., Mohammed, S. A., & Jackson, J. S. (2012). Research on discrimination and health: an exploratory study of unresolved conceptual and measurement issues. *American journal of public health*, 102(5), 975-978. doi:10.2105/AJPH.2012.300702.

Copyrights

Copyright for this article is retained by the author(s), with first publication rights granted to the journal.

This is an open-access article distributed under the terms and conditions of the Creative Commons Attribution license (<http://creativecommons.org/licenses/by/4.0/>).