

Spring 5-18-2024

Resilience in Refugee Youth: A Review of Contributing Factors and Potential Barriers

Anna J. Kreisman
Seattle Pacific University

Follow this and additional works at: <https://digitalcommons.spu.edu/honorsprojects>



Part of the [Child Psychology Commons](#), [Counseling Commons](#), and the [Migration Studies Commons](#)

Recommended Citation

Kreisman, Anna J., "Resilience in Refugee Youth: A Review of Contributing Factors and Potential Barriers" (2024). *Honors Projects*. 215.

<https://digitalcommons.spu.edu/honorsprojects/215>

This Honors Project is brought to you for free and open access by the University Scholars at Digital Commons @ SPU. It has been accepted for inclusion in Honors Projects by an authorized administrator of Digital Commons @ SPU.

RESILIENCE IN REFUGEE YOUTH: A REVIEW OF CONTRIBUTING FACTORS AND
POTENTIAL BARRIERS

by

ANNA J. KREISMAN

FACULTY MENTORS:

DR. RAPHAEL MONDESIR, DR. JENNY LEE VAYDICH

HONORS PROGRAM DIRECTOR:

DR. JOSHUA TOM

A project submitted in partial fulfillment of the requirements

for the Bachelor of Arts degree in Honors Liberal Arts

Seattle Pacific University

2024

Presented at the SPU Honors Symposium

May 18, 2024

Abstract

While past research has predominantly centered on the trauma and challenges faced by refugees, there is a current shift toward examining refugee lives through a lens of resilience. The purpose of the present investigation is to examine the contributing factors and potential barriers to resilience in young refugees. I conducted a literature review of research from the past 24 years, primarily searching PsycINFO, Academic Search Complete, and SocINDEX. The review findings demonstrate that resilience can stem from individual, family, school, and community-level factors. The findings further indicate several potential barriers to resilience. In addition, I briefly discuss mental health interventions to promote resilience and provide suggestions for how governments and communities can best assist refugee youth. This review aims to add a contribution to the literature through a unique combination of research, such as findings from different countries and assorted article methods.

Keywords: refugees, resilience, youth, literature review

Introduction

At the end of 2022, the United Nations High Commissioner for Refugees (UNHCR) reported that there were 35.3 million refugees globally, with about 41% of those being children under the age of 18 (UNHCR, n.d.-a). A refugee is a person who is forced to leave their home country because of conflict, persecution, or war (UNHCR, n.d.-b). Potentially traumatic events combined with forced displacement can have an immense impact on youth mental health (Metzler et al., 2023). Although refugees usually have a specific type of legal status and are accordingly protected from deportation, they often face experiences in their host country such as discrimination that can affect their mental health (Sleijpen et al., 2013). Nevertheless, research has revealed that many young refugees are resilient, regardless of their circumstances (Danga et al. 2022). While past research has predominantly centered on the trauma and challenges faced by refugees, there is an ongoing shift toward examining refugee lives through the lens of resilience. Simply concentrating on difficulties like trauma neglects other dimensions of refugees, including their strengths (Pieloch et al., 2016). This paper aims to review the current literature surrounding supporting factors and potential barriers to resilience in young refugees. It will examine multiple levels of life experience, demonstrating how resilience can stem from individual, family, school, and community-level factors. The review attempts to address the complex, dynamic, and multi-layered aspects of refugee experiences (Fazel & Betancourt, 2018). It should be noted that this review is not focused on a singular refugee group, but many, as although there are cultural differences between groups that can limit the generalizability of research, the literature indicates many commonalities among refugees (Abdi et al., 2023). However, since there are indeed differences between groups (and individuals), readers should be mindful that not every part of the review will apply to all young refugees.

Background

Many authors in the literature agree that there are three stages of the refugee experience: pre-migration, migration, and post-migration (e.g., Mohamed & Thomas, 2017). At all three stages, there are stressors and potential for exposure to traumatic events (Mohamed & Thomas, 2017; Pieloch et al., 2016; Pumariega et al., 2005). Children and adolescents are often particularly vulnerable, especially if they are unaccompanied. In the pre-migration stage, they may have been exposed to violence, been separated from their extended family or parents, or faced the loss of family (Pieloch et al., 2016). For another example, in the migration stage, young refugees may travel in dangerous conditions or live in hazardous refugee camps; in the post-migration stage, they may encounter discrimination in their new country (Pieloch et al., 2016; Pumariega et al., 2005). As a consequence of these challenging experiences, young refugees frequently exhibit high rates of mental health disorders, with posttraumatic stress disorder (PTSD) appearing to be the most prevalent and depression being significantly prevalent as well (Chow et al., 2021). In a review of 22 studies of refugee youth living in high-income countries (HICs), the prevalence of PTSD averaged 36% across samples, ranging from 19% to 54%, and the prevalence of depression averaged 18% across samples, ranging from 3% to 30% (Bronstein & Montgomery, 2011, as cited in Frounfelker et al., 2020). The rate of anxiety is also high in refugee youth (Abdi et al., 2023; Fazel & Betancourt, 2018). Fazel and Betancourt (2018) noted that compared to the general population, it is more common for refugee youth to experience a higher prevalence of depression, anxiety, and sleep disturbances, and these typically occur in some combination.

Resilience Framework

Though there are many definitions of resilience, Luthar and colleagues (2000) provide a definition that is arguably the most comprehensive, including all of the vital components: “Resilience refers to a dynamic process encompassing positive adaptation within the context of significant adversity. Implicit within this notion are two critical conditions: (1) exposure to significant threat or severe adversity; and (2) the achievement of positive adaptation despite major assaults on the developmental process” (p. 543). The term "dynamic process" is pivotal in this definition, indicating that resilience is not an immediate or all-or-nothing ability that one may possess. Instead, it is a process characterized by significant variability among refugees. Refugees may have a higher level of resilience at times (and a lower level at other times), as adaptation can fluctuate due to various factors. In addition, it is not enough to say that the combination of risk and protective factors adds up to a level of resilience, as it is also a process dependent on time and cultural context (Fazel & Betancourt, 2018). Sleijpen et al. (2017) also argue that, given the context of significantly adverse situations that many refugees face, slowly shifting toward healthy adaptation can be considered resilience. This argument is congruent with the definition from Luthar et al. (2000), as resilience can be evaluated through overall positive adaptation.

Although about 76% of refugees are hosted in low- and middle-income countries, most of the current body of literature surrounding refugee resilience derives from high-income countries, and researchers typically use Western diagnostic systems (UNHCR, n.d.-a; Lustig et al., 2004). This signifies that many refugees are not represented in statistics, and the systems utilized by researchers may be culturally biased and fail to grasp the reality of the refugee experience (Lustig et al., 2004). It is important to remember this caveat in all of the subsequent sections.

Method

For this literature review, the population of interest was refugee children and adolescents (those under the age of 20). I conducted a literature search via databases in EBSCOhost. The review included articles in PsycINFO, Academic Search Complete, and SocINDEX. Some articles were from reference lists in included articles. Studies that were not published in English were excluded. A portion of studies researched resilience in asylum-seekers as well as refugees, but studies that did not have a majority refugee youth population were excluded in order to help keep findings as consistent as possible. The included articles were all published within the past 24 years (2000-2023). Findings also incorporate research on refugee youth in many different host countries. I intentionally searched for qualitative, quantitative, and mixed-methods research in an attempt to gain a broader scope of the literature. This review aims to add a contribution to the literature through a unique combination of research, such as findings from different countries and assorted article methods.

Review Findings

The current literature indicates that factors that may support or contribute to resilience can be sorted into different levels: individual, family, school, and community (see Table 1). There are indeed societal and global-level resilience factors, as well as transnational and time-related factors (Jafari et al., 2022). Although these are important to understand the full refugee context, they are beyond the scope of this paper. Additionally, there are potential barriers to resilience, which will not be sorted, as some span across multiple levels. The following sections will explore the levels of resilience factors (individual, family, school, and community) in greater depth, ultimately ending with an examination of the many barriers to resilience.

Table 1.*Contributing Factors to Refugee Youth Resilience*

Level of analysis	Predictors	Themes	Key sources
Individual	Acculturation	Sense of identity, social approval	Pumariega et al. (2005); Rothe et al. (2010); Sleijpen et al. (2016)
	Developmental stage	Quick adaptation (for younger children)	Bronstein & Montgomery (2011); Danga et al. (2022)
	Coping (adaptive personal characteristics; religious)	Psychological well-being, perseverance, identity, hope	Ataman & Uysal (2023); Chow et al. (2021); Meda (2017); Ní Raghallaigh (2010)
Family	Parental support; Foster caregiver support	Guidance, emotional support, communication, belonging	Aleghfeli & Hunt (2022); Drammeh (2019); Jafari et al. (2022); Montgomery (2010)
	Socioeconomic status	Educational resilience, resources	Aleghfeli & Hunt (2022); Fazel et al. (2012); Montgomery (2010)
School	Peer support	Belonging, well-being, development	Abdi et al. (2023); Aleghefi & Hunt, (2022); Sleijpen et al. (2017)
	Teacher/other school professional support	Meeting needs, increasing academic performance	Abdi et al. (2023); Aleghefi & Hunt, (2022); Sleijpen et al. (2016)
	Valuing education	Feelings of control and power in life	Pieloch et al. (2016); Sleijpen et al. (2016); Sleijpen et al. (2017)
Community	Social support (from same-ethnic communities)	Identity formation, self-esteem, well-being, belonging	Abdi et al. (2023); Jafari et al. (2022); Pieloch et al. (2016), Sleijpen et al. (2016)
	Sports, recreation, and social activities	Self-worth, belonging, security, comfort, purpose	Jafari et al. (2022); Mohamed & Thomas (2017); van Es et al. (2019)
	Refugee agencies or organizations; Mental health services	Meeting needs, improving mental health and overall well-being	Mohamed & Thomas, (2017) Pumariega et al. (2005); Rana et al. (2011)

Individual-Level Factors

Several key individual-level factors have been recognized as significant for fostering resilience in refugee youth: acculturation, developmental stage, and adaptive coping (including personal characteristics and religion/spirituality).

Acculturation

Acculturation is the process of individuals or groups adjusting their behaviors to those of the target culture as the result of exposure to different cultures, groups, and social influences (Schwartz et al., 2010). Rothe and colleagues (2010) contend that there are three possible outcomes of this exposure. The first is acceptance, which leads to assimilation into a cultural context. Second, adaptation is where the individual/group holds on to some degree of multiple cultures and balances/merges them. Lastly, reaction typically occurs in the face of cultural oppression or in response to attempts to merge two very distinct cultural elements, such as two traditions (Guarnaccia & Hausmann-Stabile, 2016).

There are many nuances to this conversation; acculturation operates differently for individuals based on many factors, such as if they share the language, cultural features, or ethnicity of the majority of people in the host culture (Schwartz et al., 2010). Children and adolescent refugees rarely fall into the third category of reaction, as they constantly interact with and adapt to the main host culture in school or elsewhere. Although youth may acculturate quickly, their families may wish for them to only partially assimilate and hold on to their culture of origin. This may cause conflict in the family which can influence the degree/outcome of acculturation. Adolescents in particular may be more likely to either over-associate with their culture of origin or the host culture (Pumariega et al., 2005).

Regarding resilience, at least some level of acculturation is most likely a protective factor that helps foster resilience (Fazel et al., 2012). In a meta-ethnography of 26 empirical studies evaluating refugee and asylee youth resilience, Sleijpen and colleagues (2016) found that adapting to the host culture helped refugee youth reinforce their sense of identity and attain social approval. Some of the most vital acculturation strategies mentioned included learning the language, engaging in their new culture, and connecting with peers. Moreover, in a qualitative study of adolescent refugees living in the Netherlands, Sleijpen and colleagues (2017) stated that every participant interviewed strived to learn Dutch to adapt, and they all felt that there were positive outcomes from acculturating into Dutch society while still holding onto elements of their own culture.

Developmental Stage

Child and adolescent development is marked by several stages, and as youth develop, there is much variability in factors they possess, such as ability and sense of identity (Balasundaram & Avulakunta, 2023). Further, development may be impacted by the cumulative stress of displacement, or the combination of the compounded stressors inherent in childhood and the often traumatic experiences of forced migration (Bronstein & Montgomery, 2011; Mohamed & Thomas, 2017). The literature indicates that refugees who arrive in their host country at a younger age appear to have an easier time adapting compared to older adolescent refugees (Sleijpen et al., 2016). This may be explained by the specific developmental period of adolescence. During adolescence, individuals undergo biological and cognitive shifts, among others. Adolescent refugees are especially vulnerable to traumatic incidents because of incomplete biological, cognitive, and psychological development, coupled with insufficient coping mechanisms. Research suggests that forced migration during adolescence poses greater

risks to mental health than migration during any other life stage (Danga et al., 2022). Thus, in comparison to adolescents, children in early childhood (3-8 years old) and middle childhood (9-11 years old)—as defined by Balasundaram and Avulakunta (2023)—may have an easier time adapting to their new culture, which can foster resilience.

Coping

Mohamed and Thomas (2017) define coping as “a complex multi-dimensional phenomenon incorporating a plethora of behaviors, cognitions, regulatory strategies, and perceptions” (p. 252). Research has identified common ways that refugee youth cope with stress and difficulty, including adaptive coping strategies such as maintaining adaptive personal qualities as well as religiosity and spirituality (religious coping) that in turn may promote resilience.

Adaptive Personal Characteristics. Many personal characteristics can be considered to be adaptive coping strategies for refugee youth, which may help to nurture resilience. For instance, in a pilot study for a group hope intervention program for Syrian refugee children, the authors noted that hope is associated with coping with adversity and may help increase problem-solving skills, psychological well-being, academic achievement, and self-worth (Ataman & Uysal, 2023). Sleijpen et al. (2016) likewise cited hope as a way for youth refugees to cope with their life experiences, including traumatic memories.

Having some degree of optimism may help encourage resilience. In a review of refugee youth resilience, Pieloch et al. (2016) highlight that maintaining a positive outlook is a protective factor for resilience in many refugee groups. Mohamed and Thomas (2017) also note that refugee youth using optimistic thinking as a form of active coping can experience increased

success in school, regardless of challenging circumstances, which is also referred to as “educational resilience” (p. 252).

Perseverance seems to be an additionally significant characteristic to help foster resilience. Based on their interviews, Sleijpen et al. (2017) found that refugee adolescents exhibit efforts to be optimistic and persevere despite distress. Some resort to self-motivating pep talks to promote perseverance, demonstrating effective coping strategies. Moreover, Meda (2017) conducted a case study of Zimbabwean refugee adolescents in a refugee school in Johannesburg, South Africa that resulted in qualitative data from interviews and group discussions with twelve participants, aged 15-18. Parts of the discussion highlight perseverance, as well as previously stated adaptive personal characteristics and how they may impact the lives of refugee youth:

Notwithstanding miseries in refugee learners’ lives, they are perseverant. They flourish and consistently achieve greater positive outcomes against all odds. They are motivated to study hard and withstand all barriers in life...Resilience and optimism are key features that sum up refugee learners and their experiences. They are resilient and hopeful in spite of forces that work against them. (p. 66)

Religiosity and Spirituality. It is hard to understate the positive impact that religion and spirituality can have on refugee youth (Hutchinson & Dorsett, 2012). Religious persecution may be the reason why some youth are refugees in the first place, yet for them and other refugee youth in general, religion may be one of the only constants in their transition to their new country (Chow et al., 2021; Ní Raghallaigh, 2010; Sleijpen et al., 2016; UNHCR, n.d.-b). It may also help youth be resilient.

In a study of resilience in adolescent refugees in their host country of Malaysia, Chow and colleagues (2021) administered the Brief Religious Coping Scale (Brief RCOPE), assessing

the religious coping abilities of individuals encountering significant life stressors. Resilience was also assessed through a 14-item Resilience Scale—the RS-14. They found a significant linear relationship between positive religious coping and resilience ($p=.002$), and accordingly found a significant relationship between negative religious coping and lower resilience ($p=.027$). The researchers also administered the Duke University Religion Index (DUREL), which, among other dimensions, measures intrinsic religiosity (the degree of one's religious motivation and commitment). They found a significant linear relationship between intrinsic religiosity and resilience ($p<.001$). Considering these results, Chow et al. (2021) remarked that for adolescent refugees, religious coping could be a protective factor for resilience, and could function as a predecessor to resilience as well.

In a qualitative study of unaccompanied minors and the role of religion in their lives, Ní Raghallaigh (2010) discovered that the majority of participants (23 of whom were Christian, 9 of whom were Muslim) viewed their religion as a significant part of the development of their worldview and overall identity. They felt like God/Allah understood them, and they could trust God/Allah, even if they weren't able to trust their circumstances or some people in their host country, which helped them cope. This feeling of being known and having an external locus of control may help the participants to adapt, promoting resilience. Similarly, based on their interviews with refugee youth in the Netherlands, Sleijpen et al. (2017) claim that religion was significant for their participants' resilience—it served as both a distraction and a source of hope while offering them guidance and support.

Family-Level Factors

The family serves as the primary environment “in which the child grows, develops an identity, is socialized, is hurt and healed, and struggles with powerful developmental issues”

(Rothe et al., 2010, p. 686). The family serves as a primary support system for children and adolescents and can also cultivate a sense of cultural heritage and identity (Bunn et al., 2022). When young refugees migrate, they may be accompanied by their family, including parents or guardians. However, this is not the case for all, as many are unaccompanied or separated (forcibly or accidentally) from their parents/guardians by the time they settle in their host country. In 2015, it was estimated that there were no fewer than 100,000 unaccompanied refugee and migrant children globally (Apap, 2016). The current literature indicates that numerous family-level factors increase resilience, with considerations given for accompanied and unaccompanied minors. Additionally, household socioeconomic status may play a role in the development of resilience.

Accompanied Minors

Regarding accompanied refugee minors, research repeatedly points to the importance of parental guidance and support, alongside family cohesion, as these dynamics are associated with resilience (Abdi et al., 2023; Jafari et al., 2022; Pieloch et al., 2016). In one study, a cross-country network analysis, researchers found that the presence of a supportive caregiver was the most important resource for adolescent resilience (Höltge et al., 2021, as cited in Abdi et al., 2023). In addition to guidance and support, the existence of parental warmth and a secure attachment between parents and their children may be significant factors to help bolster youth resilience (Jafari et al., 2022).

Healthy communication between parents and children is also an important factor in helping support refugee youth, which may strengthen resilience (Jafari et al., 2022; Montgomery, 2010). In particular, as explained by Montgomery (2010), communication may foster resilience because it can help children understand their current situation, increase collaborative

problem-solving within the family, and facilitate discussions about emotional well-being. Sleijpen et al. (2017) noted that many of their participants often had difficulty trusting other people, but most confided in their parents (especially their mothers), who comforted and supported them. Moreover, a majority of participants mentioned that it was unusual to talk about psychological distress in their country of origin. Their support systems for mental health consisted of family and friends, whom they pursued instead of seeking help from another source, such as a mental health professional. If parents are able to continue providing this emotional support for their children after displacement, that can be beneficial for the development of resilience in their children. Parental mental health may also be a vital risk or protective factor for refugee youth resilience, and the mother's mental health may be of particular importance (Fazel et al., 2012; Montgomery, 2010).

Unaccompanied Minors

Unaccompanied minors are considered to be particularly at risk and they typically have more challenges and barriers to resilience in comparison to accompanied children (Montgomery, 2010). It should also be noted that family-level factors in the previous section for accompanied refugee children can also generally apply to unaccompanied children living in homes (Fazel & Betancourt, 2018). Yet, there are some distinct factors for unaccompanied minors as well due to their living situations. Children should certainly be able to live with relatives whenever possible, so this section primarily concerns those without any family present in their new country.

First, some evidence points to foster care being more beneficial for refugee children in comparison to other accommodation arrangements, such as residential care (Fazel & Betancourt, 2018). This could be because foster caregivers are able to be more supportive in various ways (e.g., emotionally, financially, ability to advocate, and more). This support may help bolster

resilience in unaccompanied refugee minors (Aleghfeli & Hunt, 2022). Drammeh (2019) also remarked that caregivers can help instill a sense of belonging, which can be important for increasing feelings of safety and encouraging youth to open up about their experiences. A sense of belonging can create mutual trust between the youth and their caregivers, contributing to a comfortable and supportive environment for the youth (Drammeh, 2019; Gupta, 2019).

Moreover, having same-ethnic origin foster caregivers is likely a protective factor for refugee youth resilience, as these circumstances often lead to better outcomes for the children (Fazel et al., 2012; Fazel & Betancourt, 2018; Pieloch et al., 2016). However, some disagree with this, claiming that the ethnicity of the foster caregivers often doesn't matter significantly for a child's outcome, it just matters that they're kind and supportive (Drammeh, 2019).

Socioeconomic Status

Household socioeconomic status (SES) may also play a role in refugee youth resilience. SES “encompasses not just income but also educational attainment, financial security, and subjective perceptions of social status and social class,” and “is a consistent and reliable predictor of a vast array of outcomes across the life span, including physical and psychological health” (American Psychological Association, 2017).

For unaccompanied minors, financial support is associated with educational resilience, which may be an indicator of overall resilience (Aleghfeli & Hunt, 2022). For accompanied minors, parental education levels could potentially signify the presence of family resources that may act as a protective factor for adaptation (Montgomery, 2010). Fazel et al. (2012) noted that educated parents could be a protective factor but could also have no effect if educated families are targeted in political conflicts. Researchers acknowledged that more studies need to be

conducted for there to be more conclusive data about SES and refugee mental health (Fazel et al., 2012; Montgomery, 2010).

School-Level Factors

Refugee youth need to be able to attend school, as this is a basic need and is associated with resilience. Schools can be a place where refugees can feel safe, which is vital for psychological well-being and resilience (Pieloch et al., 2016). They serve as important places for acculturation and adaptation, as they can help refugee youth learn the language of their host country and facilitate a space of belonging (Jafari et al., 2022). Schools can also foster a sense of power/control among refugee youth (Drammeh, 2019; Sleijpen et al., 2017). For unaccompanied minors, Drammeh (2019) states that attending school can offer a sense of empowerment in the present, aiding youth in coping with past trauma while navigating future uncertainties.

Positive school experiences are associated with promoting resilience, particularly because of how helpful schools are in increasing adaptation (Jafari et al., 2022; Pieloch et al., 2016; Sleijpen et al., 2017). Aleghefi and Hunt (2022) note that strong school placements for unaccompanied minors typically lead to positive educational experiences. However, multiple other factors may contribute to refugee youth having these positive experiences, including support from peers and teachers/other school staff, as well as youth valuing their education.

Peer Support

Supportive friends and classmates were frequently cited in the literature as important for resilience in refugee youth. For unaccompanied minors, supportive friends and peers were associated with increased positive experiences (Aleghefi & Hunt, 2022). Moreover, Drammeh (2019) found that each connection in friendship networks contributes to social belonging, which can nurture mental health and overall well-being. Yet, these points are not necessarily unique to

unaccompanied minors; refugee youth in general benefit from peer support. Abdi and colleagues (2023) found that for adolescent refugees, a strong peer support network acts as a crucial resource and protective factor for development, which can contribute to resilience. Further, peers can give advice and serve as a distraction from any current problems or past trauma (Sleijpen et al., 2016). In their qualitative study of adolescent refugees living in the Netherlands, Sleijpen and colleagues (2017) mentioned that perceived peer support was frequently referred to as a factor that contributed the most to resilience (along with support from parents). They noted:

Almost all participants had contact with peers from different cultural backgrounds. They appreciated the mix of people, which helped them to integrate in the Netherlands and provided some of them with a sense of safety: in their country of origin, they were punished when befriending peers from other cultural or ethnic backgrounds. Furthermore, peers provided support, distraction and fun. (p. 356)

Support From Teachers and Other School Staff

Another factor that may contribute to resilience arises from supportive teachers and other school staff, who can help foster positive school experiences for refugee youth (Abdi et al., 2023; Aleghefi & Hunt, 2022; Sleijpen et al., 2016). Positive student-teacher relationships, alongside teachers' support for and confidence in the abilities of refugee students, are associated with increased academic performance (Abdi et al., 2023). Teachers can provide useful advice to students and collaborate with social workers or other staff to help meet basic needs (Sleijpen et al., 2016). For unaccompanied minors (and potentially accompanied minors as well), teachers may be viewed as parental figures, so the relationships they foster with refugee students are impactful and important for resilience development. Further, successful teaching strategies often

include cultural sensitivity and individualized planning (e.g., involving foster caregivers) to meet personal needs (Aleghefi & Hunt, 2022).

Valuing Education

Valuing education is also associated with promoting resilience in refugee youth (Pieloch et al., 2016; Sleijpen et al., 2016; Sleijpen et al., 2017). Valuing education may include gratitude for schooling, setting educational goals, pursuing further education, or having hope for future education. To some extent, this is an intrinsic factor, but it can also be affected by the amount of peer support, support from teachers/other staff, familial support (or expectations/pressure), and more. In their meta-ethnography of 26 empirical studies, Sleijpen et al. (2016) reported that many young refugees highly valued their education. They viewed education as an essential means of attaining control over their lives, a key to an elevated status, and an escape from their current circumstances and disempowered positions. Participants in Sleijpen et al. (2017) echoed how performing at school gave participants a sense of power and control in their lives, as education was seen as vital for a better future. Going to school is a crucial adaptive process, and valuing education can be one key to bolster resilience.

Community-Level Factors

This last level will explore community factors in relation to resilience formation and development. Environmental factors such as community support can help facilitate resilience—the literature has identified community as an important aspect for refugee youth in their development of identity and belonging (Pieloch et al., 2016). In addition, “Resilience is culturally shaped” (Montgomery, 2010, p. 479). Ungar (2006) conducted a mixed methods study with a total of over 1,500 youth studying resilience across cultures. The author asserts that resilience varies in its impact on a child's life depending on their specific cultural and contextual

environment. Although this study did not solely include refugee youth, this finding seems to ring true for the current population as well, and serves as a reminder that resilience can manifest differently in refugees depending on their culture and environment. Commonly mentioned community-level factors in the literature include social support from people with the same cultural background, sports/recreation and social activities, and support from refugee agencies/organizations and mental health services.

Community Support From Same-Ethnic Groups

Community support from people with the same cultural background seems to be an important factor in promoting resilience in refugee youth (Abdi et al., 2023; Jafari et al., 2022; Pieloch et al., 2016, Sleijpen et al., 2016). The current research indicates maintaining a positive connection to one's ethnic-racial background could lead to various improvements in the lives of refugees. These benefits may encompass enhancements in psychological and physical well-being, self-esteem, and academic performance (Abdi et al., 2023; Jafari et al., 2022). For adolescents especially, having community support can also be significant for identity formation. Communities can help refugee youth have a unified sense of self where they can embrace multiple identities (instead of feeling like their identities clash), which is associated with increased life satisfaction (Abdi et al., 2023). Moreover, with community support, refugee youth may have an improved sense of belonging, which can positively influence resilience and overall healthy development in individuals (Abdi et al., 2023; Jafari et al., 2022; Pieloch et al., 2016).

Along with general same-ethnic community support, having friends with the same cultural background can contribute to resilience in refugee youth. These connections are correlated with significantly higher levels of well-being in various aspects of their lives, including in social, psychological, and environmental domains (Hutchinson & Dorsett, 2012;

Mohamed & Thomas, 2017; Pieloch et al., 2016). In the United States, unaccompanied Sudanese youth provided motivation and emotional support for each other, increasing their educational attainment and resilience (Rana et al., 2011). But even if they are not from the same ethnic or racial group, social support from friends can provide a sense of belonging and prevent refugee youth from experiencing loneliness or isolation (Aleghfeli & Hunt, 2022; Mohamed & Thomas, 2017).

Sports, Recreation, and Other Social Activities

Outside of the school and home, social activities such as sports and other recreation may be beneficial for resilience. They can increase feelings of connection, belonging, and purpose, and if the activities are within their same-ethnic community, refugee youth may be able to further develop their ethnic identity and acculturation (Mohamed & Thomas, 2017). Further, social activities allow for new friendships to be made and can play a role in youth maintaining a sense of competence, self-worth, security, and comfort (Jafari et al., 2022; Pieloch et al., 2016).

In a qualitative study, van Es and colleagues (2019) examined the impact of Social Circus, a psychosocial intervention with the goal of promoting resilience in refugee youth through classes in circus arts. They found that by engaging in Social Circus activities, participants increased their self-esteem, social interaction, and a sense of safety and interpersonal trust around teachers and other participants. Also, participating in circus activities helped youth to have a sense of purpose and hope for the future: “By discovering new things and experiencing them with perseverance, it is possible to learn new and exciting skills. The circus activities may therefore improve the participants’ perspectives of the future” (van Es et al., 2019, p. 18).

Therefore, Social Circus serves as a notable example of how recreation and other social activities

can improve the mental health and well-being of refugee youth, which may be influential for resilience.

Refugee Agencies/Organizations and Mental Health Services

Refugee agencies and organizations often play pivotal supportive roles in the lives of refugee youth, especially unaccompanied youth. Rana et al. (2011) mentioned that almost all their participants—unaccompanied Sudanese youth living in the U.S.—cited their local resettlement agency as a key community resource. The agency helped place youth with foster caregivers, provided financial support and independent living classes, and assisted in paying college tuition through a grant program. Additionally, the agency provided training for foster caregivers, among other forms of support, for those assisting the youth. Aleghefi & Hunt (2022) similarly recognized refugee support services as a resilience factor for unaccompanied minors, particularly as it contributes positively toward their educational experiences. If a young refugee is accompanied, refugee agencies and organizations may still help to bolster resilience (Jafari et al., 2022). Such social support can have a significantly positive effect on refugee youth facing social isolation and poverty (Mohamed & Thomas, 2017).

Refugee mental health services may also support resilience in youth. Similar to adolescents in general, adolescent refugees have shown a tendency to seek support from their family and social circles rather than mental health professionals (Sleijpen et al., 2016). However, children and adolescent refugees alike can benefit from effective and culturally competent mental health services. Pumariega and colleagues (2005) advocate for community-based mental health services and community systems of care approach (a framework that involves collaboration among agencies, families, and their children). This approach utilizes the innate resources and strengths within the immigrant community. The community systems of care

approach combined with community-based mental health services can sustain children in the community and empower families in their efforts to support their children's well-being and behavioral needs.

Barriers to Resilience

Thus far, the review findings have discussed factors that are protective or may contribute to resilience. However, one would be remiss to not mention some of the many potential barriers to resilience in refugee youth. This is not to say that facing these barriers is fully detrimental to youth resilience, although that may be true for some. Rather, these barriers may be considered risk factors that have the potential to hinder resilience in some way. This review will briefly discuss barriers to resilience that are found in the literature, including pre-migration, migration, and post-migration trauma, racism and discrimination, family separation or lack of family support, and barriers to mental health care and support services.

Pre-migration, Migration, and Post-migration Trauma

The research generally agrees that pre-migration trauma is a risk factor for resilience (Fazel et al., 2012), although one study argued that it is a complex factor and that more research is necessary to determine if that is the case (Guruge & Butt, 2015). Early resilience studies found that a low number of chronic, traumatic life events is a major environmental factor that separates children who exhibit positive outcomes despite challenging life situations (e.g., poverty) from those who do not have as many positive outcomes (Montgomery, 2010). In addition to pre-migration trauma, migration journeys and post-migration experiences may be traumatic and a risk factor for resilience (Fazel et al., 2012). For adolescents, community violence in their host country is a risk factor for intensifying PTSD symptoms, as well as any violence they experience vicariously through family members in their home country (Abdi et al., 2023). As such, exposure

to trauma in the various stages of migration can act as a barrier to resilience for refugee youth, since these events and accompanying PTSD symptoms can hinder positive adaptation.

Racism and Discrimination

Numerous studies have found that refugee youth are at risk of encountering various forms of racism and discrimination for any of their intersecting identities, such as race, ethnicity, religion, and refugee status (Abdi et al., 2023; Sleijpen et al., 2016). Racism and discrimination can be considered potential barriers to resilience because they may obstruct a refugee's adaptation, development, and acculturation. Further, there are psychological consequences, as these can be traumatic experiences and lead to feelings of distress and social isolation, among others (Hutchinson & Dorsett, 2012). And, as Abdi et al. (2023) note, "When experiences of racism are mixed with previous trauma, the result is potentially toxic" (p. 8). Much of this seems to happen in schools, which can hinder educational attainment and contribute to negative school experiences for accompanied and unaccompanied minors alike (Aleghfeli & Hunt, 2022; Mohamed & Thomas, 2017). Dehnel and colleagues (2023) found that Syrian refugee youth living in Jordan had high rates of suicidal ideation, especially those who reported being bullied by classmates and those who had pre-existing depression. Children and adolescents who feel socially excluded in school or their surrounding community may be at greater risk for psychological disorders or general distress, as well as decreased self-esteem, confidence, and sense of identity (Mohamed & Thomas, 2017). There are instances of discrimination in communities, and trauma can be exacerbated by hostile communities, such as the high ostracism that Zimbabwean refugee adolescents faced from community members in South Africa (Meda, 2017).

Family Separation or Lack of Family Support

Another large risk factor for refugee youth is family separation that occurs either forcefully (e.g., a government separates a family at the border) or accidentally (e.g., during crisis situations). Youth are more at risk for psychological disorders if they are unaccompanied upon entry to their host country, and separation may be correlated with PTSD (Fazel et al., 2012). As previously discussed, families can serve important roles in helping youth recover and be resilient, so losing that support can act as a barrier to resilience (Abdi et al., 2023). If youth are accompanied, intrafamilial stressors—primarily from family members having different levels of acculturation—can hurt family bonds. If caregivers show a limited amount of support toward their children, this can be harmful to the development and well-being of that child and potentially serve as a barrier to resilience (Rothe et al., 2010).

Obstacles to Mental Healthcare and Support Services

To promote resilience, basic needs must be prioritized before refugees are able to focus on their mental health (Ellis et al., 2011; Hutchinson & Dorsett, 2012; Pieloch et al., 2016). When needs are met, mental healthcare and other support services can be helpful to support refugee mental health and resilience. However, there are often barriers to these services. In a literature review, Derr (2016) examined these barriers for immigrants in the United States and found that most barriers could be categorized as either cultural or structural. Some of the most common cultural barriers included stigma, norms/beliefs about mental illness, and preference for alternative services or sources of comfort (e.g., religious leaders, family, and friends). The author found that more studies endorsed structural barriers, with the most commonly mentioned being language barriers, high cost, lack of knowledge of resources, transportation problems/inaccessibility, and lack of insurance. Though this study was not specifically

concerning refugee youth, these are barriers that are echoed in refugee literature as well (Ellis et al., 2011).

In addition, a common barrier can include mental health professionals themselves. Other than language barriers, professionals may not be culturally competent, or they may only focus on a refugee's trauma and not the positive/other attributes of a person and their resilience (Gupta, 2019; Hutchinson & Dorsett, 2012). Gupta states, "For individual practitioners developing supportive relationships with young people, getting to know the individual and their story, and critically reflecting on their own personal values and assumptions is crucial" (p. 97). If professionals want to work with refugees, it is vital that they are sensitive to cultural differences and work to maintain trust. Hutchinson and Dorsett (2012) also suggest that mental health professionals utilize strength-based approaches, where a refugee's resources and strengths are identified to help them build resilience.

Mental Health Interventions to Promote Resilience

A comprehensive analysis of various interventions for refugee youth resilience is beyond the scope of this paper, though effective interventions have addressed different levels of factors that support resilience (individual, family, school, community). For instance, some types of individual therapy, family and parent-based interventions, and psychosocial interventions all seem to be effective in improving the overall well-being of youth, and many of these interventions reduce symptoms of PTSD, depression, and anxiety (Cowling & Anderson, 2023). School-based interventions seem to show particular promise for refugee youth, as an onsite service may help reduce stigma and support a sense of belonging and peer relationships (Drammeh, 2019; Fazel & Betancourt, 2018). It also may be easier to reach children through their school setting, as there are often barriers to services in other settings (Pieloch et al., 2016).

Family-based interventions hold promise as well since they can help strengthen critical relationships and processes for resilience and well-being (Bunn et al., 2022; Fazel & Betancourt, 2018). Bunn and colleagues (2022) state that researchers are starting to come to the understanding that in developing interventions, the focus should move away from the individual level and try to include families and communities. Ultimately, for any intervention, local and refugee contexts should be accurately reflected, so the interventions should have flexibility for cultural adaptations and variations (Fazel & Betancourt, 2018).

Limitations in the Literature and Recommendations for Future Research

The research included in this review has multiple limitations, the first being that not every study used the same operational definition of resilience, which may limit the generalizability of findings. It can also be hard to generalize between refugee populations in general, as there can be immense diversity between groups. For instance, refugee populations can differ in their reasons for displacement, access to resources, pre- and post-migration experiences, cultural backgrounds, and more. Another limitation is that most studies utilize data from high-income countries, even though most refugees reside in low- and middle-income countries (UNHCR, n.d.-a). Researchers also primarily used Western diagnostic systems and conceptualizations of resilience (Jafari et al., 2022; Lustig et al., 2004). As mentioned by Jafari et al. (2022), “This limitation calls for a culturally infused conceptualization of resilience in refugee youth that can potentially inform the development of culturally appropriate measurement tools” (p. 689).

Additional research is needed to more fully understand resilience factors and barriers for refugee youth, as well as specific mechanisms of resilience. Some future directions should include longitudinal studies, as they are essential to further grasp the dynamic process of

resilience, that is, how and when adaptation occurs, and how resilience can change over time (Montgomery, 2010; Sleijpen et al., 2013). Longitudinal studies can also provide invaluable insight into how resilience varies across different stages of the life course. Another recommended future direction is that more research be conducted in low- and middle-income countries so that the majority of refugee youth can have their experiences better represented in the literature. Lastly, research should be conducted on the differences in resilience between the specific developmental groups of younger children, as most of the current literature focuses on older children and adolescents.

Conclusion

This current project aims to build upon the existing body of literature by demonstrating how resilience in refugee youth can originate in or be maintained through multilevel factors (individual, family, school, and community). Moreover, it has demonstrated how various barriers have the potential to thwart resilience. These synthesized findings contribute to the shift of focus on refugee resilience, adopting a strength-based approach instead of concentrating on traumatic experiences and weaknesses (Pieloch et al., 2016).

It's important to understand resilience factors to learn how to best assist refugee youth. Governments and communities alike should provide resources and other support to aid in refugee adaptation and decrease barriers to resilience. This could be realized in a variety of ways: meeting basic needs, providing positive school experiences, financially supporting refugee organizations or agencies, promoting belonging in schools and communities, training mental health professionals to be culturally competent, and more. Governments should enact policies, including immigrant, healthcare, and social policies that keep families together and advance health and development (Fazel et al., 2012).

References

- Abdi, S., Akinsulure-Smith, A. M., Sarkadi, A., Fazel, M., Ellis, B. H., Gillespie, S., Juang, L. P., & Betancourt, T. S. (2023). Promoting positive development among refugee adolescents. *Journal of Research on Adolescence*, 33(4), 1064–1084.
<https://doi.org/10.1111/jora.12890>
- Aleghfeli, Y. K., & Hunt, L. (2022). Education of unaccompanied refugee minors in high-income countries: Risk and resilience factors. *Educational Research Review*, 35, 1–14.
<https://doi.org/10.1016/j.edurev.2022.100433>
- American Psychological Association. (2017). *Education and Socioeconomic Status*. Retrieved February 19, 2024, from
[https://www.apa.org/pi/ses/resources/publications/education#:~:text=Socioeconomic%20status%20\(SESES\)%20encompasses%20not,afforded%20to%20people%20within%20society](https://www.apa.org/pi/ses/resources/publications/education#:~:text=Socioeconomic%20status%20(SESES)%20encompasses%20not,afforded%20to%20people%20within%20society)
- Apap, J. (2016). *Vulnerability of unaccompanied and separated child migrants*. European Parliament.
[https://www.europarl.europa.eu/RegData/etudes/BRIE/2016/595853/EPRS_BRI\(2016\)595853_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/BRIE/2016/595853/EPRS_BRI(2016)595853_EN.pdf)
- Ataman, A., & Uysal, B. (2023). Examining the effectiveness of a group hope intervention program in Syrian refugee children: A pilot study. *Vulnerable Children and Youth Studies*, 18(3), 501–515. <https://doi.org/10.1080/17450128.2023.2216476>
- Balasundaram, P., & Avulakunta, I. D. (2023, March 8). *Human growth and development - StatPearls - NCBI bookshelf*. National Center for Biotechnology Information. Retrieved January 15, 2024, from <https://www.ncbi.nlm.nih.gov/books/NBK567767/>

- Bronstein, I., & Montgomery, P. (2011). Psychological distress in refugee children: A systematic review. *Clinical Child and Family Psychology Review*, 14(1), 44–56. <https://doi.org/10.1007/s10567-010-0081-0>
- Bunn, M., Zolman, N., Smith, C. P., Khanna, D., Hanneke, R., Betancourt, T. S., & Weine, S. (2022). Family-based mental health interventions for refugees across the migration continuum: A systematic review. *SSM - Mental health*, 2, 100153. <https://doi.org/10.1016/j.ssmmh.2022.100153>
- Chow, M. I. S. P., Hashim, A. H., & Guan, N. C. (2021). Resilience in adolescent refugees living in Malaysia: The association with religiosity and religious coping. *International Journal of Social Psychiatry*, 67(4), 376–385. <https://doi.org/10.1177/0020764020957362>
- Cowling, M. M., & Anderson, J. R. (2023). The effectiveness of therapeutic interventions on psychological distress in refugee children: A systematic review. *Journal of Clinical Psychology*, 79(8), 1857–1874. <https://doi.org/10.1002/jclp.23479>
- Danga, S. D., Adebiyi, B. O., Koegler, E., Joseph, C., & Roman, N. V. (2022). Associations between traumatic experience and resilience in adolescent refugees: A scoping review. *Youth*, 2(4), 681–690. <https://doi.org/10.3390/youth2040048>
- Dehnel, R., Dalky, H., Sudarsan, S., & Al-Delaimy, W. K. (2023). Suicidality among Syrian refugee children in Jordan. *Community Mental Health Journal*, 60, 224–232. <https://doi.org/10.1007/s10597-023-01160-8>
- Derr, A. S. (2016). Mental health service use among immigrants in the United States: A systematic review. *Psychiatric Services*, 67(3), 265–274. <https://doi.org/10.1176/appi.ps.201500004>

- Drammeh, L. (2019). Spaces of belonging and social care. In *Unaccompanied young migrants: Identity, care and justice* (pp. 159–186). Policy Press. <https://doi.org/10.2307/j.ctvbd8jc1>
- Ellis, B. H., Miller, A. B., Baldwin, H., & Abdi, S. (2011). New directions in refugee youth mental health services: Overcoming barriers to engagement. *Journal of Child & Adolescent Trauma*, 4(1), 69–85. <https://doi.org/10.1080/19361521.2011.545047>
- Fazel, M., & Betancourt, T. S. (2018). Preventive mental health interventions for refugee children and adolescents in high-income settings. *The Lancet Child & Adolescent Health*, 2(2), 121–132. [https://doi.org/10.1016/S2352-4642\(17\)30147-5](https://doi.org/10.1016/S2352-4642(17)30147-5)
- Fazel, M., Reed, R. V., Panter-Brick, C., & Stein, A. (2012). Mental health of displaced and refugee children resettled in high-income countries: Risk and protective factors. *The Lancet*, 379(9812), 266–282. [https://doi.org/10.1016/S0140-6736\(11\)60051-2](https://doi.org/10.1016/S0140-6736(11)60051-2)
- Frounfelker, R. L., Miconi, D., Farrar, J., Brooks, M. A., Rousseau, C., & Betancourt, T. S. (2020). Mental health of refugee children and youth: Epidemiology, interventions, and future directions. *Annual Review of Public Health*, 41(1), 159–176. <https://doi.org/10.1146/annurev-publhealth-040119-094230>
- Guarnaccia, P. J., & Hausmann-Stabile, C. (2016). Acculturation and its discontents: A case for bringing anthropology back into the conversation. *Sociology and Anthropology*, 4(2), 114–124. <https://doi.org/10.13189/sa.2016.040209>
- Gupta, A. (2019). Caring for and about unaccompanied migrant youth. In *Unaccompanied young migrants: Identity, care and justice* (pp. 77–101). Policy Press. <https://doi.org/10.2307/j.ctvbd8jc1>

- Guruge, S., & Butt, H. (2015). A scoping review of mental health issues and concerns among immigrant and refugee youth in Canada: Looking back, moving forward. *Canadian Journal of Public Health, 106*(2), e72–e78. <https://doi.org/10.17269/CJPH.106.4588>
- Höltge, J., Theron, L., Cowden, R. G., Govender, K., Maximo, S. I., Carranza, J. S., Kapoor, B., Tomar, A., van Rensburg, A., Lu, S., Hu, H., Cavioni, V., Agliati, A., Grazzani, I., Smedema, Y., Kaur, G., Hurlington, K. G., Sanders, J., Munford, R., Colomeischi, A. A., ...Ungar, M. (2021). A cross-country network analysis of adolescent resilience. *The Journal of Adolescent Health, 68*(3), 580–588. <https://doi.org/10.1016/j.jadohealth.2020.07.010>
- Hutchinson, M., & Dorsett, P. (2012). What does the literature say about resilience in refugee people? Implications for practice. *Journal of Social Inclusion, 3*(2), 55. <https://doi.org/10.36251/josi.55>
- Jafari, H., Kassan, A., Reay, G., & Climie, E. A. (2022). Resilience in refugee children and youth: A critical literature review. *Canadian Psychology, 63*(4), 678–694. <https://doi.org/10.1037/cap0000320>
- Lustig, S. L., Kia-Keating, M., Knight, W. G., Geltman, P., Ellis, H., Kinzie, J. D., Keane, T., & 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. <https://doi.org/10.1097/00004583-200401000-00012>
- Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development, 71*(3), 543–562. <https://doi.org/10.1111/1467-8624.00164>

- Meda, L. (2017). Resilience among refugees: A case of Zimbabwean refugee children in South Africa. *Child Abuse Research: A South African Journal*, 18(1), 62–69.
<https://hdl.handle.net/10520/EJC-77dd01855>
- Metzler, J., Saw, T., Nono, D., Kadondi, A., Zhang, Y., Leu, C., Gabriel, A., Savage, K., & Landers, C. (2023). Improving adolescent mental health and protection in humanitarian settings: Longitudinal findings from a multi-arm randomized controlled trial of child-friendly spaces among South Sudanese refugees in Uganda. *Journal of Child Psychology and Psychiatry*, 64(6), 907–917. <https://doi.org/10.1111/jcpp.13746>
- Mohamed, S., & Thomas, M. (2017). The mental health and psychological well-being of refugee children and young people: An exploration of risk, resilience and protective factors. *Educational Psychology in Practice*, 33(3), 249–263.
<https://doi.org/10.1080/02667363.2017.1300769>
- Montgomery, E. (2010). Trauma and resilience in young refugees: A 9-year follow-up study. *Development and Psychopathology*, 22(2), 477–489.
<https://doi.org/10.1017/S0954579410000180>
- Ní Raghallaigh, M. (2010). Religion in the lives of unaccompanied minors: An available and compelling coping resource. *British Journal of Social Work*, 41(3), 539–556.
<https://doi.org/10.1093/bjsw/bcq136>
- Pieloch, K. A., McCullough, M. B., & Marks, A. K. (2016). Resilience of children with refugee statuses: A research review. *Canadian Psychology*, 57(4), 330–339.
<https://doi.org/10.1037/cap0000073>

- Pumariega, A. J., Rothe, E., & Pumariega, J. B. (2005). Mental health of immigrants and refugees. *Community Mental Health Journal, 41*(5), 581–597.
<https://doi.org/10.1007/s10597-005-6363-1>
- Rana, M., Qin, D. B., Bates, L., Luster, T., & Saltarelli, A. (2011). Factors related to educational resilience among Sudanese unaccompanied minors. *Teachers College Record: The Voice of Scholarship in Education, 113*(9), 2080–2114.
<https://doi.org/10.1177/016146811111300905>
- Rothe, E. M., Tzuang, D., & Pumariega, A. J. (2010). Acculturation, development, and adaptation. *Child and Adolescent Psychiatric Clinics of North America, 19*(4), 681–696.
<https://doi.org/10.1016/j.chc.2010.07.002>
- Schwartz, S. J., Unger, J. B., Zamboanga, B. L., & Szapocznik, J. (2010). Rethinking the concept of acculturation: Implications for theory and research. *American Psychologist, 65*(4), 237–251. <https://doi.org/10.1037/a0019330>
- Sleijpen, M., Boeije, H. R., Kleber, R. J., & Mooren, T. (2016). Between power and powerlessness: A meta-ethnography of sources of resilience in young refugees. *Ethnicity & Health, 21*(2), 158–180. <https://doi.org/10.1080/13557858.2015.1044946>
- Sleijpen, M., June Ter Heide, F. J., Mooren, T., Boeije, H. R., & Kleber, R. J. (2013). Bouncing forward of young refugees: A perspective on resilience research directions. *European Journal of Psychotraumatology, 4*(1), 20124. <https://doi.org/10.3402/ejpt.v4i0.20124>
- Sleijpen, M., Mooren, T., Kleber, R. J., & Boeije, H. R. (2017). Lives on hold: A qualitative study of young refugees' resilience strategies. *Childhood, 24*(3), 348–365.
<https://doi.org/10.1177/0907568217690031>

Ungar, M. (2006). Resilience across cultures. *British Journal of Social Work*, 38(2), 218–235.

<https://doi.org/10.1093/bjsw/bcl343>

UNHCR (n.d.-a). *Figures at a glance*. UNHCR. Retrieved January 20, 2024, from

<https://www.unhcr.org/us/about-unhcr/who-we-are/figures-glance>

UNHCR (n.d.-b). *What is a refugee?* UNHCR. Retrieved October

2, 2023, from <https://www.unrefugees.org/refugee-facts/what-is-a-refugee/>

van Es, V., Rommes, E., & De Kwaadsteniet, L. (2019). Building resilience by becoming a circus artist. *Journal of Refugee Studies*, 34(1), 760–786.

<https://doi.org/10.1093/jrs/fez091>

Appendix: Honors Research Symposium Speech

Panel title: Coming of Age: Youth Formation in Culture and Community

Presented May 18, 2024

At the end of 2022, the United Nations High Commissioner for Refugees reported that there were 35.3 million refugees globally, with about 41% of those being children under the age of 18. A refugee is a person who is forced to leave their home country because of conflict, persecution, or war. Potentially traumatic events combined with forced displacement can have an immense impact on youth mental health. And although refugees usually have a specific type of legal status and are accordingly protected from deportation, they often face barriers in their host country that can affect their mental health as well. As a consequence of these challenging experiences, young refugees frequently exhibit high rates of mental health disorders, with posttraumatic stress disorder (PTSD), depression, and anxiety all being significantly prevalent. Nevertheless, research has revealed that many young refugees are resilient, regardless of their circumstances. While past research has predominantly centered on the trauma and challenges faced by refugees, there is an ongoing shift toward examining refugee lives through the lens of resilience. Simply concentrating on difficulties like trauma neglects other dimensions of refugees, including their strengths. For my project, I conducted a literature review surrounding supporting factors and potential barriers to resilience in young refugees. The review examines multiple levels of life experience, demonstrating how resilience can stem from individual, family, school, and community-level factors. It should be noted that this review was not focused on a singular refugee group, but many, as although there are cultural differences between groups that can limit the generalizability of research, the literature indicates many commonalities among

refugees. However, since there are indeed differences between groups and individuals alike, listeners should be mindful that not every part of this review will apply to all young refugees.

Though there are many definitions of resilience, Luthar and colleagues (2000) provide a definition that arguably includes all of the vital components: “Resilience refers to a dynamic process encompassing positive adaptation within the context of significant adversity. Implicit within this notion are two critical conditions: (1) exposure to significant threat or severe adversity; and (2) the achievement of positive adaptation despite major assaults on the developmental process.” The term "dynamic process" is key in this definition, indicating that resilience is not an immediate or all-or-nothing ability that one may possess. Refugees may have a higher level of resilience at times (and a lower level at other times), as adaptation can fluctuate due to various factors.

Let us first look at the individual-level factors that can be significant for fostering resilience in refugee youth. Acculturation is the process of individuals or groups adjusting their behaviors to those of the target culture as the result of exposure to different cultures, groups, and social influences. At least some level of acculturation is most likely a protective factor that helps foster resilience. In a meta-ethnography of 26 empirical studies, Sleijpen and colleagues (2016) found that adapting to the host culture helped refugee youth reinforce their sense of identity and attain social approval. Some of the most essential acculturation strategies mentioned included learning the language, engaging in their new culture, and connecting with peers. The developmental stage of youth can play a role in resilience, as adolescent refugees are especially vulnerable to traumatic incidents because of incomplete biological, cognitive, and psychological development, coupled with insufficient coping mechanisms. Research indicates that refugees

who arrive in their host country at a younger age appear to have an easier time adapting in comparison to older adolescent refugees.

The last factor at the individual level is having adaptive coping strategies (as opposed to maladaptive coping, such as substance abuse or pushing away emotions). Many personal characteristics can be considered to be adaptive coping strategies. I found that hope, optimism, and perseverance can promote psychological well-being and help nurture resilience. Lawrence Meda conducted a case study of Zimbabwean refugee adolescents in a refugee school in South Africa, stating, “Notwithstanding miseries in refugee learners’ lives, they are perseverant. They flourish and consistently achieve greater positive outcomes against all odds... They are resilient and hopeful in spite of forces that work against them.” The other coping strategy is religious coping. Many refugee youth view their religion as a significant part of the development of their worldview and overall identity. Based on their interviews with refugee youth in the Netherlands, Sleijpen and colleagues (2017) claim that religion was significant for their participants’ resilience—it served as both a distraction and a source of hope while offering them guidance and support.

At the family level, multiple factors can increase resilience as well. The family serves as a primary support system for youth and can help cultivate a sense of cultural heritage and identity. Research repeatedly points to the importance of parental guidance and support alongside parental warmth and a secure attachment between parents and their children. Healthy communication between parents and children is also an important factor in helping support refugee youth, which may strengthen resilience. Communication may foster resilience by helping children understand their current situation, increase collaborative problem-solving within the family, and facilitate discussions about their emotions. For many refugees, it was unusual to talk

about psychological distress in their country of origin. Support systems for mental health consisted of family and friends, instead of also seeking help from an outside source, such as a mental health professional. If parents can provide emotional support for their children after displacement, that can be beneficial for the development of resilience in their children.

But what about unaccompanied youth? When young refugees migrate, they may be accompanied by their families. Yet this is not the case for all of them, as some are unaccompanied or separated (either forcibly or accidentally) from their family by the time they settle in their host country. In 2015, it was estimated that there were no fewer than 100,000 unaccompanied refugee and migrant children globally. For those without relatives waiting for them in their new country, some evidence points to foster care being more beneficial for refugee youth in comparison to other accommodation arrangements, such as residential care. This could be because foster caregivers are able to be more financially and emotionally supportive, which may help bolster resilience in unaccompanied refugee minors. Foster caregivers can also help instill a sense of belonging, which can be important for increasing feelings of safety and encouraging youth to open up about their experiences.

Household socioeconomic status may also play a role in refugee youth resilience, though more studies need to be conducted for there to be more conclusive data. For unaccompanied minors, financial support is associated with higher educational outcomes, which can indicate greater overall resilience. For accompanied minors, parental education levels could signify the presence of family resources that may act as a protective factor for adaptation.

Moving on to the school-level factors, schools can be a place where refugees can feel safe, which is necessary for psychological well-being and resilience. They serve as meaningful places for acculturation and adaptation, since they can help refugee youth learn the language of

their host country and facilitate a space of belonging. Positive school experiences are associated with promoting resilience, particularly because of how helpful schools are in increasing adaptation. Many factors may contribute to refugee youth having these positive experiences. Supportive friends and classmates are frequently cited in research as being important for resilience. Each connection in friendship networks contributes to social belonging, which can nurture mental health. A strong peer support network acts as a crucial resource and protective factor for development, which can contribute to resilience. Peers can give advice and serve as a distraction from any current problems or past trauma.

Another factor that may contribute to resilience arises from supportive teachers and other school staff, who can help foster positive school experiences for refugee youth. Positive student-teacher relationships, alongside teachers' support for and confidence in the abilities of refugee students, are associated with increased academic performance. Teachers can also provide useful advice to students and collaborate with social workers or other staff to help meet basic needs. Successful teaching strategies often include cultural sensitivity and individualized planning (such as involving caregivers) to meet personal needs.

Moreover, valuing education is associated with promoting resilience. Valuing education can look like gratitude for schooling, setting educational goals, pursuing further education, or having hope for future education. To some extent, this is an intrinsic factor, but it can also be affected by support from peers, teachers, family, and more. Many young refugees highly value their education. They often view education as an essential means of attaining control over their lives, a key to an elevated status, and an escape from their current circumstances and disempowered positions. Going to school is a crucial adaptive process, and valuing education can be one key to strengthening resilience.

In the final level of contributing factors, we see how community support can help facilitate resilience. Research has identified community as an important aspect for refugee youth in developing their identity and belonging. Within this macro level, three factors stand out as being the most significant, the first being community support from people with the same cultural background. Maintaining a positive connection to one's ethnic-racial background can lead to various improvements in the lives of refugees. These benefits may include enhancements in psychological and physical health, self-esteem, and academic performance. Further, refugee youth may have an improved sense of belonging, which can positively influence resilience and overall development in individuals. For adolescents especially, having community support can be significant for identity formation. Along with general same-ethnic community support, having friends with the same cultural background can contribute to resilience in refugee youth. These connections are correlated with significantly higher levels of well-being in different aspects of their lives, including psychosocial domains. In one study from the United States, unaccompanied Sudanese adolescents provided motivation and emotional support for each other, increasing their educational attainment and resilience.

Sports, recreation, and other social activities may also be beneficial for resilience. They can increase feelings of connection, belonging, and purpose—if the activities are within their same-ethnic community, refugee youth may be able to develop their ethnic identity and acculturation more deeply. In my favorite study that I read for this project, van Es and colleagues (2019) examined the impact of Social Circus, a psychosocial intervention to promote resilience in refugee youth through classes in circus arts, like juggling. They found that by engaging in Social Circus activities, participants increased their self-esteem and social interaction and felt a sense of safety and interpersonal trust around teachers and other participants. In addition,

participating in circus activities helped youth to have a sense of purpose and hope for the future: “By discovering new things and experiencing them with perseverance, it is possible to learn new and exciting skills. The circus activities may therefore improve the participants’ perspectives of the future.”

Refugee agencies and organizations often play pivotal supportive roles in the lives of refugee youth, especially unaccompanied youth. This can have a significant positive effect on refugee youth facing social isolation and poverty. The aforementioned unaccompanied Sudanese adolescents living in the U.S. cited their local resettlement agency as a key community resource. The agency helped place youth with foster caregivers, provided financial support and independent living classes, and assisted in paying college tuition through a grant program. Refugee mental health services may also support resilience in youth, particularly when they are effective and culturally competent mental health services. Pumariega and colleagues (2005) advocate for community-based mental health services and community systems of care approach, which is a framework that involves collaboration among agencies, families, and their children. This approach utilizes the innate resources and strengths within the refugee community. The community systems of care approach combined with community-based mental health services can sustain youth and empower families in their efforts to support their children’s health and behavioral needs.

So far, I have discussed contributing factors to resilience. However, I would be remiss to not mention some of the many potential barriers to resilience in refugee youth. This is not to say that facing these barriers is fully detrimental to youth resilience, although that may be true for some. Rather, these barriers may be considered risk factors that have the potential to hinder resilience in some way. There are four barriers that are commonly mentioned in the literature, the

first of which is trauma from the stages of pre-migration, migration, and/or post-migration. In each stage, there is a potential for exposure to traumatic events, from exposure to violence, being separated from their family, traveling in dangerous conditions, encountering discrimination in their host country, and more. Youth are considered to be particularly vulnerable, especially if they are unaccompanied. For adolescents in particular, Abdi and colleagues (2023) found that community violence in their host country is a risk factor for intensifying PTSD symptoms, as well as any violence they experience vicariously through family members in their home country. As such, exposure to trauma in the various stages of migration can act as a barrier to resilience for refugee youth, since these events and accompanying PTSD symptoms can hinder positive adaptation.

Numerous studies have found that refugee youth are at risk of encountering forms of racism and discrimination for any of their intersecting identities, such as race, ethnicity, religion, and refugee status. Racism and discrimination can be considered a barrier to resilience because they may obstruct a refugee's adaptation, development, and acculturation. Children and adolescents who feel socially excluded in school or their surrounding community may be at greater risk for psychological disorders or general distress, as well as decreased self-esteem, confidence, and sense of identity.

Another large risk factor for refugee youth is family separation that occurs either forcefully (such as when a government separates a family at the border) or accidentally (such as during crisis situations). Youth are more at risk for psychological disorders if they are unaccompanied upon entry to their host country, and separation may be correlated with PTSD. As previously mentioned, families can serve important roles in helping youth recover and be resilient, so losing that support can act as a barrier to resilience. If youth are accompanied,

intrafamilial stressors (primarily from family members having different levels of acculturation) can hurt family bonds. If caregivers show a limited amount of support toward their children, this can be harmful to the development and welfare of that child and serve as a barrier to resilience.

Finally, obstacles to mental healthcare and support services can act as a barrier. When basic needs are met, mental healthcare and other support services can be helpful to aid refugee mental health and resilience. Yet there are often barriers to these services which can be categorized as either cultural or structural. Some of the most common cultural barriers include stigma, norms/beliefs about mental illness, and preference for alternative services or sources of comfort (like family). Some structural barriers include language barriers, high cost, lack of knowledge of resources, transportation problems/inaccessibility, and lack of insurance. Mental health professionals themselves can be an additional barrier to resilience. Other than having potential language barriers, professionals may not be culturally competent, or they may only focus on a refugee's trauma and not the positive/other attributes of a person and their resilience. If professionals want to work with refugees, it is vital that they are sensitive to cultural differences and work to maintain trust. Hutchinson and Dorsett (2012) suggest that mental health professionals utilize strength-based approaches, where a refugee's resources and strengths are identified to help them build resilience.

The research in this review has multiple limitations, the first being that not every study used the same operational definition of resilience, which may limit the generalizability of findings. It can be hard to generalize between refugee populations in general, as there can be immense diversity between groups. For instance, refugee populations can differ in their reasons for displacement, access to resources, cultural backgrounds, and more. Another limitation is that most studies utilize data from high-income countries, even though most refugees reside in low-

and middle-income countries. Researchers also primarily used Western diagnostic systems and conceptualizations of resilience.

Additional research is needed to more fully understand resilience factors and barriers for refugee youth, as well as specific mechanisms of resilience. Future directions should include longitudinal studies, as they are essential to further grasp the dynamic process of resilience, that is, how and when adaptation occurs, and how resilience can change over time and across different stages of the life course. I also recommend that more research be conducted in low- and middle-income countries so that the majority of refugee youth can have their experiences better represented in research findings. Lastly, research should be conducted on the differences in resilience between the specific developmental groups of younger children, as most of the current literature focuses on older children and adolescents.

My synthesized findings contribute to the shift of focus on refugee resilience, adopting a strength-based approach instead of fully focusing on traumatic experiences and weaknesses. It's important to understand contributing factors to resilience in order to learn how to best assist refugee youth. Governments and communities should provide resources and other support to aid in refugee adaptation and decrease barriers to resilience. This could be realized in a variety of ways: financially supporting refugee organizations or agencies, promoting belonging in schools and communities, and more. I encourage listeners to vote for representatives who care about the lives of refugees and are dedicated to welcoming them and working to help them be resilient in their new country. Representatives should enact policies, including immigrant, healthcare, and social policies that keep families together and advance health and development. Our youth is a formative part of our lives, and refugee youth deserve to feel safety and belonging in this world, increasing their resilience and improving their outcomes.