REVIEW OF THE LITERATURE

Promoting positive development among refugee adolescents

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Abstract

Of the estimated 35.3 million refugees around the world (UNHCR, *Figures at a Glance*, 2022), approximately 50% are children under the age of 18. Refugee adolescents represent a unique group as they navigate developmental tasks in an unstable and often threatening environment or in resettlement contexts in which they often face marginalization. In addition to physiological, social, and psychological changes that mark adolescence, refugee youth often face traumatic experiences, acculturative stress, discrimination, and a lack of basic resources. In this consensus statement, we examine research on refugee adolescents' developmental tasks, acculturative tasks, and psychological adjustment using Suárez-Orozco and colleague's integrative risk and resilience model for immigrant-origin children and youth proposed by Suárez-Orozco et al. Finally, we discuss recommendations—moving from proximal to more distal contexts.

KEYWORDS
belonging, refugee, resilience

INTRODUCTION

Today, the world is witnessing horrific violence and natural disasters, which are driving children and families out of their homes and into exile. Many of these children and their families will seek refugee status in another country where they will try to rebuild their lives. Despite reaching relative safety in a settlement country following variably treacherous journeys out of war and conflict-affected regions, refugee adolescents and their families may find themselves paddling uncharted and stormy waters as they navigate the realities of adjusting to new communities, institutions, and cultures. This consensus statement builds on previous reviews of the literature as well as expands and updates on areas particularly relevant for adolescents between the ages of 10 and 19. We first provide an overview of who refugees are and how they are similar to and different from immigrants. We then describe an integrative risk and resilience model to understand refugee adolescent adaptation by considering developmental tasks, acculturative tasks, and psychological adjustment (Suárez-Orozco et al., 2018). Based on this risk and resilience model that includes a socioecological lens,

we then discuss recommendations—moving from proximal to more distal contexts—for building more inclusive and healthy environments to promote the human capital and well-being of refugee adolescents. Furthermore, we recommend building on identified strengths and addressing research and intervention gaps through community-clinical/researcher partnerships.

To develop this statement, experts in the field of refugee adolescent mental health met monthly over 18 months to share results of in-depth literature reviews on specific aspects of the refugee experience (e.g., acculturation, post-resettlement stressors) and to come to consensus around the current state of knowledge and important future directions. This also allowed for observation of how methodology and areas of foci have evolved over the past 30 years. As an additional measure, a detailed search was conducted in 2021 on keywords related to refugees and adolescents where 1016 titles and abstracts were coded for relevance, context (low- or middle-income countries [LMIC] or high-income countries [HIC]), type of article (i.e., basic research, intervention, or review), and topic studied (e.g., trauma, acculturation). There were twice as many articles about adolescent refugees

in HICs as LMICS. We were able to ensure that all of the topics had been captured and that the integrative model was robust. Whenever possible, we direct readers to relevant, recent systematic reviews that provide a more in-depth discussion of specific topics related to the subject of refugee adolescence.

CURRENT REFUGEE TRENDS

An unprecedented number of people are experiencing forced migration, with 108.4 million displaced by the end of 2022 and 35.3 million designated as refugees (UNHCR, 2023). Unlike internally displaced individuals who have not crossed an international border (53.2 million), refugees are "persons who are outside their country of origin for reasons of feared persecution, conflict, generalized violence, or other circumstances that have seriously disturbed public order and, as a result, require international protection" (UNHCR, 2022). Notably, about half of the refugee population are children under the age of 18 (UNHCR, 2023). The majority (83%) of refugees are hosted in neighboring, LMICs and the rest in HICs. Although most refugees end up in LMICs, it is important to note that policies and programming that are developed in HICs may end up being implemented in LMICs and vice versa. Because of the uneven (and inequitable) distribution of material resources, HICs can also provide funding for programming in LMICs.

Expectations and experiences for refugee adolescents in the two contexts may differ in key ways. Refugee adolescents in neighboring LMICs, such as Somali refugees in Kenya, Afghan refugees in Pakistan, and Syrian refugees in Jordan, are often housed in refugee camps or residing in larger urban areas with the expectation that they will either be resettled to HICs or return to their country of origin. Refugee adolescents in neighboring LMICs are also more likely than those in HICs to share racial, ethnic, cultural, and/or religious backgrounds and identities. Research in LMICs has found that refugee children in camps are most concerned with issues related to physical safety and food insecurity (Reed et al., 2012). Refugee youth who find refuge in urban areas in LMIC struggle with unique barriers such as lack of access to educational opportunities which can negatively impact their psychological wellness (Al-Rousan et al., 2018). As issues of basic survival subside, many resettled refugee adolescents in HICs grapple with issues of acculturation, discrimination, and belongingness (Fazel & Betancourt, 2018).

We also would like to note that there are common experiences and needs that have been identified regardless of where refugee adolescents are resettled. Fazel et al. undertook two systematic reviews, one focusing on refugee adolescents resettled in LMIC and another focusing on adolescents resettled in HIC. Refugee adolescents, regardless of where they are resettled, are exposed to violence, are at risk for poor mental health, and their social support (family and community) is often negatively impacted by the adverse events in their lives (Fazel et al., 2012; Reed et al., 2012).

Both systematic reviews also highlight the lack of research that goes beyond the individual domain and the need for research that incorporates the social context. Additionally, refugees often experience discrimination, whether due to their race, ethnicity, religion, or refugee status, they face constant threats to their safety, and they are often resource deprived, though the form these adversities take and their intensity might be different depending on whether they are in LMIC or HIC. Thus, programs that address mental health needs, decrease discrimination, increase belonging and safety, and facilitate access to resources are recommended for all refugee adolescents, regardless of where they are living.

Given these differences and the fact that more data are available on refugee adolescents who are resettled in HICs, we focus primarily on refugee adolescents in HICs in this consensus statement but also draw on research from LMICs whenever possible. We are also well aware of their shared experiences and needs; therefore, we integrate data from refugee adolescents in both HICs and LMICs to inform research, policy, and practice in supporting refugee adolescents globally, and identify issues that require further attention.

Refugees, immigrants, and internally displaced persons

While refugees and immigrants share many similarities, there are also major differences. Fear for their safety prevents refugees from returning to their country of origin, whereas most immigrants with sufficient resources can return safely. Those seeking asylum—who might eventually meet the definition of refugee, but who enter the country without the status—may endure long waiting times for asylum decisions in the country in which they hope to resettle. While refugees and asylum seekers are fleeing unsafe conditions, most immigrants may leave countries of origin primarily for economic, educational, and occupational opportunities, or to join family members who are living abroad. As such, they are less likely than refugees to experience serious trauma before, during, and after migrating, yet both groups are often characterized by elevated levels of exposure to violence, especially immigrant populations seeking asylum, who have not yet been granted refugee status (Betancourt, Newnham, et al., 2012). In fact, some immigrants seeking asylum, such as those fleeing Guatemala, Honduras, and El Salvador do have trauma experiences similar to refugees fleeing war-torn countries (Cuneo et al., 2021).

Reception in the host country can be vastly different for refugees, asylum seekers, and other immigrants, as immigrants may be settled from the outset, or they might be undocumented and unable to access many resources like healthcare and employment. Asylum seekers often experience extended periods of family separation and stress that may be exacerbated by issues such as inadequate housing, limitations on the ability to work, and tensions with other ethnic groups (Ziersch et al., 2017). Refugees with formal status are often resettled by government agencies

and associated service providers while those who do not receive refugee status might be left to fend for themselves, feel unable or unsafe to access services, or face extradition. Countries also differ greatly when it comes to their healthcare, educational, and social policies regarding children and adolescents with undocumented or pending legal status. While some countries ensure full rights to children residing in their territories, regardless of legal status, others exclude or restrict children from services. Finally, internally displaced persons are individuals who are displaced by a crisis (conflict, environmental disaster, etc.) but who remain within the borders of their country of origin. The United Nations has classified over 53 million people worldwide as being internally displaced in 2022 (UNHCR, 2022). Internally displaced persons are not refugees as they continue to reside within the borders of their country of birth though they share many experiences with refugees such as exposure to trauma and inability to return to their place of habitual residence due to threats of violence or other harm. Consistent collection of an individual's legal status upon arrival in their country of resettlement, in addition to their current status, could improve research into the impact of different migration experiences. However, these are sensitive data to collect, particularly in the case of undocumented individuals who might already fear consequences of participating in research. Given these limitations, our review focuses on those who ultimately obtained refugee status, whether through the asylum-seeking process or before arriving in the country of resettlement.

A risk and resilience framework to understand refugee adolescent development

Using a multilevel and multi-systems approach, the integrative risk and resilience model for immigrant-origin (including refugee) children and youth comprehensively describes factors that contribute to their adaptation (Suárez-Orozco et al., 2018). The model details how risk (e.g., stressors) and protective factors are embedded within four contextual levels of influence that map onto Bronfenbrenner's (1979) social–ecological model: the individual (including intersecting social position variables such as gender, ethnicity–race, and legal status); microsystems (family, school, and peers); political–social contexts of reception (national attitudes and immigration policies); and all nested within global forces (climate change, poverty, conflicts). This model is strength-based, highlighting resilience, defined as "the capacity of a dynamic system to adapt successfully to disturbances that threaten system function, viability, or development" (Masten, 2014, p. 6). In this dynamic systems view, refugee adolescents are not only impacted by their social environments but also demonstrate agency in selecting, influencing, and engaging with the people and settings around them.

The model provides a developmental understanding of risk and resilience by identifying the global, local, and intersecting influences on adolescents' contexts of development. It highlights the longitudinal interplay of three indicators of adaptation: (1) doing well with developmental tasks; (2) doing well with psychological adjustment, which are two universal domains for all adolescents; and (3) doing well with acculturative/enculturative tasks, which are specific to those of immigrant or refugee origin. During adolescence, key developmental tasks include establishing close friendships, exploring one's identity, becoming more self-regulated, engaging in academic progress, and preparing for participation in the labor market. Key acculturative (relating to the receiving culture or cultures) and enculturative (learning the culture of origin) tasks especially relevant for refugee adolescents are acquiring the dominant culture language and navigating bi- or multicultural identities and competencies. A critical tension in this process is the interplay between family connectedness, which is key to refugee adolescents' psychological well-being, and their adoption of new cultural practices, which can enhance their peer relations and success in the larger context (McMichael et al., 2011). Importantly, developmental and acculturative tasks are closely interconnected, and accomplishing one task may nurture another. For instance, learning the dominant culture and language supports academic progress and preparation for participating in the labor market (Buchanan et al., 2018; Suárez-Orozco et al., 2010). Both developmental and acculturative tasks each uniquely contribute to adolescents' psychosocial functioning, depending on the life domain studied (Titzmann & Jugert, 2017).

How well refugee adolescents are able to accomplish age- and culture-appropriate tasks for positive psychological adjustment depends on the risks and protective factors present in their social ecologies. Mapping onto the integrative risk and resilience model (Suárez-Orozco et al., 2018), a recent systematic review of refugee children and adolescents' mental health found that most research focuses on pre-migration individual risk factors and post-migration family factors, with emerging topics focusing on the community (Scharpf, Kaltenbach, et al., 2021). More specifically, individual pre-migration risk factors such as exposure to war-related trauma and female gender, and post-migration family-level factors such as caregiver mental illness, impaired caregiving, and family cohesion currently have the best evidence base. Post-migration community protective factors such as school connectedness, belongingness, support by peers and sociocultural risk factors such as discrimination, daily material stressors, and acculturative stress have an emerging research base in HICs. The review highlights the need to understand modifiable risk and protective processes shaping refugee adolescent mental health in post-migration settings in order to adequately formulate and test intervention models at each level of the social ecology. It also highlights the need to do so in diverse settings such as adolescents resettled in LMIC, HIC, refugee camps, and those displaced internally as the context impacts these risk and protective factors. In the following sections, this consensus statement describes

risk and resilience factors for refugee adolescents' adaptation across universal developmental tasks, psychological adjustment, and refugee-specific acculturative/enculturative tasks.

UNDERSTANDING UNIQUE EXPERIENCES OF REFUGEES WITH UNIVERSAL DEVELOPMENTAL TASKS OF ADOLESCENCE

Refugee adolescents are first and foremost adolescents. Cognitive, biological, and social-developmental changes during adolescence significantly impact how they engage with the people and settings around them as new competencies develop (Suárez-Orozco et al., 2018). More sophisticated cognitive abilities in terms of improved problem-solving skills and refined abstract and critical thinking open up new ways of thinking (Galván, 2021), for instance, having a more critical understanding of societal inequities that may lead to social activism (Kolano & Dávila, 2019). Increasing socioemotional competencies such as better emotional regulation and social connections mean that a greater capacity for coping with risks is possible (Edge et al., 2014). At the same time, higher levels of risk-taking and experimentation go hand-in-hand with neurological research showing that the prefrontal cortex is still developing well into the mid-20s, with the recognition that risk-taking depends on many factors including who adolescents are with, how emotionally charged the activity is, and how they appraise a situation (Galván, 2021). Overall, changes in individual development have implications for social relations, such as within peer, family, and school contexts. This section reviews research on peer relationships, family relationships, and educational progress as universal developmental tasks for refugee adolescents.

When thinking about refugee adolescents' developmental tasks, it is very important to consider the role of gender. Many refugee adolescents come from patriarchal cultures where gender roles and expectations are rigidly defined (Daniely & Lederman, 2019). Gender inequitable norms regarding education, family roles and responsibilities, and agency can adversely impact refugee girls' mental health and well-being (Sajdi et al., 2021). Girls may also be at greater risk for social isolation, sexual violence, and restricted mobility, while boys may be at greater risk for engaging in and being a victim of physical violence in their schools and communities (Baird et al., 2019; Stark et al., 2021). Furthermore, stressors such as discrimination and acculturation might impact refugee adolescents differently depending on gender (Gillespie et al., 2021). Adolescent refugee boys can also face unique risks given the gendered experience of refugee youth in both country of origin, during migration, and in resettlement (Affleck et al., 2018). It is also important to note that sexual and gender minority youth can experience extreme discrimination in their home settings and also in resettlement, which remains a largely under-researched issue.

Peer relationships

Adolescents strive to be accepted by peers and establish a sense of belonging. The heightened salience of peers during adolescence means that both negative (e.g., rejection) and positive (e.g., acceptance) peer relations are felt more acutely (Laursen & Veenstra, 2021). Among refugee adolescents within the school context, peer relations operate as stronger determinants of perceived school belonging than relations with teachers or family members (Rizkallah, 2020). A nationally representative sample of German ninth graders found that refugee students are more often rejected by their peers as deskmates than their non-refugee classmates and even more so in more homogenous (less ethnically diverse) classrooms (Boda et al., 2023). Further, perceived discrimination by peers in school is a significant source of distress and isolation, while social acceptance is associated with a sense of belonging in resettlement and leads to better academic and psychological outcomes (Kim et al., 2015; Samara et al., 2020). Refugee adolescents are often trying to balance acculturation and peer relations in multiple and often competing dimensions. Peer relations can be both a source of support, and yet create additional stressors for refugee youth and their families (Schwartz et al., 2021). This is especially true of minoritized youth who might face racism as well as pressure from their community of origin as they strive to form strong peer relations while staying connected to their community of origin. Refugee adolescent efforts to gain more acceptance from peers can sometimes have a negative impact on family relations (Islam et al., 2017). For example, a refugee girl may decide not to wear a hijab (head covering) to reduce bullying by peers, but her decision could lead to conflict within the family. These cross-context dynamics related to identity and intersectionality are important to consider. It is also important to note that peer relations in the context of acculturation and other stressors, such as discrimination, xenophobia, and trauma that refugee youth face, can represent both an opportunity for resilience and risk for refugee adolescents (Schwartz et al., 2021).

To foster strong peer relations, refugee adolescents use a range of strategies, from humor to activism. For instance, Dávila (2019) observed that refugee adolescents sometimes used humor to foster belonging and cohesion within multiethnic classrooms. Participating in peer-led social justice movements can also provide a powerful form of belonging and community for refugee adolescents as they mobilize around a shared mission (Kolano & Dávila, 2019). Barriers to developing strong peer relations can include symptoms of social anxiety or withdrawal; research has observed such symptoms at higher levels among refugee adolescents who experienced post-migration discrimination (Jore et al., 2020). Similarly, social challenges and aggression with peers mediated the effect of trauma on mental health symptoms among Somali adolescents residing in Kenya (Im & Swan, 2022). While experiences of forced migration,

discrimination, and trauma exposure contribute to barriers to developing positive peer relations, the presence of strong peer social support networks provides an important resource and buffer for refugee adolescents (Bešić et al., 2020; Samara et al., 2020). Thus, peer relationships, and factors that promote the development of strong peer relations, is an important emerging area of study among refugee adolescents.

Family relationships

A developmental task for all adolescents is to manage greater autonomy while maintaining connection to their families (Morris et al., 2021). Among refugee adolescents, existing research points to the potential challenges of navigating these developmental changes in the context of acculturation (Betancourt et al., 2015; Islam et al., 2017), while also highlighting family relationships as sources of resilience. For instance, a cross-country network analysis of adolescent resilience found that the most important resource related to resilience among adolescents was having a supportive caregiver (Höltge et al., 2021). That noted, recent systematic reviews of refugee families have identified a dearth of research on adolescent–caregiver relationships, relative to caregiver relationships with younger children (Flanagan et al., 2020) and several methodological limitations, including a reliance on self-reported, cross-sectional data, and few studies including both members of the caregiver–child dyad (Gewirtz et al., 2022).

For some refugee families, cultural differences between the heritage and receiving country can sometimes (not always) result in conflicting expectations between adolescents, caregivers, and the broader society (Betancourt et al., 2015; Birman, 2006). Families moving from strongly to less patriarchal societies may experience gender-based tensions in the family as adolescents and caregivers adjust to new expectations (Islam et al., 2017). Research has shown that refugee families develop ways of navigating differing expectations. For example, Vietnamese refugee caregivers raising adolescents in Nordic countries were found to encourage autonomy in the public sphere yet interdependence and obedience in the private sphere (Tingvold et al., 2012).

Refugee caregivers' own trauma history has been linked to their caregiving behaviors and styles, which has implications for attachment and the intergenerational transmission of trauma (Flanagan et al., 2020; Sangalang et al., 2017). In one study, Cambodian refugee caregivers' PTSD symptoms were associated with more role reversing in relationships with their adolescents, which mediated higher levels of adolescent anxiety (Field et al., 2013). Another study of Southeast Asian refugee families found that the intergenerational transmission of caregiver trauma to refugee adolescents operated, in part, through disrupted attachment relationships (Han, 2006).

Despite these challenges and potential conflicts, refugee families remain a tremendous source of support for adolescents, with many reporting that experiences of war and conflict made them grow closer to their caregivers (Al-Sabah et al., 2015). Losing that support, for instance, due to family separation, is an important risk factor for the mental health of refugee adolescents, as a study involving five European countries shows (Spaas et al., 2022). Systematic reviews of family-based mental health programs and caregiving programs for refugees find support for their efficacy in LMICs and HICs, underscoring the important role of family relationships in recovery and resilience (Bunn et al., 2022; Gillespie et al., 2022).

There are few studies on refugee adolescent sibling relationships and their impact on psychological wellness. What is available suggests that older siblings report more symptoms (Nasıroğlu & Çer, 2016), perhaps because older siblings take on many family responsibilities in resettlement (Reed et al., 2012). Older siblings often serve as role models for younger siblings (Ndengeyingoma et al., 2014), take on caregiver roles, and augment family resources (Tingvold et al., 2012). They do this while also dealing with common resettlement stressors such as learning a new language and adapting to new systems (Reed et al., 2012). The differences between younger and older siblings might also be explained by research findings that point to older refugee children being at higher risk for worse mental health outcomes (Papageorgiou et al., 2000). Additionally, having more siblings has been found to be associated with worse mental health outcomes (Hameed et al., 2018; Nasıroğlu & Çer, 2016).

Educational progress

As with all adolescents, the developmental expectations for academic and economic achievement held by an individual refugee adolescent, their family, or their community are shaped by cultural norms, local opportunities for education or employment, family stability, and enforcement of laws around the protection of minors (Schlecht et al., 2013). Refugee adolescents and their families, however, face greater challenges accessing and navigating school systems during migration and in resettlement (Betancourt, Berent, et al., 2020). Many refugee adolescents in LMICs and humanitarian settings face economic and social pressures to participate in adult life as earners, spouses, and caregivers (Stark et al., 2018), which often impede opportunities for further education (Ahmadzadeh et al., 2014). According to UNHCR's Education Report (Grandi, 2021), refugee children are almost twice as likely to be out of primary school than host children across the 40 HICs and LMICs assessed. In some countries, less than 10% of adolescent refugees are attending secondary school (Grandi, 2021). In HICs, refugee students often face unique challenges such as inappropriate grade placement due to an interrupted educational career and the practice of determining grade level by age rather than the student's ability to successfully master the classwork. Research examining the school experiences of refugee

adolescents in Canada has identified additional factors such as students' ethnic background, refugee camp experience, residing in an urban area, and the length of residence in the host country which can impact refugee adolescents' academic performance (Wilkinson, 2002).

Rigid school tracking systems in countries such as Germany may disadvantage refugee students as they are more likely to be assigned to lower tracks, limiting educational and employment opportunities with long-term consequences (Crul et al., 2019). A study of 2415 refugee adolescents aged 14–16 in Germany shows that educational policies vary by state pre-structure educational trajectories. For instance, some states do not offer a newcomer class for refugees in *Gymnasium* (higher school track allowing for university studies) while other states do, making it much less likely that refugee adolescents in the states with no newcomer classes in *Gymnasium* will continue onto higher education. Some states assign schooling immediately after arrival, while other states wait until refugee adolescents settle in a municipality, with the consequence that the latter will experience a much longer delay (sometimes up to 54 months) to attend school. Thus, individual decision-making regarding adolescent's educational trajectories can be limited under such institutional control, highlighting the importance of understanding consequences of specific policies (Will et al., 2022).

For refugee students who are attending school, a systematic review identified risk factors for learning difficulties, including caregiver misunderstanding of education in the new county, teacher and peer discrimination, and trauma exposure (Graham et al., 2016). Refugee caregivers describe discrimination toward their children and themselves as another barrier to trust and positive school involvement (Cureton, 2020). Barriers to higher education have also been documented, with one study finding that only one in 10 refugees aged 18–30 transitioned to higher education in the 5 years following their resettlement, substantially lower than the host population (Molla, 2020). One reason for this lack of educational progress might be due to traumatic exposure and its sequelae. Both high school and college academic work require self-direction, concentration, and higher levels of executive function which can be impaired by trauma exposure, especially polyvictimization (exposure to multiple traumas) and caregiver trauma which refugee youth often experience (Spinazzola et al., 2018; Vasterling et al., 1998).

Other studies have identified protective factors in the school setting such as adolescents having ambitious academic goals, caregiver involvement in education, supportive family relationships, and teacher awareness of their linguistic and cultural heritage (Graham et al., 2016). Positive teacher–student relationships and teachers' support of and belief in refugee students' abilities are correlated with higher academic achievement (Kia-Keating & Ellis, 2007; Uslu & Gizir, 2017). After-school programs, particularly those run by trusted community organizations with linguistic and cultural competence, can help adolescents learn the host culture language and meet academic demands (Cureton, 2020).

Adolescents in LMICs with lower access to secondary education have fewer opportunities to mobilize the protective factors of peer and teacher support.

PSYCHOLOGICAL ADJUSTMENT AND EXPOSURE TO TRAUMA

Psychological adjustment is tied to adaptation regarding universal developmental tasks and also prepares adolescents for future success in other domains. Many psychological disorders have their onset in adolescence, as pre-teen risk factors interact with pubertal and social changes (Rapee et al., 2019), and these disorders can become chronic (Caspi et al., 2020). In addition to traumatic stress experienced pre- or during migration, studies also identify post-migration resettlement stressors such as community violence, family disruption, and discrimination as critical for recovery from or persistence of psychological distress (Betancourt, Newnham, et al., 2012; Ellis et al., 2022; Salhi et al., 2021).

Most research on refugee adolescents to date focuses on traumatic stress exposures, their mental health sequelae, and possible interventions. This discourse is essential because mental health symptoms both arise from the refugee experience and make resettlement more challenging. This research is particularly relevant in LMICs and humanitarian settings due to the risk of ongoing exposure to violence, abuse, and instability (Scharpf, Mkinga, et al., 2021). A recent meta-analysis of eight studies using clinical interviews to assess the prevalence of mental health disorders among refugee children and adolescents living in HICs (Germany, Norway, Sweden) and LMICs (Malaysia, Turkey) found an overall prevalence rate of 22.7% for post-traumatic stress disorder, 13.8% for depression, and 15.8% for anxiety (Blackmore et al., 2020); rates based on self-reported symptoms for those living in a refugee camp are even higher (Vossoughi et al., 2018). In contrast, the prevalence rates for the general population in Germany are lower for depressive symptoms (5.4%) and anxiety (10%) among children and adolescents (Ravens-Sieberer et al., 2007) and PTSD (1%–3%) among those aged 14–29 (Maercker et al., 2008). More recently, a study of PTSD symptoms according to DSM-5 criteria among adolescents from the general population in 10 LMICs showed somewhat higher figures (Stupar et al., 2021). Rates of adolescents with four DSM-5 criteria for PTSD were 6.2%–8.1% in Indonesia, Serbia, Bulgaria, and Montenegro, and 9.2%–10.5% in the Philippines, Croatia, and Brazil. For Portugal, the number was 10.7%, while 13.2% for the Palestinian Territories and 15.3% for Nigeria. As with the general population, gender variations are also evident among refugee adolescents. A review of nine studies of unaccompanied minors in Europe found that girls were more likely to show post-traumatic stress disorder and depression compared to boys (Mohwinkel et al., 2018), and a study with Yazidi refugee children in Turkey found being a girl, having older caregivers, and having multiple siblings was associated with higher levels of depression (Nasıroğlu & Çer, 2016).

1070

JOURNAL OF
Research on Adolescence SRA Society for Research on Adolescence
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ABDI ET AL.

A narrative review of longitudinal studies revealed that negative mental health effects can last for a decade or more (Fazel & Betancourt, 2018). However, longitudinal studies of war-affected youth also indicate a lessening of PTSD symptoms with time even in the absence of treatment (Betancourt, Newnham, et al., 2012; Betancourt, Thomson, et al., 2020). The effects of traumatic exposure on adolescent mental health can be both direct, through personal exposure, and indirect, through their impact on the caregiving environment, family resources, and fear for others' safety (Miller & Rasmussen, 2010). Research by Ellis et al. (2008) has found that, while trauma experience was an important factor in young refugees' PTSD symptoms in resettlement, post-resettlement hassles such as resource scarcity and housing insecurity were also important in determining the severity of PTSD symptoms, a finding echoed in a recent European study (Spaas et al., 2022). For example, refugee families experience high rates of housing discrimination and housing insecurity, continuing to relocate frequently even in resettlement, which has been linked to negative mental health outcomes (Gillespie et al., 2020; Ziersch & Due, 2018). After implementing an intervention that targeted both trauma and resettlement stressors, Ellis et al. (2013) found that reductions in post-resettlement stressors co-occurred with significant reductions in PTSD and depression symptoms.

Refugee adolescents' social ecologies at the macro-level, such as the global protests against police killings of Black US citizens and violence in Ukraine, have likely increased levels of distress for them and their families. Such events can be reminiscent of experiences in their countries of origin such as targeted violence against certain ethnic groups and lack of justice within legal systems. These vicarious experiences might compromise their feelings of safety in countries of supposed "refuge." For example, the Black Lives Matter movement raised awareness among young Hmong refugees of the structural injustices that continue to impede the successful inclusion of refugees and migrants, especially people of color (Vang & Myers, 2021).

A further consideration for adolescents exposed to potentially traumatic events is some of the core cognitions that can be triggered by any ongoing difficulty or crisis, whether newly experienced in their host nation or experienced vicariously through family members in their countries of origin. Exposure to threats, police or immigration searches, signs of public disobedience and disorder, and organized violence (e.g., in inner-city gangs) can all potentially act as triggers for children and young people who might be suffering from PTSD or other mental health difficulties. Exposure to community violence in the country of resettlement is a well-documented risk factor for exacerbations in PTSD symptoms among refugee adolescents (Berthold, 2000; Betancourt, Newnham, et al., 2012; Marshall et al., 2005). A growing body of literature also implicates police interactions and violence as destabilizing experiences for refugee adolescent's development of identity and belonging in their new country (Ellis et al., 2020;

Horyniak et al., 2017). It is also important to note the gendered exposure to interactions with police and criminal justice systems where male adolescent refugees are more likely to end up in the juvenile justice system (Pisani, 2018). Any increase in uncertainty is more difficult for those who have experienced trauma, and individuals experiencing PTSD symptoms often feel unsafe.

ACCULTURATION/ENCULTURATION TASKS FOR REFUGEE ADOLESCENTS

The classic theory of the acculturation process emphasizes a person's orientation toward their heritage and settlement cultures and how these orientations are also influenced by the history and intergroup relations between ethnocultural groups, societal attitudes and policies toward immigrants, and globalization (Berry, 2008). The emphasis on a bidimensional view of acculturation has been critiqued as over-simplifying the multicultural realities of the acculturation process (Rudmin, 2003). Yet the theory is useful when viewed within the integrative risk and resilience model as it highlights how acculturation/enculturation tasks specific to immigrant or refugee-origin adolescents affect adaptation across universal developmental tasks as well as psychological adjustment central to healthy adolescent development. A recent systematic review identified acculturative stressors and strengths for refugee adolescents at multiple levels of the social ecology, including individual feelings about identity, family differences in acculturation, interactions between home and school culture, and awareness of broader political and legal contexts of reception (d'Abreu et al., 2019).

Identity and acculturation

Issues of identity become central as adolescents grapple with their sense of self in relation to their peers, heritage and settlement communities, and broader society (Berry et al., 2006; Ndengeyingoma et al., 2014). A strong body of evidence with immigrant and ethnic minority adolescents shows that those who stay positively connected to their ethnic–racial backgrounds report fewer psychological symptoms and better self-esteem, well-being, academic achievement, and physical health (Rivas-Drake et al., 2014), findings that are echoed in research with Somali adolescents and emerging adults (Gillespie et al., 2021). A longitudinal study of Sudanese refugee adolescents also shows the importance of moving beyond a bidimensional approach of acculturation as adolescents were identifying and orienting toward South Sudanese, mainstream American, African American, and African cultures (Yoon et al., 2013). Greater life satisfaction was associated with those who felt they were able to integrate these various cultures and perspectives compared to those who felt these various cultures and perspectives conflicted. These

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1071

findings are in line with research showing that adolescents of immigrant origin are likely to do better when they have a clear and coherent sense of self that incorporates multiple identities, rather than feeling these identities conflict (Benet-Martínez & Haritatos, 2005; Verkuyten et al., 2019). There is also a growing literature on tridimensional acculturation which argues that the Black refugee and immigrant adolescents in the United States, for example, acculturate not only to white American culture and their heritage culture but also to African American culture (Ferguson et al., 2012). Taking into consideration not only the dominant culture but the rich tapestry of cultures (North African in France, Turkish in Germany, Jamaican and West Indian in Canada) that surround refugee adolescents in resettlement can give us a deeper understanding of their acculturation process.

Despite the relevance of heritage culture orientation to refugee adolescents, research into acculturation, identity, and their associations within different groups of refugee adolescents is comparatively limited (d'Abreu et al., 2019). Emerging research with refugee adolescents from diverse cultural backgrounds indicates benefits of connection to the heritage culture for well-being, but there are mixed findings around connection to the dominant culture (Copolov et al., 2018; Guler & Berman, 2019). For example, refugee adolescents in Australia described the transition to a predominantly white society as among the most challenging of any of their immigration experiences (Uptin, 2021). Refugees moving to distant HICs often encounter many cultural differences between their culture of origin and the dominant culture, while refugees residing in bordering LMICs may experience more religious or cultural similarities with the host community. It is also important to note that refugee adolescents in both HICs and LMICs often live in multicultural communities where they are more likely to have daily interactions with other refugee and immigrant adolescents due to residential segregation in host countries. Finding ways to understand how refugee adolescents explore, make sense of, and navigate their multiple cultural identities within multicultural communities is a critical element in supporting their mental health.

Social isolation and discrimination

As part of a "minority" group, existing societal inequalities in status, power, and resources depending on race, ethnicity, immigration status, and religious background also contribute to adolescent refugee identities and integration in resettlement (Bejan & Bogovic, 2022; Kolano & Dávila, 2019). Refugee adolescents from minority racial and religious groups are at risk of experiencing discrimination for any of their multiple intersecting identities (e.g., Black, Muslim, immigrant/refugee), in both LMICs and HICs. Experiencing discrimination for reasons related to any or all of these dimensions places refugee adolescents at risk, on both a daily basis and via systemic inequities, with negative consequences for mental health including higher risk of depression, anxiety, and distress in both the short and long terms (Alemi et al., 2017; Correa-Velez et al., 2015; Ellis et al., 2008; Gillespie et al., 2021; Montgomery & Foldspang, 2008).

When experiences of racism are mixed with previous trauma, the result is potentially toxic. For young refugees developing in cultural contexts where racialization is salient and deeply entwined with a concerning rise in populist nationalist movements globally, this aspect of identity development needs to be carefully explored and better understood. For example, a 6-year longitudinal study of Somali refugee adolescents and young adults observed worsening mental health symptoms coincident with the increase in anti-immigrant sentiments in the United States and Canada (Ellis et al., 2022). In light of this and other similar findings, adolescent adjustment and adaptation need to consider the context of reception (Motti-Stefanidi et al., 2020), or the prevailing attitudes toward refugees held by the broader host society, and the opportunities for belonging—or lack thereof—shaped by institutional or systemic racism (Bejan & Bogovic, 2022; Komolova et al., 2020; Uptin, 2021).

Sense of belonging among refugee adolescents

According to the integrative risk and resilience model, feelings of acceptance and belonging across various social groups, for instance, with members of one's heritage culture community and in inter-ethnic friendships and relationships, contribute to resilience and positive development among immigrant-origin adolescents. This need to belong in terms of connecting to people interpersonally, to valued social groups, and to communities is fundamental to healthy human development (Baumeister & Leary, 1995). During adolescence, this need to belong may be particularly strong as sensitivity to peer acceptance (and exclusion) is intensified (Laursen & Veenstra, 2021).

For refugee adolescents, feeling a sense of belonging to their school can be especially important (Kia-Keating & Ellis, 2007; Suárez-Orozco et al., 2018; Tyrer & Fazel, 2014). Schools are a place where refugee children can obtain support, recover from immigration stressors, improve their health, advance their acculturation and adjustment to the settlement country, and gain a sense of stability, social belonging, and respect (Fazel & Betancourt, 2018; Khawaja et al., 2018; Kia-Keating & Ellis, 2007). In addition to people in school, a physical place such as a welcoming classroom or natural environment (e.g., a park or garden) can provide a sense of connection and safety that can contribute to adolescent refugees' emotional well-being (Juang et al., 2018). Overall, several systematic reviews of protective factors for mental health of children and adolescent refugees in both LMICs and HICs conclude that sense of belonging at various levels such as in school, community, and to both heritage and settlement cultures contributes to their positive development and adaptation (Betancourt, Salhi, et al., 2012; Fazel et al., 2012; Fazel

1072

JOURNAL OF
Research on Adolescence | SRA | Society for Research on Adolescence
www.s-r-a.org

ABDI ET AL.

& Betancourt, 2018; Reed et al., 2012; Scharpf, Kaltenbach, et al., 2021; Scharpf, Mkinga, et al., 2021).

SUMMARY

Refugee children and families face multiple stressors as they and their families rebuild their lives and recover from past trauma, including acculturative stress and isolation, and engage with resettlement challenges, such as securing resources with education, housing, and employment. The integrative risk and resilience model offers a comprehensive way to understand the adaptation of refugee adolescents in this ongoing process. The model details factors across layers of social ecologies that impact universal developmental tasks as well as noting the presence of additional areas of psychological and acculturative/enculturative competence specific to refugees. Importantly, refugee adolescents are also active participants in shaping their environments and overcoming challenges, as noted in calls for greater attention to refugee adolescents' own agency in addition to macro- and micro-level processes and traumatic experiences (Betancourt et al., 2015; Rabiau, 2019; Weine et al., 2012). Converging findings show that supportive relations with peers, family, and school that create a sense of belonging are related to more positive psychological adjustment among refugee adolescents in the face of risk factors. In the next section, we offer recommendations for supporting refugee adolescents based on our review of the evidence thus far.

STRATEGIES AND RECOMMENDATIONS FOR SUPPORTING REFUGEE ADOLESCENTS

Most young refugees succeed in resettlement (Fazel & Betancourt, 2018), and it is necessary to better understand how to harness their strengths. Below, we first discuss existing programs and policies that impact refugee adolescents from the most proximal to the most distal levels of the social ecology, and we then conclude with ways that program design, delivery, and evaluation could be enhanced by adopting a multilevel, risk, and resilience approach to supporting refugee adolescents and families.

Individual level

Recognize the developmental goals and agency of adolescents

Adolescence is a developmental period in which adolescents seek increasing autonomy as they master challenges and shape their future through choices about peers, relationships, and their occupation, yet adolescents' own agency is relatively understudied compared to the impact of experiences on adolescents (e.g., trauma). Collaborative approaches between refugee adolescents and the providers and programs that serve them can empower adolescents and recognize their agency, helping them overcome feelings of post-migration helplessness (Rabiau, 2019). Immigrants and refugee adolescents often express strong motivation to mobilize around issues impacting them and their communities, both in the country of resettlement and in their country of origin (Dávila, 2021). Research on refugee adolescent women who participated in the Coalition of Southeast Asian Youth, a grassroots organization in the United States, found that participation in social justice initiatives increased their sense of identity and allowed them to take actions around issues that mattered to them (Kolano & Dávila, 2019). In a qualitative study, refugee adolescents in the United States described a feeling of obligation to improve their communities and lobby for legislation that supports refugees (Cureton, 2020). After-school programs and other organizations can facilitate refugee adolescents' civic and political engagement, helping adolescents resist injustice and feel a sense of agency in the face of discrimination.

Focus on adolescent's intersectional identities and implications for belonging

Intersectionality is a framework that seeks to understand how individuals' identities and lived experiences are informed and influenced by societal systems of oppression (e.g., racism, sexism) simultaneously (Crenshaw, 1989). Refugee adolescents, while sharing the refugee experience, belong to multiple identity categories (racial, gender, class, ethnicity, etc.) with related structural inequalities and exclusions (Kern et al., 2020). Researchers working with refugee adolescents must look at the heterogeneity of the population as some refugee adolescents with specific backgrounds and social identities face greater inequalities than others. For example, a Somali refugee in the United States might face racism, Islamophobia, and exclusion due to their status as a refugee. Thus, their experiences of inequality might be compounded by multiple marginalized social identities, relative to refugee adolescents who are the racial majority within the resettlement country or who share the dominant religion. Research that focuses solely on the refugee identity or cultural background of these adolescents without attention to other experiences can overlook the importance of structural factors that impact adolescents' health, especially mental health (Viruell-Fuentes et al., 2012).

Microsystems

Create interventions that strengthen family relationships

Although peer group influences grow in adolescence, families remain a touchstone for navigating new environments

for many adolescent refugees. Therefore, family-based interventions are an area with an important and growing evidence base. While there are many recent innovations in family- and caregiving-focused interventions for refugees in both low- and high-resourced settings, there remains a notable lack of effective caregiving programs focused on the specific needs of adolescents and using robust research designs (see systematic review Gillespie et al., 2022). Here, we describe two notable efforts to fill this research gap.

In the Family Strengthening Intervention (FSI-R), which has been evaluated with a randomized control trial (RCT) in the United States, refugee caregivers work with a prevention service home visitor to strengthen the caregiver–child relationships through communication, problem-solving, and positive caregiving skills to improve family functioning and promote the mental health of school-aged children and adolescents (Betancourt, Berent, et al., 2020). Of the 10 FSI-R modules, sessions on navigating the US school systems are particularly appreciated (Neville et al., 2022). Explanations about report cards, or the role of curriculum nights and caregiver–teacher meetings and conferences help families considerably. Topics of note for families with adolescents include how to discuss problem drinking, use of substances, and sexuality as these are often difficult. With the use of both adult and youth community advisory boards, these themes can be brought to the wider community and pathways forward can be illuminated (Betancourt, Hansen, et al., 2020).

Another promising program is the Ladnaan intervention developed by Osman et al. (2017) for Somali-born caregivers of adolescents resettled in Sweden and evaluated with an RCT. This 12-week program, based on the caregiving support program Connect (Moretti & Obsuth, 2009) and extended with culturally tailored elements, facilitated by Somali group leaders, first covers children's rights and caregiving styles in Sweden and then teaches caregivers to be sensitive to their children's behavior and emotions and their own reactions. In a randomized controlled trial, the intervention improved caregiver mental health and caregiving efficacy by reducing caregiver-reported challenges with adolescents' aggressive or externalizing behaviors, social problems, and attention difficulties.

Promote positive peer relationships and school belonging

Positive peer relationships and strong school belonging contribute to the psychological health of refugee adolescents. A Canadian after-school group mentoring intervention for newcomer migrant and refugee adolescents called *Conversation Club* was evaluated in a quasi-experimental study. The weekly 90-min meetings with groups of adolescents involved supervised mentoring sessions where adolescents meet peer mentors from different backgrounds, participate in workshops, field trips, and activities and learn more about Canada and community. Mentors were recruited, screened, and trained by an NGO (Big Brothers & Big Sisters

of Peel). The weekly meetings focused on social skills, academic achievement, peer relationships, and the process of adjusting to Canadian life. The mixed-methods evaluation suggested that participation resulted in an increased sense of belonging and connection, but notably the evaluation did not include a control group and relied on a convenience sample (Pryce et al., 2018). Similar programs can assist with acculturative and universal developmental tasks for refugee adolescents and should be evaluated with rigorous designs.

Create inclusive and welcoming communities

Refugee children and families leave behind social networks during migration. Community-based interventions can ensure that refugee adolescents and their families are included in the social, economic, and community life of their resettlement countries. The question of how to best support refugee adolescents lends itself to a multidisciplinary approach as it encompasses a number of disciplines, including legal, policy, social work, anthropology, sociology, education, and more.

Some interventions to promote social–emotional skills have been adapted to promote refugee inclusion such as a model tested in the Netherlands and other parts of Europe. Research from Denmark, Finland, Norway, and Sweden details the importance of their four-scheme approach to community building and education for refugee and immigrant children during resettlement. The governments collaborate to ensure that education is available, accessible, acceptable, and adaptable for these children and adolescents (Tørslec & Børsch, 2017).

A systematic review of community-based interventions that contribute to inclusion and social participation of refugees and asylum seekers in Australia identified five studies that all used qualitative evaluation designs, two of which focus on supporting refugee children and adolescents (Mahoney & Siyambalapitiya, 2017). Their results described the importance of host-language acquisition and communications skills; programs built on refugees' own skills and experience prior to resettlement; the involvement of volunteers and mentors; and helping refugees make new social connections by participating in diverse projects that enabled new connections (Mahoney & Siyambalapitiya, 2017). This is just a small example of a much bigger enterprise: interventions aimed at the host population to better welcome refugees into their neighborhoods and contribute to a more meaningful sense of belonging for refugee families (Nolan et al., 2018).

While the lived experience of poverty, racism, and violence that Black, Indigenous, and Latinx adolescents in urban areas of the United States have endured is a different one from refugee adolescents, there is much to be learned from successful community-based, youth-involved programs (Ginwright, 2007; Wilcox et al., 2004). Rooted in the history of the civil rights movement, such programs have documented sustained successes in developing youth and community-owned initiatives by their focus on culturally informed activities such as drawing on rites of passage and

fostering a strong sense of community and cultural identity (Wilcox et al., 2004). One qualitative study of refugee adolescents' involvement in community initiatives found evidence of increased belonging and connection to community through collaborative, civic engagement projects (Kolano & Dávila, 2019).

Political and social contexts of reception

Implement national and local policies that promote positive reception and integration

Policies can potentially jump-start significant changes to better welcome and support refugee adolescents and could thus have a powerful effect on the sense of belonging and acculturation (Gammeltoft-Hansen & Tan, 2017). A study of educational policies in 25 countries suggests that supporting immigrant integration may have positive effects on the social inclusion of immigrant-background adolescents in schools (Ham et al., 2017). In addition, while there was an observed disparity in perceptions of national belonging as perceived by immigrant and non-immigrant youth, societies with stronger anti-discrimination measures had smaller disparities (Ham & Yang, 2020). While these studies did not focus on refugee adolescents, substantial overlap in immigrant and refugee experiences in school (e.g., discrimination, acculturation) suggests that these studies might inform interventions for refugees.

School-level policies make a difference in belonging based on research with immigrant-origin adolescents. An analysis of 66 schools in Belgium found that policies that emphasized multiculturalism (e.g., teaching about and valuing diversity) were related to perceptions of greater school belonging, while policies that emphasized assimilation (e.g., prohibiting headscarves or use of heritage language at school) was related to perceptions of lower school belonging among immigrant-origin adolescents (Celeste et al., 2019). Another study in Belgium found that teachers who endorse assimilation policies that, for example, demand only mainstream language use, have lower expectations of achievement for immigrant-origin students (Pulinx et al., 2017). Further supporting the causal influence of policy, adolescents who wrote an assignment about school policy regarding commitment to multiculturalism (including affirmation of diverse identity heritages) were impacted positively with better academic achievement via reduced "stereotype threat" (Baysu et al., 2016). Such school-level policies should be considered within the broader national policy, especially as multicultural school policies may be more effective if nationally endorsed (Schachner et al., 2018).

German policy reports show that while initial segregated language classes for refugee youth may be helpful and target specific needs, over time, young populations with little or no contact with local peers have increased risk of feeling excluded (Morris-Lange & Schneider, 2018). Creating policies and programs that address the specific needs of refugee

adolescents and, at the same time, do not end up unintentionally "othering" them is important to consider. Many young refugees, however, do feel a sense of belonging to their school, feel comfortable in the new environment, and have positive contact with their peers (Gambaro et al., 2020). Further, although refugee youth participation in school- and community-based extracurricular activities (such as sports and youth clubs) is lower than those of non-refugee youth, such participation can promote this sense of belonging (Gambaro et al., 2020). There is a need to systematically evaluate and document evidence-based approaches to school inclusion that have the potential to improve key outcomes for refugee adolescents.

A review of studies regarding housing for refugees recommends that policies to improve accessibility, affordability, and suitability of public housing would greatly benefit the health of refugee families (Ziersch & Due, 2018). Such policies can include welfare entitlements for greater affordability, upholding minimal housing standards, and providing anti-discrimination training for both landlords and refugees so they are informed about their rights and what is legally required of landlords (Ziersch & Due, 2018). The availability of safe and secure housing is important to reduce PTSD symptoms among refugee adolescents (Ellis et al., 2008).

National-level policies that inhibit and try to avoid caregiver–child separation and keep refugee families together are critical for adolescents' sense of security and well-being (Waddoups et al., 2019). Unaccompanied refugee minors (URM) are a special group among refugees that are at high risk for psychological illness due to multiple stressful life events (Höhne et al., 2020). Unaccompanied minors are among the most vulnerable, and so vigilance is needed to ensure that policies are not unintentionally incentivizing families to arrive separately (Bhabha et al., 2007).

Policies related to healthcare and benefits can also impact outcomes for refugee families. For instance, a "public charge" policy in the United States caused fear that receipt of public benefits might threaten access to healthcare and immigration status and citizenship prospects (Perreira et al., 2018). Many marginalized communities such as refugees have been deeply affected by the COVID-19 pandemic as a result of living in crowded and poor housing conditions, with poor underlying health, and performing front-line "essential work" jobs that do not pay living wages. Thus, policies that negatively impact access to housing and earning can have deleterious impact on the health and well-being of refugee adolescents and their families. In addition, many refugee adolescents and families do not access mental healthcare due to barriers related to language but also due to a lack of understanding and trust in policies and systems where there might have been confusion about eligibility and benefits or abject discrimination and disenfranchisement (Hirani et al., 2016; Namer et al., 2022). As the economic impacts of integrating refugees into the labor market are increasingly studied and debated, policies around refugees' right to work and the context of reception will likely evolve to meet labor shortages in Western countries (Clemens et al., 2018; Foged et al., 2022).

PROMOTING POSITIVE DEVELOPMENT

JOURNAL OF
Research on Adolescence SRA Society for Research on Adolescence
www.s-r-a.org

1075

Recommendations for better program design, delivery, and evaluation

Promote intervention research to create a cohesive knowledge base

In this statement, we share research that has been undertaken with refugee adolescents, but we have also highlighted the scarcity of well-designed intervention research focused on refugee adolescents' developmental needs specifically. A systematic review of psychosocial interventions for newly arriving refugee adolescents found only seven studies of group and individual interventions that showed a positive effect on issues such as PTSD and depression (Hettich et al., 2020). Examples of selected interventions included a 10-week group intervention that significantly reduced symptoms of anxiety and depression (Barrett et al., 2000) and an individual clinical case study that showed good feasibility and adequacy of trauma therapy (Katsounari, 2014). What stood out for us in looking at the field is the paucity of quality intervention research focusing on refugee adolescents and the lack of randomized control trials. Some of the issues that were identified by the researchers included unreliable translations, small sample sizes, and an absence of manualized interventions. Many of these issues are related to the lack of interventions that have been adapted, piloted, and consistently and authentically translated. A notable exception is Teaching Recovery Techniques, a group-based intervention developed for war- and natural disaster-affected youth in low-resource settings, with translations and contextual adaptations available for a number of countries and settings. The Teaching Recovery Techniques have been trialed for unaccompanied minors in Sweden with promising results on PTSD and depressive symptoms (Sarkadi et al., 2018). Nevertheless, stronger research designs, cross-culturally translated and validated instruments, and a focus on elements specifically related to the phase of adolescence are needed in future research. Thus, there is a great need to invest in intervention research that can overcome the barriers that are identified and contribute to the creation of a cohesive knowledge base and clear direction for the field of refugee adolescents' mental health.

Assess stressors and strengths across the social ecology to improve services

As described above, a proper assessment of the multi-faceted needs of refugee adolescents is necessary to ensure that there is sufficient attention paid to social environmental factors as well as individual needs influencing psychological well-being (Fazel, 2018). The Refugee and Immigrant Core Stressors Toolkit (RICST) is an online learning and assessment tool created to assist providers who work with refugee children and adolescents to evaluate their needs and develop intervention strategies (Davis et al., 2021). Providers assess both stressors and strengths in four domains that impact refugee families: trauma, resettlement, isolation, and acculturation.

An assessment of the identified stressors should be balanced by an assessment of strengths across these domains (e.g., strong family support). For instance, the Family Strengthening Intervention (FSI-R) is a prevention-focused intervention delivered by well-trained and supervised refugee lay workers to assist refugee families to navigate new lives in resettlement. A major focus of the intervention is a detailed strengths-based assessment of the unique features of the family and each individual member to complement the focus on challenges (Betancourt, Berent, et al., 2020). A multilevel community intervention, the Refugee Well-Being Project (RWP) adopts an explicitly strength-based social justice approach to not only assess stressors but also build on existing strengths of refugees such as cultural knowledge, resourcefulness, and multilingual abilities (Goodkind et al., 2020). Another feature of this project is the emphasis on mutual learning. Many of these existing tools have been developed by practitioners with potential opportunities for the development of future partnerships between researchers and practitioners to enable empirical data collection and analysis.

Embed resilience building and a focus on strengths into program design

A strengths-based approach to assessment and program design can also avoid pitfalls of deficit-based or stigmatizing interventions. Indeed, it is important to ensure that policies and programs created to address concerns about refugee adolescents' successful resettlement do not contribute to the problem they are meant to address but rather become tools for stronger connections and belonging. A good example of this phenomenon concerns adolescents joining radical groups and countering violent extremism programs. Programs might increase stigma and marginalization of refugees by singling them out as "in need" of programs to prevent violent extremism and might paradoxically heighten the very risk they purportedly seek to prevent (Ellis & Abdi, 2017; Ellis et al., 2019).

A number of countries have started to introduce deradicalization programs, often also targeting refugee adolescents, all drawing from a very limited evidence base. The most criticized is the UK government's Prevent program for health and education to combat terrorism which goes so far as to require teachers and schools to report students suspected to be at risk of radicalization. The program has been criticized for a policing-oriented approach with the unintended consequence of creating mistrust which might have been mitigated by greater involvement of community members in its development (Open Society Justice Initiative, 2022). Similarly, immigrants and refugees might be targeted for gang or criminal prevention programs when research actually shows an "immigrant paradox"—that immigrants are less likely to engage in antisocial behaviors despite having multiple risk factors (Vaughn et al., 2014). These underlying assumptions and prejudices can threaten

1076

JOURNAL OF
Research on Adolescence | SRA Society for Research on Adolescence
www.s-r-a.org

ABDI ET AL.

adolescents' connections to settlement communities and institutions and, in turn, exacerbate risk (Ewing et al., 2015; Vaughn et al., 2014).

For refugee adolescents, a coordinated systems approach that partners with community members, and re-focuses on affirming and valuing identities, might better satisfy the need for connection and belonging. This would help move away from overly simplistic linear causal models (e.g., adolescents who experience discrimination will lead to radicalization) to models that might consider both the balance and durability of risk and protective factors at individual, community, and societal levels (Beelmann, 2020; Ellis & Abdi, 2017).

Develop multilevel interventions that target the whole social ecology

As the refugee experience and the associated trauma and loss impact adolescents' social ecology, there is a need for culturally and linguistically accessible programs that target the whole social ecology. The benefit of holistic, multilevel interventions is that they can address trauma and mental health across multiple systems. A recent systematic review of prevention and intervention programs for treating depression in refugee children and adolescents identified 16 programs that involved school-, family-, and community-based approaches (Simenec & Reid, 2022). Only five of these were multilevel programs, highlighting the need for further research into more integrated models to try and holistically address the social ecology.

Trauma Systems Therapy for Refugees (TST-R) is a multilevel, phase-based treatment model that explicitly incorporates health promotion and intervention activities at the community, school, family, and individual levels. This model has been implemented with different refugee children and adolescents in the United States, and a reduction in mental health symptoms and an increase in sense of belonging following the program have been demonstrated (Cardeli et al., 2020; Ellis et al., 2008).

Invest in better evaluation tools

Program evaluation is critical to ensure that limited resources are dedicated to more effective and efficient intervention approaches; with more in-depth intervention and implementation research needed focusing on questions such as *for whom particular interventions work best and* via *what mechanisms*. Prevention and intervention work with refugee adolescents would be greatly advanced by attention to systematic, culturally appropriate evaluations. Program evaluation requires measures in refugees' preferred language that are culturally valid for assessing mental health symptoms and other constructs across layers of the social ecology that are known to relate to adjustment (e.g., basic needs, community inclusion/exclusion, policies; Davis et al., 2021). In

addition to evaluating the intended effects of programs, evaluations could include an assessment of possible unintended or iatrogenic effects, either regarding the adolescent (e.g., re-traumatization due to an aspect of the intervention) or socioecology (e.g., overburdening an already overly-stressed caregiver).

Some national governments have supported efforts that could serve as models for developing a cumulative evidence base on such programs. Within the United States, the National Child Traumatic Stress Network, funded by the Substance Abuse and Mental Health Services Administration, recommended using a common set of instruments and questions (Briggs et al., 2011). This approach of recommending, or even mandating, common instruments across different programs and regions will ensure better collection of data, increasing participation and thus allowing for comparison between programs as well as aggregation of data for subgroups (Betancourt, Newnham, et al., 2012). A more resource-intensive but exemplary Canadian model is where Public Safety Canada funded an external, independent evaluation of a multilevel intervention program for refugees (National Crime Prevention Centre (Canada), 2011). This allowed for monitoring of the program delivery and examination of short- and long-term impact as well as identification of potential mechanisms.

Promote co-learning and collaborations with refugee communities

Globally, adolescents are increasingly accessing mental health services; however, the daunting service gap for adolescents is even more pronounced for refugees (Betancourt, Newnham, et al., 2012). In low-resource settings, weak systems and a lack of mental health professionals able to work within the cultural and language context present formidable barriers to care. With relatively few well-trained mental health professionals, there are lessons to be learned from solutions developed in low-resource settings and their responses to refugee displacement and humanitarian emergencies. For example, cultural brokers and community health workers have played an important role, by providing not only mental health but also caregiving interventions. Interventions conducted *by refugees for refugees* using cultural brokers and community health worker models can help to make an important impact (Betancourt, Hansen, et al., 2020; Im & Swan, 2021).

Innovative solutions that have emerged out of necessity in LMICs and post-conflict and fragile states can provide models for addressing disparities and treatment gaps in mental healthcare and emergency responses in higher resource settings such as Europe and the United States. This process is termed mutual or reciprocal learning or reverse innovation (Skopec et al., 2019). For instance, well-trained and supervised lay workers in post-conflict Sierra Leone have delivered evidence-based mental health interventions and are informing models now being used in higher income countries to address poor access to mental health

PROMOTING POSITIVE DEVELOPMENT

JOURNAL OF
Research on Adolescence   SRA   Society for Research on Adolescence
www.s-r-a.org

1077

promotion among migrant populations (Betancourt, Berent, et al., 2020). Researchers from HICs who are engaged in research in LMICs can also contribute to transforming practices by working collaboratively with refugee communities and ensuring that measures are culturally grounded. A good example of this approach is the work of Catherine Panter-Brick et al. (2018) with Syrian refugees in Jordan. They partnered with both Syrian refugees and Jordanians to develop and test an Arabic version of Child and Youth Resilience Measure (CYRM). Programs such as those that use cultural brokers and that build partnerships with ethnic-based organizations seem to have the best chance of community acceptance and sustainability (Abdi et al., 2021).

Utilize practice-based evidence

In addition to the above recommendations, there is a need to integrate knowledge that grew out of the experiences of clinicians and community-based practitioners whose input can provide practice-tested knowledge about what works in the field when working with this population. We recommend that, as programs and interventions are developed and delivered, the following questions be considered.

How should a service be structured? Refugees face multiple stressors. A multilevel intervention that targets stressors across the social ecology in a holistic manner can have optimal impact on improving outcomes for refugee adolescents (Hess et al., 2014). Importantly, interventions might need to address both belonging to the settlement community (building bridges) and staying connected to community of origin (bonding) while also linking refugees to the resources they need to rebuild their lives (DiClemente-Bosco et al., 2022; Ellis & Abdi, 2017). Ideally, it would also address past trauma while promoting resilience against negative experiences such as discrimination.

Where could services be delivered? Research shows that refugee families are less likely to seek help for a child's psychological problems from clinical service providers (Ellis et al., 2010). Research with Somali adolescents in New England showed that Somali refugee adolescents and their families sought help from community members, religious leaders, and school counselors rather than mental health providers. Refugees already seek help from ethnic community-based organizations (ECBOs) and resettlement agencies, and they often go to religious institutions for help when faced with problems the family cannot solve internally. Therefore, locating psychosocial support services in spaces that adolescents and their families normally go to for help such as schools, ECBOs, and resettlement agencies would make them more accessible and will also reduce the stigma attached to psychological distress and have the additional benefit of providing social connection and support early in resettlement. This builds both strong connections to their community and builds capacity in the community to support its members (Ellis et al., 2010). Family home visiting models delivered by refugee peers have also demonstrated

high levels of feasibility and acceptability, making them very promising models for overcoming barriers to access. Non-physical spaces such as virtual gatherings and use of ICTs to deliver services will also be important to consider and integrate into existing models.

When should services be delivered? In many countries, including the United States, more services are concentrated in the early resettlement phase with resources for housing, employment, health, and school. Refugees are expected to go through health assessments with identified health issues addressed but often psychological needs can be sidelined unless overt symptoms are present or impacting on resettlement goals. This can further stigmatize psychological distress as adolescents who struggle might be perceived as threatening a family's hopes and dreams for the future. If mental health services were planned and delivered as a part of early refugee resettlement services and framed as a part of the natural support provided by ECBOs/resettlement agencies, then all families could have easier access to them. This would help to destigmatize services, providing timely psychosocial support instead of waiting for the symptoms to worsen or family struggles around core acculturation and isolation stressors to negatively impact adolescent's functioning.

Who delivers the services? Refugee communities frequently have many strengths and assets, such as providing substantial mutual support (Murray et al., 2010). Community members often know what members of the community need, what the challenges are, and what will work for them, but their voices are often silenced because even highly educated refugees might not have the credentials in the host country to design and lead projects. Engaging refugee community members who hold a high standing in the community as partners in delivering interventions would augment the potential for success of these projects. It will also build capacity in the community by bringing needed resources and by allowing these community members to translate their skills into approaches that might address an acute need. Employing refugee adolescents in these programs also provides role models (Ewing et al., 2015; Vaughn et al., 2014). Using a strength-based approach and harnessing existing community resources, while ensuring that a program is building community capacity, increases sustainability. An example of this approach can be seen in both TST-R and FSI as they use community-based participatory research and make building community capacity a central aspect of the partnerships. The FSI-R use of refugee peers who received strong training and supervision opens up not only employment opportunities for local refugees but also community empowerment and career trajectories for refugee adolescents to enter the helping professions (DiClemente-Bosco et al., 2022).

LIMITATIONS

It is important to note several limitations of this Consensus Statement. First, while refugees share similar experiences

and stressors, there is great diversity among refugees and our recommendations will need to be tailored for specific populations. Second, because of the limited availability of empirical evidence, we have conducted this review to share promising research findings with the hope that this will galvanize more researchers to undertake rigorous research with a greater diversity of refugee adolescents. We acknowledge that researchers working with refugee communities face numerous challenges, including difficulties with recruitment and retention, conducting studies in humanitarian crises and global pandemics, overcoming distrust, protecting individuals with undocumented status, and language barriers, among others (Abdi et al., 2021; Saad et al., 2022). The research available for this review speaks to the tremendous efforts of these researchers and partnering communities to generate knowledge that can further serve refugee adolescents. A systematic review was beyond the scope of the current effort, and we acknowledge that our review may, therefore, be incomplete. Finally, for the reasons stated above, the data available about refugees in LMICs are limited, and much of what is available is focused on refugees residing in HICs. This therefore presents a major limitation compromising generalizability to refugees residing in LMICs.

CONCLUSION

Refugee adolescents come to settlement communities having already experienced many challenges. During adolescence when individuals are experiencing many changes, especially in peer and family relationships, refugee adolescents navigate these key developmental tasks in an environment impacted by refugee-specific stressors such as acculturation, trauma, and isolation. These challenges are exacerbated by our limited understanding of both the specific needs of refugee adolescents and the programs and interventions that are best suited to supporting them. It is at the intersection of refugee adolescents' unique experiences and their development tasks that we can learn how refugee adolescents navigate the needs and demands of adolescence at the same time as they are dealing with additional stressors. Importantly, ensuring the healthy development of refugee adolescents has broader societal implications beyond the young people themselves by increasing the likelihood of participating, strengthening, and contributing socially and economically in their communities and beyond.

Much of the available research focuses on pre-migration, individual risk factors (Scharpf, Kaltenbach, et al., 2021; Scharpf, Mkinga, et al., 2021). Yet, research shows that post-resettlement factors, such as discrimination in resettlement, have a greater impact on refugee mental health (Ellis et al., 2022). There is a need to look beyond war trauma and examine the impact of broader stressors inflicted on refugee adolescents in resettlement. Examples of these stressors include acculturative stress, which can fracture families and

impair caregivers' capacity to care for their child; discrimination, which isolates refugee adolescents from the communities in which they live; and lack of basic resources such as safe housing, which leaves them vulnerable to violence and displacement. Once refugee adolescents arrive in our communities, what is being done to prevent further trauma and help them heal from past trauma? This review has illuminated how a renewed focus on identity and belonging is needed as these are core elements of healthy adolescent development in refugee adolescents, yet poorly conceptualized within interventions.

First, any understanding of refugee adolescent development must be viewed through a holistic framework which centers on the unique needs of refugee adolescents. Policies that shape interactions in families, neighborhoods, schools, and health and social service systems all have a role to play in ensuring that a sense of inclusion and belonging is fostered across systems. Second, in this same manner, policies and programs will be most impactful if they take an "individual-in-the-ecosystem" approach rather than individually focused approaches (Suárez-Orozco et al., 2018). Approaches that integrate a commitment to advancing adolescent refugee agency, inclusion, and belonging into multilevel policies across settings of schools, neighborhoods, housing, mental health, and social services policies will be more sustainable than "one-off" efforts. Similarly, intentional multilevel approaches to supporting refugee adolescents can also lay the groundwork for more comparative research across different settings and countries that explicitly examine issues of belonging and identity among refugee adolescents. Such research can also help to identify intervention targets and programs that engage communities and adolescents themselves in creating enabling environments for healthy identity formation and sense of belonging. It is crucial that research provides opportunities for refugee adolescents to express their opinions, identity, and agency through active and meaningful engagement in the process and social activism, when possible.

Third, the adage "if you build it, they will come" has not proven true in the context of programs to promote well-being among refugee adolescents in most settings of resettlement (Abdi et al., 2021). More intentional programs that involve refugee adolescents themselves in the planning and leadership, as well as in outreach to other adolescents, hold great promise for fostering engagement but need more investment and research attention. Programs will most likely be successful in engaging refugee adolescents if they address salient developmental tasks and support their growing desire for autonomy as they seek to accomplish their own developmental goals.

The good news is that multiple opportunities exist for the integration of promising programs into already existing systems, ultimately making them more sustainable and scalable. For instance, many countries that receive refugee adolescents and families have health-screening programs, but less robust mental health and social services assessments conducted at the point of entry. By linking families

to programs focused on promoting mental health and successful resettlement and adolescent engagement early in the resettlement process, a critical leverage point can be better utilized. In addition, similar programs can be linked to the early work of refugee resettlement agencies so that a focus on inclusion and belonging among adolescents becomes an early goal for which there is sustained assessment, discussion, and problem-solving. Finally, at the heart of much of adolescence is a desire to make sense of oneself and to feel a sense of belonging. This means that efforts to improve opportunities to affirm identities and nurture connections to people, places, and communities are key and likely to be welcomed by refugee communities, while not forgetting the privilege and responsibility that lies in the hands and hearts of settlement populations.

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