

Boise State University

ScholarWorks

Psychological Sciences Faculty Publications
and Presentations

Department of Psychological Science

6-2022

Stress and Resilience Among Resettling Refugee Youth: An Illustrative Review and New Applications for the Family Stress Model

April S. Masarik
Boise State University

Hailey Fritz
Boise State University

Vanja Lazarevic
San Diego State University

This is the peer reviewed version of the following article:

Masarik, A., Fritz, H., & Lazaravic, V. (2022). Stress and Resilience Among Resettling Refugee Youth: An Illustrative Review and New Applications for the Family Stress Model. *Journal of Family Theory & Review*, 14(2), 207-232, which has been published in final form at <https://doi.org/10.1111/jftr.12454>. This article may be used for non-commercial purposes in accordance with Wiley Terms and Conditions for Use of Self-Archived Versions. This article may not be enhanced, enriched or otherwise transformed into a derivative work, without express permission from Wiley or by statutory rights under applicable legislation. Copyright notices must not be removed, obscured or modified. The article must be linked to Wiley's version of record on Wiley Online Library and any embedding, framing or otherwise making available the article or pages thereof by third parties from platforms, services and websites other than Wiley Online Library must be prohibited.

Stress and Resilience Among Resettling Refugee Youth: An Illustrative Review and New Applications for the Family Stress Model

April S. Masarik*

Department of Psychological Science
Boise State University
aprilmasarik@boisestate.edu

Hailey Fritz

Department of Psychological Science
Boise State University

Vanja Lazarevic

Department of Child and Family Development
San Diego State University

Author Note: We appreciate Cierra Abellera, Anna Holdiman, Alex Knudson, Amber Mack, and Courtney Moore for their help finding and synthesizing articles to include in this manuscript.

Abstract

Some of the world's 84 million forcibly displaced persons (approximately half are youth under 18) obtain legal refugee status, which allows them passage to resettle in new communities. Although much has been documented about experiences of stress and trauma among refugees, we know less about their resilience and coping abilities. Furthermore, a lack of an overarching theoretical framework hinders our understanding of the complete refugee experience, which includes stressors, but also significant strengths and resources. In this paper, we offer a unified conceptual model inspired by family stress, ecological systems, and resilience science that outlines hypothesized stress and resilience pathways during resettlement. We also provide an illustrative review of research from the past two decades involving both the stressors and resources influencing refugee youth during resettlement. We note critical questions that warrant future directions for investigators, particularly those pertaining to resettlement resources that promote resilience at multiple levels.

Keywords: family strengths, family stress theory, refugee/immigrant populations, stress, social support, family relationships, child development

We are living comfortably here, that I like...back home we were panicking all the time because we are waiting that maybe the rockets will come now and then we will be killed. (Afghan refugee mother, quoted in Atwell et al., 2009, p. 686)

According to the United Nations High Commissioner for Refugees (UNHCR), as of mid-2021, 84 million people around the world have been forcibly displaced from their homes and nearly half are under the age of 18 (UNHCR, 2021a; 2022). These numbers are growing at an unprecedented pace and provide clear evidence of a humanitarian crisis for the world's children, their parents, and their communities. As we write this, the numbers are increasing even more with refugees from Ukraine fleeing the war and violence. If displaced families are able to gain legal refugee status and move to relatively safer and more secure host countries, they must then adapt to living in communities often very different from home. To be clear, the United Nations defines a refugee as: "someone who is unable or unwilling to return to their country of origin owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion" (UNHCR, 2021b).

Despite the myriad of stressors that accompany displacement, flight, and resettlement, many refugees demonstrate considerable determination as they rebuild their lives and integrate into their resettlement communities. According to recent reports, for example, refugees in the United States are successful across a variety of social and economic

indicators, even with the recent restrictions to resettlement programs (see Mathema, 2018). To date, investigations of success and resilience among refugees have received less empirical attention relative to investigations of stress and trauma, providing an incomplete narrative of their lived experiences.

Our overarching goals in writing this paper are twofold. First, we offer a new conceptual model to help situate existing empirical research on stress and resilience pathways, as well as to propose specific areas for future research. Our conceptual model is motivated by theories of family stress (e.g., Lavee et al., 1985; Masarik & Conger, 2017), resilience (e.g., Masten, 2018; Patterson, 2002; Suárez-Orozco et al., 2018), and ecological systems (e.g., Bronfenbrenner & Morris, 2007). Second, we provide an illustrative review of existing empirical literature involving both the stressors and resources that influence adjustment for refugees during resettlement. It is important to note that our review is illustrative and not exhaustive. And although we discuss existing research on refugee adults and parents, as well as the family as a unit, our primary focus here is to map out the stress and resilience processes that ultimately affect refugee youth (i.e., individuals under the age of 18) over time. In writing this paper, we hope to inspire more systematic and holistic exploration of the resettlement process for youth, as well as their families in the near future. Ideally, these kinds of models and corresponding research findings will contribute to more effective and culturally relevant practices, programs, and policies that are intended to support refugee youth as they resettle.

Guiding Conceptual Frameworks

Stressors and Distress: The Family Stress Model

To date, most research involving refugee youth and families during resettlement has focused on stressor – distress pathways (e.g., Bogic et al., 2015; Porter & Haslam, 2005), and has highlighted high prevalence rates of Post-Traumatic Stress Disorder (PTSD), depressive symptoms, and other indicators of poor mental health upon arrival and during the early resettlement years (e.g., American Psychological Association, 2010; Chung & Bemak, 2002; Ellis et al., 2010b; Lustig et al., 2004). This research is imperative, as it helps to provide a snapshot of psychological wellbeing at initial arrival to a host community, but it is also crucial to map stress pathways further downstream (i.e., over time) in the resettlement process because a myriad of factors can exacerbate, ameliorate, or stabilize psychological distress symptoms. Several empirical questions should be further examined. For instance, to what extent does psychological distress (as a result of resettlement stressors) contribute to family strain or to youth outcomes over time, as youth age? What factors can help explain or help to interrupt these stressor-distress pathways either concurrently or longitudinally? We argue that family stress theories such as the Family Stress Model (FSM: Masarik & Conger, 2017) can help scholars systematically address these kinds of questions.

The FSM is a useful organizing framework for understanding how environmental stressors influence individual and family functioning over time (see Masarik & Conger, 2017 for a recent review). Historically, the FSM has focused on economic stressors or “pressures” as the environmental variable of interest, but it can extend to other stressor variables as well, such as refugee resettlement stress (Masarik & Conger, 2017). Here, we adapt the basic tenets of the FSM, but instead focus on environmental stressors relevant to the lives of refugee families, both *before* and *during* the resettlement process (see Figure 1).

[insert Figure 1 about here]

The first variable in the model presented in Figure 1 involves stressors experienced prior to resettlement. These stressors could include religious/ethnic persecution, lack of basic needs and shelter during flight, as well as exposure to war and violence, to name a few (Box 1a).

The second variable in the model involves the stressors that refugees may experience during resettlement. These might include, but are not limited to, ethnic-racial discrimination, acculturation pressures, and lack of resettlement resources (e.g., employment; transportation; housing; see Box 1b).

The next part of the model involves a hypothesized pathway: from stressors prior to and during resettlement to the psychological distress of both parents and their children. That is, we would expect that more stressors experienced before or during resettlement would be significantly linked to such negative outcomes as higher levels of depression, anxiety, fear, and/or withdrawal on the part of the parent and child (Boxes 2a and 2b).

The subsequent stress pathway in the model involves the family as a whole. The FSM hypothesizes that symptoms of psychological distress (on the part of the parent and child) are likely to carry over into the family unit, putting strain on the parents' relationships with each other (in two-parent households), the relationships between parents and their children, and the parenting practices that adults use to monitor and discipline their child(ren). These family strains are illustrated in Box 3 of Figure 1. It is also possible that increases in family strain or distress can feed back into parent and/or youth psychological distress (illustrated by the "feedback loop" arrows in Figure 1).

Ultimately, the FSM states that family distress can influence negative adjustment for youth over time and in a variety of domains including behavioral, cognitive, physical, social-emotional, academic, and vocational outcomes (Box 4). For instance, high levels of family distress (as a result of resettlement-related stressors and individual distress) might make it more difficult to succeed in school, foster healthy relationships with peers, or otherwise develop into healthy and happy adults.

All told, the FSM outlines the sequence of stress pathways from a family systems approach, including potential intervening or mediating variables that ultimately affect child development. What is missing from this hypothesized process of stress is the potential for certain resources to disrupt stress pathways and promote resilience or positive adjustment despite the presence of resettlement stress. In the next section, we incorporate hypothesized resilience pathways into the conceptual model.

Resources that Promote Positive Adjustment: Resilience Models

And you see easily that the world has ups and downs, and you will learn through all that how to go and get further steps to build your life. (female refugee quoted in Isakson & Jurovic, 2013, p. 756)

In many circumstances, humans adapt under stress and even grow because of it (i.e., "posttraumatic growth": Chan et al., 2016). We adopt Ann Masten's definition of resilience as follows: "The capacity of a system to adapt successfully to significant challenges that threaten the function, viability, or development of the system." (Masten, 2018, p. 16). Like Bronfenbrenner and many others, we argue that the multifaceted nature of adapting or demonstrating resilience is best understood in relation to supportive contexts or ecologies that individuals are nested in (e.g., Bronfenbrenner & Morris, 2007; Veseley et al., 2017; Masten, 2018; Suárez-Orozco et al., 2018). Factors that are positive in nature and that promote positive adjustment despite stress can be found inside the individual, the family, school, local community, and the broader social-political contexts of a setting (i.e. macrosystems) at a particular time (i.e., chronosystems). These factors are sometimes referred to as "protective factors" or "assets," but to be clear and consistent moving forward, we use the word "resources" as a label for any factor that promotes resilience during refugee resettlement.

To account for available resources that can reduce distress and promote positive adjustment during resettlement (e.g., Masten, 2018; Patterson, 2002; Suárez-Orozco et al., 2018), we include several layers where resources could exist. These resources are outlined in nested layers from an ecological perspective (see Bronfenbrenner & Morris, 2007) -- starting with the individual at the center and moving outward to the broader community. We developed Figure 2 as a more detailed continuation of nested resources that can reduce resettlement stress, disrupt stressor-distress pathways, and otherwise promote resilience (i.e., resilience pathways).

[insert Figure 2 about here]

To illustrate, individual-level resources, such as certain coping mechanisms or a sense of optimism about the future might significantly reduce the pathway from resettlement stressors to psychological distress. Family-level resources such as cohesion or "togetherness" might help ameliorate the effects of psychological distress on family distress. School-level resources such as positive relationships with school staff might help refugee youth do better in school, even when levels of family distress are high. These kinds of associations just mentioned would be classified as statistical *moderation* effects because the resource variable of interest would statistically interact with a stressor variable to predict lower levels of distress or maladjustment. Meaning, higher levels (or more) of the resource variable would predict lower levels of distress, even when stressor levels are high. In Figures 1 and 2, the dashed arrows labeled with "disrupt (×)" represent these kinds of statistical interaction (or moderation) effects.

Resources can also operate like statistical *main* effects, whereby higher levels (or more) of a particular resource could directly and significantly reduce psychological distress, family distress, and/or youth maladjustment. For instance, one's spiritual beliefs (an individual level resource) or a welcoming community environment (a community level resource) might help to reduce feelings of loneliness and withdrawal in the early resettlement years. Supportive school environments with language support for parents and youth could help lessen the likelihood of school dropout. Refugee resettlement programs that help family members secure jobs, adequate housing, and reliable transportation could theoretically reduce any distress variable or negative outcome in the model. In Figures 1 and 2, the solid arrows labeled with "reduce (-)" represent these kinds of statistical main (or direct) effects that lessen resettlement-related distress.

It is important to note that any resource could also serve to *promote* a positive outcome as well (as opposed to simply reducing distress or a negative outcome). For example, supportive school staff that help parents navigate new school systems and their children's progress could potentially improve parent-youth communication at home, enhance school attachment, and increase the likelihood that children will stay in school. For an excellent discussion on the differences between statistical interaction and main effects, along with relevant empirical examples, we refer the reader to Donnellan et al. (2009).

Moving forward, Figures 1 and 2 will collectively be referred to as the *Family Stress and Resilience Model (FSRM) for Resettling Refugee Youth and their Families*. To our knowledge, the models presented in Figures 1 and 2 are new, given their specificity to the lives of resettling refugees, as well as the inclusion of both stress and resilience pathways.

Using the New Family Stress and Resilience Model to Investigate Refugee Youth Adjustment During Resettlement

The FSRM outlines stressor-distress pathways that should theoretically lead to negative youth adjustment, as well as resources that should: (a) reduce resettlement distress pathways and/or (b) lead to positive youth adjustment (or resilience) during refugee resettlement. From an ecological perspective, these pathways and processes inevitably include individuals as they develop over time, their families, the communities they inhabit, as well as broader social-political contexts. In this paper, we present the model with "youth adjustment downstream" as the last endogenous variable of interest; however, scholars and practitioners may also want to consider adult or parent adjustment downstream instead of (or in addition to) youth adaptation. Moreover, we invite scholars to investigate certain segments of the model and not necessarily the model in its entirety.

For instance, a scholar might be interested in testing the pathway from parents' psychological distress to family distress or from family distress to youth adjustment (and not the variables and pathways preceding these). Of course, scholars should use appropriate statistical analyses given their research questions and study design. The majority of current research involving refugee samples is cross-sectional, qualitative, and involves earlier pathways in the model (e.g., from resettlement stressors to psychological distress), so there are ample research opportunities for scholars to consider more downstream outcomes in the stress-resilience process. Likewise, there are several other variables, including specific characteristics of stressors (e.g., stressor dosage; stressor timing; stressor persistency; stressor quantity; stressor type) and characteristics of resource variables (e.g., timing of resource availability; interactions between resources; amount of resources) to consider in the stress-resilience process during resettlement. Demographic differences may also be important for scholars to consider, including those related to ethnic background, country/region of origin, family structure, gender, and age/developmental stage. Some of these extraneous variables are discussed in more detail in the following sections.

Models like the FSRM that outline *mediators* as well as *moderators* of stress can be helpful organizing tools for researchers designing empirical studies as well as for practitioners focused on specific stress-resilience processes in their practice and programs. Programs and policies can also be informed from models like this because they outline certain sequential pathways that can be targets for prevention and intervention efforts. Finally, models of this kind are helpful for organizing existing research and the body of evidence in support of particular stress-resilience pathways and processes. Related to this final point, we used the FSRM framework illustrated in Figures 1 and 2 to guide our illustrative review on stress and resilience among resettling refugee youth and families. In the following sections, we outline our methodological approach for the illustrative review, followed by a discussion of major themes and observations.

Methodological Approach for this Illustrative Review

There have been other reviews published on the topic of trauma, high prevalence rates of mental health issues, and even posttraumatic growth among refugee samples (e.g., Bogic et al., 2015; Chan et al., 2016; Porter & Haslam, 2005). Indeed, the most recent review on risk and protective factors (a conceptually similar topic) by Fazel and colleagues (2012) included research spanning 1980 to 2010, but identified several restrictions for inclusion in the review (e.g., minimum sample size of 50; participant age was 18-years-old or younger).

Our illustrative review is unique and expands upon existing reviews involving refugee samples because it includes both qualitative and quantitative reports, cross-sectional and longitudinal studies, and participants of various ages. Again, although the endogenous variable of interest is youth adjustment, we include research involving refugee parent (adult) samples in our illustrative review, as they are involved in the family stress process. There was no minimum sample size requirement per se; however, we did not include any single case studies in our report. For qualitative reports involving smaller sample sizes, descriptive data are provided as part of themes, quotes, and/or personal narratives. Direct quotes from research participants are left in their original form, as cited by the original researchers and without any editing for grammar or punctuation. Our research includes published reports from January 2000 to the end of 2020 and therefore expands the work of Fazel et al. (2012) by a new decade of research. It is important to note that although this review is unique in several ways, it is not an exhaustive or meta-analytic review. Due to space constraints, we could not cite or discuss every published report on the topic of stress and resilience among resettling refugees.

Using the FSRM in Figures 1 and 2 as our theoretical and organizational guide, we began our literature search in the PsycINFO database. Our team included the authors of this report and several student researchers. We focused on peer-reviewed publications in scholarly journals, published from January 2000 onward, using the following keywords (and variations thereof): refugee; stress; distress; resilience; resources; mental health; family; children; adolescents; parent; development; and protective factors. To be included in the review, the publication needed to be: (a) peer-reviewed; (b) available in English; (c) focused on individuals with a refugee background residing in a resettlement community; (d) involved one or more constructs and/or pathways presented in Figures 1 and 2; and (e) published in the past two decades (from January 2000 to December 2020). We selected the year 2000 for manageability and space constraints. After members of the research team reviewed potentially eligible articles, they met to discuss whether they indeed met the inclusion criteria and if so, how to catalogue and synthesize the major findings. Any discrepancies were resolved through conversation and consensus among the team. In the end, 64 empirical reports were selected for inclusion in the review, based on the listed criteria. The first and second authors catalogued the details of each report into tables for organizational and sharing purposes. These details include: author names, publication date, participant characteristics, place of resettlement, variables of interest, methodology, and key findings. Due to space constraints, we have provided these tables as Online Supplementary Material. We encourage interested scholars to access these tables for quick summaries of each report included in this review.

As presented in the tables (please see Online Supplementary Material) out of the 64 total reports included in the review, 28 (44%) involved mixed-methods (both qualitative and quantitative research methods), 23 (36%) involved strictly qualitative research methods, and 13 (20%) involved strictly quantitative research methods. Forty-eight out of the 64 reports (75%) were cross-sectional and 16 (25%) were longitudinal. In total, 11,581 children, adolescents, and adults were represented in the review. Among the reports including information on participant sex breakdowns ($N = 10,117$ of the total 11,581), 50% were male and 50% were female. Participants were resettled in twenty different countries at the time of assessment. The top four countries of resettlement, representing a total of 58% of the reports, were: the United States ($n = 17$ reports); Australia ($n = 10$ reports); Canada ($n = 5$ reports); and Norway ($n = 5$ reports).

The following sections summarize this collection of reports, organized in relation to the FSRM constructs and pathways presented in Figures 1 and 2. We start at the beginning of stressor-distress process in Part 1, reviewing the major themes and observations that we noted from the selected reports. Then, we continue to Part 2, which involves the resources that reduce resettlement stress to promote positive adjustment or resilience during resettlement. Throughout Parts 1 and 2, we make note of specific constructs and pathways that correspond with the FSRM presented in Figures 1 and 2 so that readers can follow along if they choose.

Part 1: Research on Stressors, Distress, and Youth Adjustment during Refugee Resettlement

We have no home. We can't decide where we will live, I can't decide what I will feed my kids. I don't know what I will cook, as I don't know what ingredients I will manage to get. I cannot control anything around me. We are living each second unaware of what's coming next... (Syrian refugee mother, quoted in El-Khani et al., 2016, p. 104)

Descriptions of Stressors Prior to and During Resettlement

From our review of the selected empirical reports, we noted that stressors experienced *prior* to resettlement (Box 1a in Figure 1) included the following: persecution and other forms of oppression; torture; rape; death and loss of friends and family members; and insecure or inadequate living conditions in refugee camps – to name just a few (Bartholomew et al., 2015; Chung & Bemak, 2002; Goodman et al., 2017; Isakson & Jurkovic, 2013; Renner & Salem, 2009). Many researchers reported high levels of trauma exposure specific to living in (and fleeing from) political and/or religious conflict, full-blown warzones, and destruction of communities via bombing, fire, and/or other forms of ethnic cleansing (e.g., Bartholomew et al., 2015). From the collection of qualitative and quantitative reports that we reviewed, the evidence demonstrates that the stressors that refugees face prior to resettlement are often: (a) life-threatening and severe; (b) numerous; (c) compounding; and (d) long lasting.

Based on our review, the most salient or reoccurring stressor reported *during* the resettlement process (Box 1b in Figure 1) was learning a new language (e.g., Chung & Bemak, 2002). Other frequently reported stressors experienced during the resettlement process included: (a) difficulties securing employment and making a living (Baranik et al., 2018), especially in jobs that match the expertise and training in the home country (Zwi et al., 2017); (b) being targets of discrimination (Ellis et al., 2010b; Lindencrona et al., 2008); (c) coping with family loss or separation (McGregor et al., 2015; Zwi et al., 2017); (d) identity loss and/or reformation (Bartholomew et al., 2015); (e) difficulties accessing public assistance programs (Chung & Bemak). These findings were reported among diverse groups of refugees from various ages and backgrounds by researchers using different methods, research designs, and analytical techniques.

Associations Between Stressors and Psychological Distress

The next segment of the FSRM involves the pathways between stressors (both prior to and during resettlement) and psychological distress. It is evident from both the qualitative and quantitative research designs included in our review that resettlement stressors, compounded with past traumas are linked to psychological distress for both adults and youth (Boxes 2a and 2b in Figure 1), as measured by: (a) PTSD symptoms (Javanbakht et al., 2019; Khamis, 2019; Lincoln et al., 2015; Lindencrona et al., 2008; Matheson et al., 2007; McGregor et al., 2015; Montgomery, 2010; Panter-Brick et al., 2015; Renner & Salem, 2009; Teodorescu et al., 2012); (b) depressive symptoms (Lincoln et al., 2015; Lindencrona et al., 2008; Montgomery, 2010; Renner & Salem, 2009; Seglem et al., 2014; Teodorescu et al., 2012); (c) alienation (Lindencrona et al., 2008); (d) anxiety symptoms (Montgomery, 2010; Renner & Salem, 2009); (e) sleep disturbances (Montgomery, 2010); and (f) externalizing behaviors (Ellis et al., 2015).

As one participant shared his experience in refugee camps, “I’m an adult, 35 years old, I promise you when I hear strong winds and loud noises in the camps I get so scared. I feel like my body is exhausted and my head is aching, and I am an adult.” (El Khani et al., 2016, p. 106). Our findings indicate that the association between stressors and psychological distress is well documented in both qualitative and quantitative research designs and among diverse samples of resettling refugees. This is consistent with the hypothesized pathways in the FSRM.

Other Factors to Consider in Links Between Stressors and Distress

Although the evidence is clear that displacement and resettlement-related stressors are numerous and linked to psychological distress, it is important to acknowledge that refugees are not one homogenous group and that these links may vary by: (a) dosage (or how much/many stressors: e.g., Matheson et al., 2007); (b) trauma type (or what kind/severity of stressor: e.g., Lincoln et al., 2015); (c) timing, in terms of the individual’s development, as well as length of time living in refugee camps and in the resettlement community (or when the stressor(s) occurred: e.g., Ellis et al., 2015; Montgomery, 2010); and (d) persistency of the stressor (or acuteness or chronicity of stressor: e.g., Panter-Brick et al., 2015). Moreover, supports or resources in the resettlement community will also influence the degree to which stressors lead to psychological distress: this is discussed more in Part 2.

It is also important to note that in several reports that focused on links between stressors and distress, significant gender differences emerged. For example, women reported higher rates of PTSD and other psychological distress symptoms relative to men (Chung & Bemak, 2002; Matheson et al., 2007; Panter-Brick et al., 2015; Renner & Salem, 2009). However, there were exceptions. In one study, Syrian refugee boys reported more trauma exposure than girls (Eruiyar et al., 2018). In another study, Ellis and colleagues (2010b) reported that Somali girls who held onto their Somali culture had better mental health compared to Somali girls who were more acculturated into American life; whereas, the opposite was found for Somali boys. In sum, these findings suggest that the degree to which resettlement stressors are associated with psychological distress can vary from group to group. Exploring the diversity and heterogeneity among refugee samples is certainly a high-priority area for future research.

Research Linking Resettlement-Related Stressors and Individual Distress to Family Distress

The FSRM posits that psychological distress – as a result of stressors experienced both before and during the resettlement process – is likely to put a strain on family relationships and dynamics of the family as a whole. Indeed, in several reports, the process of resettlement often led to loss of family resources (e.g., economic; support from extended kin; parents' identity loss), which changed roles in the family and was linked to family strain and distress (e.g., Betancourt et al., 2015; Levi, 2014). We highlight a handful of the most salient themes: (a) parents' concerns about their children losing culture; (b) parenting difficulties; (c) disruptive shifts in family roles; and (d) the bidirectionality of parent and youth psychological distress. We also note some differences between family structure and youth gender.

Parental Concerns Around Loss of Culture

One common theme that emerged from the review was a desire for parents to hold onto traditional customs and cultural practices within their family, while children were more quickly assimilating into the host culture. In many reports from the parents' perspective, their children were disconnecting from their native culture (Lewis, 2008; Renzaho et al., 2011), often in response to children spending more time in school and having newfound freedoms. Specifically, parents reported sadness and concern that children would lose their native language (Deng & Marlowe, 2013; Tingvold et al., 2012), would not listen to them anymore (Moinolmolki et al., 2020), and become too independent from the family (Betancourt et al., 2015; Levi, 2014; Lewig et al., 2010). As a Bhutanese father explains, "They don't want to live with their parents, children don't want to keep them. That is one fear..." (Moinolmolki et al., 2020, p. 15).

Similarly, from the perspective of youth, Lazarevic and colleagues found that Serbian refugee young adults resettling in the U.S. on average perceived themselves to be more acculturated to American culture compared to their parents (Lazarevic et al., 2012). Moreover, these young adult children who reported that they were more Americanized than their parents (i.e., had a greater acculturation discrepancy) were more likely to report lower levels of positive family atmosphere as well as less quality time spent with parents (Lazarevic et al.). Collectively, these findings suggest that a mismatch in acculturation between parents and their children are associated with more strain in family relationships.

Parenting Difficulties

In several reports, parents' reported difficulties in influencing their children, establishing authority, and controlling their children's behaviors (e.g., Betancourt et al., 2015; McMichael et al., 2011; Renzaho et al., 2011), as well as the inability to provide for their children's basic needs (e.g., food; safety; health care: Sim et al., 2018). Adapting to new laws and parenting styles in the host culture – often, from an interdependent culture to an independent one – was noted as difficult for parents and a source of family strain because it reduced the confidence in their perceived parenting ability (Deng & Marlowe, 2013; Lewig et al., 2010). Some parents reported fears of their children being taken away from them by Child Protective Services due to their lack of understanding of appropriate disciplinary actions in the host society (Moinolmolki et al., 2020). Many parents also reported relying on their children for information, but this information was not always accurate. For instance, one Somali mother explained:

...children go to school and skip a class and their parents don't know. They simply think their child went to school but later when they get a call from the school district, it is in English. They receive a call, the message is still not clear to them. The child is smart enough to deliver that message inaccurately. (Moinolmolki et al., 2020, p. 12)

Moreover, parents who reported higher levels of psychological distress were more likely to use harsh and hostile parenting practices (Sim et al., 2018; van Ee et al., 2013), engage in fewer positive parent-child interactions (Sim et al., 2018), and be less involved in structured play with their children (van Ee et al., 2013). In another study, higher levels of parental PTSD were significantly associated with youth insecure, disorganized attachment (van Ee et al., 2016). Collectively, these reports indicate that parents' mental health and wellbeing directly influences their parenting behaviors and relationship quality with their children, consistent with hypothesized FSRM pathways.

Disruptive Changes in Family Roles

In some cases, family members reported shifting roles and expectations within the family. For instance, parents reported withdrawing from traditional gender roles (Moinolmolki et al., 2020; Renzaho et al., 2011), which often led to marital conflict, separation, or divorce. Youth took more responsibility as financial providers (Luster et al., 2008), caregivers to siblings (Frounfelker et al., 2017), and as language brokers to their parents (Tingvold et al., 2012), often leading to increased parent-child conflict (Frounfelker et al., 2017). It is important to note that children and parents often influence each other in a bidirectional fashion.

Bidirectionality of Parent-Youth Psychological Distress

Another theme observed was that parents' mental health was often directly linked to their children's mental health. In several reports where both the parents and youth participated, researchers found that a higher level of parental psychological distress was linked to a higher level of youth psychological distress (Dalgaard et al., 2016; Mohamed & Thomas, 2017; Panter-Brick et al., 2014; Sim et al., 2018; Vaage et al., 2011). Thus, in Figure 1, we place a bidirectional arrow between parent and youth psychological distress.

Family Structure and Youth Gender

Some noteworthy differences in family structure, as well as youth gender, also emerged. Single mothers identified the absence of a father figure to be particularly challenging during resettlement (e.g., Deng & Marlowe, 2013). In another study, adolescent internalizing symptoms were significantly higher in single parent households compared to two-parent households (Rousseau et al., 2004). In terms of youth gender, researchers using a longitudinal design reported that boys (but not girls) reported decreasing levels of family cohesion over time (Rousseau et al.). These researchers also found that boys reported higher levels of internalizing symptoms, especially during the early acculturation process. In another report involving adolescents, female adolescents reported significantly higher levels of parental discipline, management, and parental control compared to male adolescents (McMichael et al., 2011).

To summarize, the evidence suggests that resettlement stressors and psychological distress are often linked to strain and distress in family relationships, consistent with hypothesized pathways in the FSRM. According to existing literature, these strains most often involve struggles for parents to maintain their native culture and language while children are acculturating more quickly into the host community.

Research Linking Family Distress to Youth Negative Adjustment

The final pathway of the stressor-distress process as illustrated in Figure 1 posits that family distress can lead to negative youth adjustment over time in a variety of domains: behavioral, cognitive, physical, social-emotional, academic, and vocational – for example. Testing the downstream pathway requires longitudinal study designs, which are more rare in the literature to date. For instance, in our literature search, we only found one report (Atwell et al., 2009) that used a longitudinal design to investigate how family strain is associated with youth adjustment over time. Although there are much fewer reports to draw from here (relative to other sections), we outline major themes and findings from primarily cross-sectional and qualitative reports. These themes include adjustment difficulties with: (a) education; (b) attachment; and (c) general social-emotional-behavioral outcomes.

Youth Educational Difficulties

In a qualitative study, parents reported wanting to support their children to gain an education and help them with their homework; however, for parents with limited English, this was difficult to do and led to feelings of helplessness (Atwell et al., 2009). Parents also relied on their children to be language and cultural brokers out in the community,

which according to one Afghan mother, interfered with her son's ability to attend school: "...because of lack of interpreters I had to take my son with me for all my appointment and that was why my son stopped going to school...That was a very big problem for us." (Atwell et al., p. 685)

Youth Attachment Difficulties

Certain characteristics in the parent-child relationship were linked to children's attachment style to their parents, which can have lasting negative effects for children's close relationships outside the family. For instance, when Middle Eastern refugee parents openly discussed traumatic events in front of their children, children were more likely to be classified as insecurely attached (Dalgaard et al., 2016). Similarly, in a qualitative study involving refugee children, those who told stories that were focused on parental absence, lack of comfort from parents, and/or frequent themes of family conflict and violence were more likely to be classified as insecurely attached (De Haene et al., 2013). Conversely, children who told stories about parents maintaining family bonds, their parents protecting them, and themes of cohesive family bonds and communication were more likely to be classified as securely attached to their parents (De Haene et al.). These findings suggest that communication about trauma, between parents and children or through expressing themselves through storytelling, provides some insight on the degree to which children form secure attachments with others (see also van Ee et al., 2016).

Youth Social-Emotional-Behavioral Difficulties

In the few reports that we found related to the final hypothesized stress pathway in the FSRM, parenting difficulties and family distress were linked to refugee children's social, emotional, and behavioral difficulties. For instance, in a quantitative study involving Syrian refugees resettling in Turkey, higher levels of parenting distress, as measured by three indicators (parent distress, parent-child dysfunctional interactions, and difficulties with the child), were significantly associated with higher levels of child emotional and conduct problems (Erucar et al., 2018). Similarly, in a qualitative study involving interviews and focus groups, parents and children explained that as a result of hostile parenting practices (e.g., beating), children were more "difficult," "stubborn," "aggressive," and "irritable," as well as "sad," "nervous," "agitated," and "lonely" (Sim et al., 2018, p. 23). In a study that compared children with traumatized parents vs. non-traumatized parents (using clinical cut-off scores), researchers found that children who had traumatized parents not only had significantly lower IQ scores, they were also more likely to report strain in their family relationships, as well as lower levels of child self-esteem and prosocial behavior (Daud et al., 2008).

These aforementioned reports involved refugee children under the age of 18, which is the age group that we are currently focused on. However, in another report involving young adult refugee children between the ages of 18- and 30-years-old, greater mismatch between parents' and children's American acculturation levels (often an indicator of family strain) predicted more depressive symptoms for the young adult (Lazarevic et al., 2012). It is important to note that acculturation gaps between parents and children are complex and can have diverse effects on youth (for a review involving immigrant families, see Telzer, 2010). Moreover, this report involved young adults over the age of 18 – which again, is not the focus of the current report, so some caution in interpretation is warranted. In the future, researchers could explore the degree to which developmental stage / age is related to acculturation mismatch and its influence on adjustment during refugee resettlement.

Collectively, this handful of reports suggest that strain and distress in the family, particularly between parents and their children are associated with children's social, emotional, and behavioral difficulties, in support of the hypothesized FSRM pathway. Again, relative to other stress pathways, links between family distress and youth adjustment (particularly downstream) has received the least empirical attention, providing future opportunities for researchers to explore. Overall, the empirical literature to date provides preliminary evidence that the FSRM captures the stressor-distress process during refugee resettlement relatively well. In the following sections, we review research on certain resources that can reduce resettlement-related distress and promote positive adjustment (i.e., resilience), conceptualized at the individual, family, school, and broader community levels.

Part 2: Research on Resources that Promote Positive Adjustment (Resilience) During Refugee Resettlement

Australia is a good country...you can get any chance to have anything for your children, for your kids, for your families to grow up to do anything, and they can also find a good freedom and good education. (Sudanese refugee father quoted in Atwell et al., 2009, p. 689)

Refugees who have the chance to resettle in relatively safer countries can go on “...to do anything...” and otherwise be productive members of the resettlement community, but there needs to be resources available to them in order to be successful. Again, the FSRM proposes that available resources can promote adaptation during resettlement by either: (a) directly reducing psychological distress, family distress, or youth negative adjustment, as in a statistical main effect (indicated by the solid arrows in Figures 1 and 2); or (b) by interacting with a stressor or distress variable in the FSRM to significantly disrupt a stress pathway of interest, as in a statistical interaction effect (indicated by the dashed arrows in Figures 1 and 2). It is important to note that most of the quantitative reports primarily focused on statistical main effects relative to statistical interactive effects. In qualitative reports, researchers focused on participants’ narratives to illustrate how certain resources promoted adaptation in certain domains during resettlement. We begin with resources at the center of the nested diagram in Figures 1 and 2 (individual resources), then make our way outward to discuss resources at the family, school, and community levels.

Individual Resources

It is clear that refugees rely on a variety of internal resources to heal from past traumas and deal with current resettlement stressors (for a review, see Chan et al., 2016). In fact, resources at the individual level have received the most empirical attention to date, specifically in relation to the pathway from environmental stressors (Box 1) to psychological distress (Box 2). From our review, we observed three commonly investigated individual-level resources: (a) coping strategies; (b) religiosity/spirituality; and (c) personal characteristics.

Coping Strategies

First, researcher’s conceptualization of coping (e.g., engagement vs. disengagement; emotion-focused vs. problem-focused) and the ways in which coping has been measured (e.g., quantitative items/scales; qualitative interviews) varies widely, which makes it difficult to compare results from one report to another. Commonly measured coping strategies were: (a) problem-focused coping (Baranik et al., 2018; Huijts et al., 2012); (b) social support seeking (Baranik et al., 2018; Ghazinour et al., 2003; Huijts et al., 2012); (c) engagement/active and disengagement/avoidant (Hooberman et al., 2010; McGregor et al., 2015; Seglem et al., 2014); and (d) reflection and relaxation (Baranik et al., 2018).

Findings were mixed in terms of the association between coping and psychological wellbeing. For instance, more active, problem-solving methods for coping were associated with better psychological wellbeing among Arab Muslim refugee adults (Baranik et al., 2018); however, in other reports, active problem-solving methods were associated with poorer mental health among diverse unaccompanied refugee youth (Seglem et al., 2014). Likewise, some reports showed that more avoidant, disengaged forms of coping were linked to poorer psychological wellbeing (McGregor et al., 2015), whereas in other reports, this form of coping was associated with better psychological wellbeing. Some past traumas might be too painful or overwhelming to work through directly, so distraction, distancing, and denial might be advantageous, especially in the short term (Goodman et al., 2017; Sleijpen et al., 2016).

There is some evidence to suggest that the type of coping individuals use varies by gender. For instance, in one report involving adult refugees from the Middle East resettling in Austria, females reported that taking care of their children and finding indoor activities was the best way to deal with stressors, whereas male participants relied more on detachment, social activities, and information-seeking (Renner & Salem, 2009). Similarly, in another sample of adult refugees from the Middle East resettling in The Netherlands, Huijts and colleagues (2012) reported that for males only, social support seeking was significantly associated with greater quality of life, whereas this association was not observed for females. These reports suggest that in some circumstances, men and women rely on conceptually different coping strategies. Another salient individual-level resource was religious and spiritual belief systems, which we discuss in the next section.

Religiosity and Spirituality

Arguably, religiosity can be conceptualized as a community-based resource in the context of church or other places of worship where community is involved; however, we conceptualize religious and/or spiritual beliefs and practices as internal to the individual if they were measured as such. Believing in a higher power, praying, meditating, and fasting were consistently reported by individuals in both qualitative and quantitative study designs as a source of strength and healing from past trauma, as well as a way to cope with current resettlement stressors. This observation was reported among several diverse groups of resettled refugees including: (a) Somali caregivers and their

adolescent/young adult children (Betancourt et al., 2015; Ellis et al., 2010a); (b) Iranian adults (Ghazinour et al., 2003); (c) adult torture survivors (Isakson & Jurkovic, 2013); (d) Sudanese adults (Schweitzer et al., 2007); (e) Congolese adults (Tippens, 2017); and (f) adult women who fled from various countries (Goodman et al., 2017). As described by one refugee participant in a qualitative study,

I thank God and I believe that God will guide me. I have surrendered to God. I have no other plans. The person who shot me meant to shoot me in the head. It helped me to heal to recognize that by God's grace I survived. Whenever I feel sorry for myself I realize I could be dead. My faith in God has been the most important part of the healing process. (Isakson & Jurkovic, 2013, p. 6)

Personal Characteristics

Beyond coping strategies and religious/spiritual beliefs, other personal characteristics were commonly reported as important resources for resettling refugees. For instance, Ghazinour et al. (2003) investigated personality traits (e.g., temperament and character) in relation to problem-focused coping behavior among Iranian refugees. They found that individuals with higher levels of harm avoidant temperament styles, cooperativeness, and more self-directedness reported a higher quantity of coping resources, even after controlling for earlier levels of trauma (Ghazinour et al., 2003). Other personal characteristics reported to be helpful for dealing with past traumas and resettlement stressors included: (a) perceived hope (Yohani & Larsen, 2009); (b) optimism or positive outlooks (Schweitzer et al., 2007); (c) high levels of internal locus of control (Lindencrona et al., 2008; Young, 2001); (d) self-efficacy (Arnetz et al., 2013; Kia-Keating & Ellis, 2007); (e) beliefs about the benefits of being in a safe country (Goodman et al., 2017); (f) parents' determination to build a better life (Atwell et al., 2009); and (g) compartmentalizing the past from the present (Tippens, 2017). Moreover, in a qualitative study focused on understanding the healing process from the perspective of torture survivors, a sense of empowerment, setting goals for the future, activism, and forgiveness emerged as common themes (Isakson & Jurkovic, 2013). One refugee participant explained:

I forgive everybody. If you don't forgive, you broke the process of feeling the spirit in your heart, which means you become bound by these people every time you see them; these are changes in your heart. You need to be released of this and move on. So, I forgive everybody. (Isakson & Jurkovic, 2013, p. 7)

Finally, it is important to mention language proficiency, education, and employment status as important individual level resources. Learning the language of the host community is a challenging task, but can serve as a key resource for newcomer families. For instance, in a qualitative study involving diverse refugees resettled in Australia, parents reported that their English proficiency helped them communicate with their children and school staff, monitor their children's activity, and explain reasons for disciplinary action (Atwell et al., 2009). Finally, access to education and job opportunities can help individuals adjust during resettlement. For example, in a longitudinal study of Middle Eastern refugees living in Denmark, youth were categorized into one of four groups based on psychological problems at baseline and follow-up (Montgomery, 2010). Montgomery found that two variables distinguished between the "adapted" and "traumatized" youth: (a) father's length of education and (b) whether the youth was in school or had a job.

Very few quantitative reports actually tested for statistical moderation of individual level resources in terms of disrupting pathways between stressors and psychological distress (for exceptions, see Hooberman et al., 2010 and Young, 2011). In other words, we found that coping, personal characteristics, and spiritual/religious beliefs and practices were mostly investigated in isolation or in relation to psychological distress. Future quantitative research should investigate how individual-level variables statistically interact with various stressors to significantly disrupt pathways from stressors (Box 1) to psychological distress (Box 2) and/or to family distress (Box 3), as outlined in the FSRM in Figure 1.

Family Resources

Good communication between the parents, the family will be happy. But if one is against the other, they're going to be like two parallels across each other, there's going to be tension. So good communication, that's important thing. (Sudanese refugee father, quoted in Renzaho et al., 2011, p. 237)

Relative to individual resources discussed above, we found fewer published reports involving family-level resources in relation to the constructs and pathways outlined in the FSRM. From our review, however, two major themes emerged. The first was the importance of the *size* of the family network and the second was the *quality* of family bonds and togetherness.

Family Network Size

Developing and maintaining social networks in the community can help newcomers feel more integrated and connected. For example, in a longitudinal study involving Vietnamese refugees resettling in Norway, children of fathers with large family networks living in the community had fewer psychological problems twenty years later (Vaage et al., 2011). Similarly, the size and of kin and non-kin networks in the host community significantly predicted life satisfaction among recently resettled Bhutanese youth in the United States (Moinolmolki, 2020).

Family Bonds and Togetherness

Beyond the size of family networks, evidence suggests that the quality of family relationships matters. Among North Korean adult refugees living in South Korea, family cohesion (bonds between family members) was associated with higher scores on a resilience scale (which measured the individual's capacity to handle stress), as well as fewer depressive symptoms (Nam et al., 2016). In fact, resilience significantly mediated the association between family cohesion and depressive symptoms, suggesting that more cohesive families foster individual-level resources that protect newcomers from psychological distress during resettlement. However, it is important to note that this study was not longitudinal and therefore the researchers could not untangle the true temporal or causal ordering of variables. As such, these findings should be interpreted with some caution.

In other reports, communication between family members promoted adjustment during resettlement. For instance, in a longitudinal study involving Middle Eastern refugees resettling in Denmark, youth who were able to talk with their mothers about their problems were less likely to be categorized in the "traumatized" group (Montgomery, 2010). In a qualitative study involving Vietnamese refugee parents and their adolescent children, older siblings were reported to be a significant source of support and acted as role models for the younger siblings, as well as mediators for parents (Tingvold et al., 2012). Finally, in a longitudinal, ethnographic study involving Burundian and Liberian refugees living in the United States, adolescents reported that their parents provided them with emotional, material, and educational support that helped them to be successful (Weine et al., 2014). The common theme here is that communication with parents and other family members, such as siblings and extended family, helped to build trust, promoted a shared meaning of past experiences, and provided both emotional and tangible support during resettlement.

There was also evidence that tight family bonds and feelings of togetherness extended beyond the immediate family home and into the larger community. For instance, Sudanese refugees living in Australia reported that extended family networks provided emotional support (Schweitzer et al., 2007) and sense of connectedness to the larger resettlement community. Moreover, these family connections were reported to extend into places of worship and in religious/spiritual practices (Tingvold et al., 2012; Weine et al., 2014). In sum, close and supportive family relationships help to promote positive adjustment during resettlement in support of the FSRM; however, much more research is needed here.

School Resources

Supportive school settings not only provide refugee youth with opportunities to learn English and academic content, they also provide outlets for developing relationships with others. They can also provide youth with a sense that they belong in their new community and can serve as an access point for programs and services, both within the school and out in the community.

People in the School

In several reports, people in the school setting (such as peers and teachers) were reported to help youth adjust and integrate in their new communities (Ellis et al, 2010; Weine et al., 2014). For instance, Somali adolescents resettling in the United States explained that friends at their school helped them connect with school staff, such as their school

counselors and teachers (Ellis et al., 2010a). Friendships also linked students to school services and programs (Ellis et al., 2010a) and fostered a sense of belonging among a diverse group of young refugees (Mohamed & Thomas, 2017). In fact, schools were reported as the most stable factor that provided safety and support (Mohamed & Thomas).

School Belonging and Connectedness

Among a sample of culturally and linguistically diverse students from migrant and refugee backgrounds resettling in Australia, school connectedness was significantly associated with better wellbeing, more resilience, and more social supports (Khawaja et al., 2017). In fact, the researchers found that resilience (measured as the individuals' coping with new situations) mediated the association between school connectedness and wellbeing; however, this study was cross-sectional and therefore should be interpreted with caution, as the temporal ordering of variables could not be investigated (Khawaja et al.). Among Somali adolescent refugees, school connectedness was associated with greater self-efficacy and reduced depressive symptoms (Kia-Keating & Ellis, 2007). School connectedness was also positively associated with wellbeing and negatively associated with depression and anxiety among diverse refugee adolescents resettling in Australia (Tozer et al., 2017).

Community Resources

Outside of the family and school settings, people, places, and programs in the broader community were reported as resources for refugees resettling in new communities. Many turned to the community at large, as well as members of their own ethnic and religious communities for support. Places of worship provided space and opportunity to grow community networks, particularly for adult parents. Participation in sports and other community programs helped youth feel a sense of belonging, as well as provided opportunities to develop relationships with others. Lastly, resettlement agencies play an important role in assisting families during the resettlement period and helping them adjust to the new environment.

Connections in the Community (People and Places)

Among Syrian refugee mothers resettling in Lebanon, perceived emotional and instrumental support from people in their community (broadly speaking) was significantly associated with better mental health, as well as less harsh parenting practices (Sim et al., 2019). Likewise, in a longitudinal study involving Vietnamese refugees resettling in Norway, children of fathers who had early contact with the local Norwegian population had fewer psychological problems twenty years later (Vaage et al., 2011). Specific people like church members, caseworkers, and volunteers in the community were reported to be resources. For instance, among Burundian and Liberian families, church members from multiple denominations provided spiritual guidance as well as material support (e.g., money; food; clothing) to families in need (Weine et al., 2014).

Other reports focused on connections to people specifically from the participants' ethnic and/or religious background as important resources. For example, "community talk" among members of the Somali community resettling in the United States helped Somali parents monitor their children, and helped the community identify youth in need of extra support and guidance (Ellis et al., 2010a). Important to note, however, Ellis and colleagues (2010a) reported from in-depth interviews that "community talk" served as a protective mechanism for some children (e.g., those who were fearful of being talked about and/or who were not demonstrating problem behavior), whereas it served as a risk factor for others (e.g., children who were engaged in problem behavior already because they risked becoming ostracized and negatively stereotyped by the community, which then could further perpetuate problem behavior).

Sense of belonging and connection to one's ethnic community was also investigated as a resource. Among Bhutanese refugee youth resettling in the United States, a strong sense of belonging and positive feelings about their own ethnic group was significantly correlated with higher levels of life satisfaction (Moinolmolki, 2020). Yet, in another report involving Somali young adult refugees resettling in the United States, findings related to sense of belonging to one's ethnic community were not as clear-cut. Ellis and colleagues (2015) found that higher levels of sense of belonging to the Somali community coupled with low levels of neighborhood social cohesion significantly *reduced* the odds of violence perpetration among adolescent children (Ellis et al., 2015). However, when neighborhood cohesion was reported to be high and when sense of belonging to the broader Somali community was also high, youth were *more* likely to perpetuate violence. Ellis and colleagues (2015) suggest that these seemingly counterintuitive findings should be interpreted in light of Somali-specific culture and dense ethnic enclaves in the resettlement community.

Gathering spaces like churches or worship centers provide opportunities for developing community ties. For instance, Vietnamese refugee parents resettling in Norway reported that their church setting (and their attachment to it) promoted cohesion among family members and allowed their children to make social connections (Tingvold et al., 2012). Among Congolese refugees resettling in Kenya, attending religious services at church fostered cohesion with other refugees, a greater sense of security, and more opportunities to integrate in their new community (Tippens, 2017).

Resettlement Agency Services and Community Programs

Resettlement agencies can play a pivotal role in helping families resettle and promote overall family wellbeing. These agencies often provide families with initial resources and opportunities that can help with the adjustment in new environments and provide some kind of normalcy, safety, and routine during the transitional period. Financial assistance (e.g., rent assistance; employment opportunities), English language classes and cultural orientations, and connection to the larger refugee networks are some of the examples reported (Goodman et al., 2017; Liu, et al., 2020). Resettlement agency caseworkers and volunteers can also offer youth refugees and their families connections to social services, medical care, and school programs (Goodman et al., 2017; Weine et al., 2014). As a Burundian parent explained, “[Our caseworker] is the family contact for health, financial, and school issues, he’s the one who registers all the kids in a public school” (Weine et al., p. 10).

Furthermore, community organizations also provide programs and activities that can serve an important role for the overall wellbeing of refugee youth and their families. For example, among younger refugees, there were several reports that linked sports (particularly soccer) to enhanced wellbeing and integration. For instance, in a longitudinal ethnographic study involving adolescent and early adult Somali refugees resettling in Australia, playing soccer in organized clubs was reported to provide a sense of safety and inclusion, as well as a sense of belonging for youth (Spaaij, 2015). Similarly, among a diverse group of refugees resettling in the United Kingdom, involvement in community sports and activities gave youth a sense of purpose and group belonging (Mohamed & Thomas, 2017). Involvement in sports has also been shown to increase cohesion and reduce clan conflict in resettlement communities, as illustrated by the following quote referring to Melbourne’s Somali community:

Sport, especially soccer, has no clan borders. In that sense it can strengthen the community bonds, the community relationships. It can, in a way, minimize clan tension. Most other activities are linked in one way or another to clan divisions and clan lines, but when it comes to sport, sport is actually above clan lines. It helps to integrate the community itself along its members (Spaaij, 2012, p. 1525).

Overall, this handful of reports suggests that support from resettlement agencies and community programs can make a positive difference in the lives of resettling refugees. In terms of developing new or improved resettlement resources – at the community level or otherwise – it is important to consider that a “one size fits all” approach may not align with all individual or family circumstances. For example, soccer programs may be particularly helpful for some groups, but not so much for others. In order to provide supportive services and programs in resettlement communities, sufficient funding and cultural relevance is necessary. It is also important to note that effective macro-level supports (i.e., those that extend beyond individual or internal resources) require frequent and intentional collaboration among community stakeholders, as well as refugees themselves (see Pejic et al., 2016; Veseley et al., 2017). Without enough resources that are relevant to the lives of resettling refugees, newcomer families may find it even more difficult to integrate into their new communities.

Summary

It is clear from the reviewed qualitative and quantitative research reports that refugees may experience a myriad of stressors both before and during resettlement that can compound over time, leading to psychological distress and family strain. Yet, refugees can also benefit from various individual, family, school, and community level resources and demonstrate considerable resilience during resettlement. Because refugees are not one homogenous group (even though they share the legal status of refugee), it is important to consider how cultural differences and unique experiences may influence stress and resilience pathways during resettlement. For example, we might expect that transitioning to a new school would be different for refugee youth who arrive to their host community with more years of schooling compared to those who arrive with little or no school experience. Among groups that adhere to certain religions and beliefs, entering a new community without others who share their beliefs could potentially lead to loss of connection, internal distress, and isolation. Stark cultural or ethnic differences between refugees and members of

the host community may also affect the resettlement process vis-à-vis facing discrimination as a minority. For instance, it might be more difficult for refugees with darker complexion to resettle in primarily white communities because they could be subject to discrimination and racism. More research on discrimination during resettlement is needed, as this topic has not been explored as much among refugee populations (relative to other populations such as immigrants). Although there might be differences between and among refugee groups – dependent on prior experiences, as well as ethnic or cultural backgrounds – a welcoming and supportive resettlement community is a universal resource for youth and families.

Another complexity to note here is that there might be interesting and important interactions between or among various levels of resources. For instance, an optimistic outlook on life and the future (and individual level resource) might help individuals seek out resettlement resources out in the community. Likewise, a supportive community environment that welcomes refugee families could enhance one's sense of optimism. School-level resources such as language interpretation and support for refugee parents may help to strengthen parent-youth relationships in the family unit. We look forward to future research involving these potential nuances between and among nested resources.

All told, the FSRM was a helpful conceptual framework as we planned our literature review, sifted through existing published reports, and synthesized what we found. In particular, it was useful because the model breaks down complex stressor – distress processes, as well as potential resources that promote resilience into manageable pieces for both scholars and practitioners to digest. Moreover, the model incorporates relevant variables downstream from the initial resettlement phase and includes multiple levels (or ecologies) in which resources are theoretically available to refugee youth and their families. Using the FSRM, we were able to determine that most of the existing research has focused on the stress pathways from pre-resettlement stressors and resettlement stressors (Box 1) to psychological distress (Box 2). In terms of resilience, we found that individual level resources were more commonly investigated, relative to resources in the school, family, and community. These observations provide a clear impetus for future research to investigate the more neglected stress and resilience pathways and processes.

We also suggest that empirical findings in relation to the FSRM can inform policy, programs, and practice in resettlement communities. If the pathways and processes of the model hold up empirically across various refugee groups and contexts, then stakeholders in resettlement communities could be making more data-informed decisions to allocate their limited funds. With current worldwide trends in displacement, families will continue to seek refuge. It is important that they are received in a welcoming, supportive manner because when a community warmly receives their newcomers, the whole community is more likely to thrive.

Future Directions

The FSRM presented in Figure 1 is a conceptual starting point for scholars; it should be revised and expanded as our empirical understanding of stress and resilience processes among resettling refugees expands. In particular, we look forward to at least five advancements.

First, we hope to see more longitudinal research designs, as most of the included reports were cross-sectional (75%). Cross-sectional reports are important, but provide us with just a snapshot of refugee resettlement for a certain cohort at a particular time in history. The FSRM should be tested using longitudinal designs so that we can better understand how resettlement stress and resources affect the same cohort of refugee youth further downstream as they age from young children to adolescents to young adults who start their own families. Developmental scientists can help to build our understanding here.

Second, scholars could incorporate more quantitative research methods in their designs to investigate whether certain resources statistically moderate (or interact) with stressor variables to reduce resettlement stress pathways. These investigations should involve strengths and resources at multiple levels, particularly at the family, school, and community levels, considering that most research to date has focused on the individual level. Related to this, investigators should consider further investigating and better understanding the attitudes of host communities and their effects on refugee families, which can play an important role in family wellbeing or maladjustment.

Third, we anticipate more attention to the nuances and diversity among refugee samples since they are not one homogenous group. Their experiences should be documented from a more holistic standpoint – focusing just as much on their strengths and resources as their stressors and traumas. Researchers should take every care and caution to be culturally aware, sensitive, and informed by the community throughout the research process.

Fourth, research and policy work involving resettlement agencies needs to be expanded. Resettlement agencies provide important resources, such as financial assistance, cultural orientation, and employment opportunities, for refugee families during the initial resettlement period. These agencies most often rely on government funding to do their work and assist the newcomer families. As a result, changes in political administrations and decreases in funding can greatly affect the agencies' ability to provide necessary resources and meet the needs of resettled families, as we have seen in recent years (Darrow & Scholl, 2020). Consequently, these shifts in funding and lack of resources can have negative effects on the health and wellbeing of resettling young people and their families. Further understanding of the role of resettlement agencies and the policies impacting resettling families can play an important role in expanding resilience factors.

Lastly, further exploration and inclusion of structural forces is needed for a more comprehensive understanding of the resettlement experiences of refugee youth and their families. Numerous structural components (e.g., availability of government resources, job opportunities for newly-resettled refugee families, housing conditions, etc.) play a pivotal role for many families in determining their wellbeing and maladjustment. Further, these structural forces can also play a critical role in determining developmental trajectories of refugee youth and their families. Scholars should consider including these structural components since they can be instrumental for refugee families. We hope that these future empirical advancements will help to inform family theory and scholarship, as well as programs and policies intended to support refugee youth and their families during resettlement.

References

- American Psychological Association (2010). *Resilience and recovery after war: Refugee children and families in the United States*. Washington, DC: Author. www.apa.org/pi/families/refugees.aspx
- Arnetz, J., Rofa, Y., Arnetz, B., Ventimiglia, M., & Jamil, H. (2013). Resilience as a protective factor against the development of psychopathology among refugees. *Journal of Nervous & Mental Disease*, 201(3), 167–172. doi:10.1097/NMD.0b013e3182848afe
- Atwell, R., Gifford, S. M., & McDonald-Wilmsen, B. (2009). Resettled refugee families and their children's futures: Coherence, hope and support. *Journal of Comparative Family Studies*, 40(5), 677–697. doi:10.3138/jcfs.40.5.677
- Baranik, L. E., Hurst, C. S., & Eby, L. T. (2018). The stigma of being a refugee: A mixed-method study of refugees' experiences of vocational stress. *Journal of Vocational Behavior*, 105, 116–130. doi:10.1016/j.jvb.2017.09.006
- Bartholomew, T. T., Gundel, B. E., & Kantamneni, N. (2015). A dream best forgotten: The phenomenology of Karen refugees' pre-resettlement stressors. *The Counseling Psychologist*, 43(8), 1114–1134. doi:10.1177/0011000015606221
- Betancourt, T. S., Abdi, S., Ito, B. S., Lilienthal, G. M., Agalab, N., & Ellis, H. (2015). We left one war and came to another: Resource loss, acculturative stress, and caregiver-child relationships in Somali refugee families. *Cultural Diversity & Ethnic Minority Psychology*, 21(1), 114–125. doi:10.1037/a0037538
- Bogic, M., Njoku, A., & Priebe, S. (2015). Long-term mental health of war-refugees: A systematic literature review. *BMC International Health Human Rights*, 15(29). doi:10.1186/s12914-015-0064-9
- Bronfenbrenner, U., & Morris, P. A. (2007). The bioecological model of human development. In W. Damon & R. M. Lerner (Eds.), *Handbook of child psychology*, 6th Edition (Vol. 1, pp. 793–828). John Wiley & Sons, Inc.
- Chan, K. J., Young, M. Y., Sharif, N. (2016). Well-being after trauma: A review of posttraumatic growth among refugees. *Canadian Psychology*, 57(4), 291–299. doi:10.1037/cap0000065
- Chung, R. C. Y., & Bemak, F. (2002). Revisiting the California Southeast Asian Mental Health Needs Assessment data: An examination of refugee ethnic and gender differences. *Journal of Counseling & Development*, 80(1), 111–119. doi:10.1002/j.1556-6678.2002.tb00173.x
- Dalgaard, N. T., Todd, B. K., Daniel, S. I. F., & Montgomery, E. (2016). The transmission of trauma in refugee families: Associations between intra-family trauma communication style, children's attachment security and psychosocial adjustment. *Attachment & Human Development*, 18(1), 69–89. doi:10.1080/14616734.2015.1113305
- Darrow, J. H., & Scholl, J. H. (2020). Chaos and confusion: Impacts of the Trump Administration executive orders on the US refugee resettlement system. *Human Service Organizations: Management, Leadership & Governance*, 44(4), 362–380. doi:10.1080/23303131.2020.1767745

- Daud, A., af Klinteberg, B., & Rydelius, P. A. (2008). Resilience and vulnerability among refugee children of traumatized and non-traumatized parents. *Child & Adolescent Psychiatry & Mental Health*, 2. doi:10.1186/1753-2000-2-7
- De Haene, L., Dalgaard, N. T., Montgomery, E., Grietens, H., & Verschueren, K. (2013). Attachment narratives in refugee children: Interrater reliability and qualitative analysis in pilot findings from a two-site study. *Journal of Traumatic Stress*, 26(3), 413–417. doi:10.1002/jts.21820
- Deng, S. A., & Marlowe, J. M. (2013). Refugee resettlement and parenting in a different context. *Journal of Immigrant & Refugee Studies*, 11(4), 416–430. doi:10.1080/15562948.2013.793441
- Donnellan, M. B., Conger, K. J., McAdams, K. K., & Neppl, T. K. (2009). Personal characteristics and resilience to economic hardship and its consequences: Conceptual issues and empirical illustrations. *Journal of Personality*, 77(6), 1645–1676. doi:10.1111/j.1467-6494.2009.00596.x
- Ellis, B. H., Abdi, S. M., Miller, A. B., White, M. T., & Lincoln, A. K. (2015). Protective factors for violence perpetration in Somali young adults: The role of community belonging and neighborhood cohesion. *Psychology of Violence*, 5(4), 384–392. doi:10.1037/a0039610
- Ellis, B. H., Lincoln, A. K., Charney, M. E., Ford-Paz, R., Benson, M., & Strunin, L. (2010a). Mental health service utilization of Somali adolescents: Religion, community, and school as gateways to healing. *Transcultural Psychiatry*, 47(5), 789–811. doi:10.1177/1363461510379933
- Ellis, B. H., MacDonald, H. Z., Klunk, G. J., Lincoln, A., Strunin, L., & Cabral, H. J. (2010b). Discrimination and mental health among Somali refugee adolescents: The role of acculturation and gender. *American Journal of Orthopsychiatry*, 80(4), 564–575. doi:10.1111/j.1939-0025.2010.01061.x
- Eruryar, S., Maltby, J., & Vostanis, P. (2018). Mental health problems of Syrian refugee children: The role of parental factors. *European Child & Adolescent Psychiatry*, 27(4), 401–409. doi:10.1007/s00787-017-1101-0
- 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. *Lancet*, 379, 266–282. doi:10.1016/S0140-6736(11)60051-2
- Frounfelker, R. L., Assefa, M. T., Smith, E., Hussein, A., & Betancourt, T. S. (2017). “We would never forget who we are”: Resettlement, cultural negotiation, and family relationships among Somali Bantu refugees. *European Child & Adolescent Psychiatry*, 26(11), 1387–1400. doi:10.1007/s00787-017-0991-1
- Ghazinour, M., Richter, J., & Eisemann, M. (2003). Personality related to coping and social support among Iranian refugees in Sweden. *Journal of Nervous & Mental Disease*, 191(9), 595–603. doi:10.1097/01.nmd.0000087186.03513.38
- Goodman, R. D., Vesely, C. K., Letiecq, B., & Cleaveland, C. L. (2017). Trauma and resilience among refugee and undocumented immigrant women. *Journal of Counseling & Development*, 95(3), 309–321. doi:10.1002/jcad.12145
- Hooberman, J., Rosenfeld, B., Rasmussen, A., & Keller, A. (2010). Resilience in trauma exposed refugees: The moderating effect of coping style on resilience variables. *American Journal of Orthopsychiatry*, 80(4), 557–563. doi:10.1111/j.1939-0025.2010.01060.x
- Huijts, I., Kleijn, W. C., van Emmerik, A. A. P., Noordhof, A., & Smith, A. J. M. (2012). Dealing with man-made trauma: The relationship between coping style, post traumatic stress, and quality of life in resettled, traumatized refugees in the Netherlands. *Journal of Traumatic Stress*, 25(1), 71–78. doi:10.1002/jts.21665
- Isakson, B. L., & Jurkovic, G. J. (2013). Healing after torture: The role of moving on. *Qualitative Health Research*, 23(6), 749–761. doi:10.1177/1049732313482048
- Javanbakht, A., Amirsadri, A., Suhaiban, H. A., Alsaud, M. I., Alobaidi, Z., Rawi, Z., & Arfken, C. L. (2019). Prevalence of possible mental disorders in Syrian refugees in the United States screened at primary care. *Journal of Immigrant & Minority Health*, 21, 664–667. doi:10.1007/s10903-018-0797-3
- Khamis, V. (2019). Posttraumatic stress disorder and emotion dysregulation among Syrian refugee children and adolescents resettled in Lebanon and Jordan. *Child Abuse & Neglect*, 89, 29–39. doi:10.1016/j.chiabu.2018.12.013
- Khawaja, N. G., Ibrahim, O., & Schweitzer, R. D. (2017). Mental wellbeing of students from refugee and migrant backgrounds: The mediating role of resilience. *School Mental Health: A Multidisciplinary Research & Practice Journal*, 9(3), 284–293. doi:10.1007/s12310-017-9215-6
- Kia-Keating, M., & Ellis, B. H. (2007). Belonging and connection to school in resettlement: Young refugees, school belonging, and psychosocial adjustment. *Clinical Child Psychology & Psychiatry*, 12(1), 29–43. doi:10.1177/1359104507071052

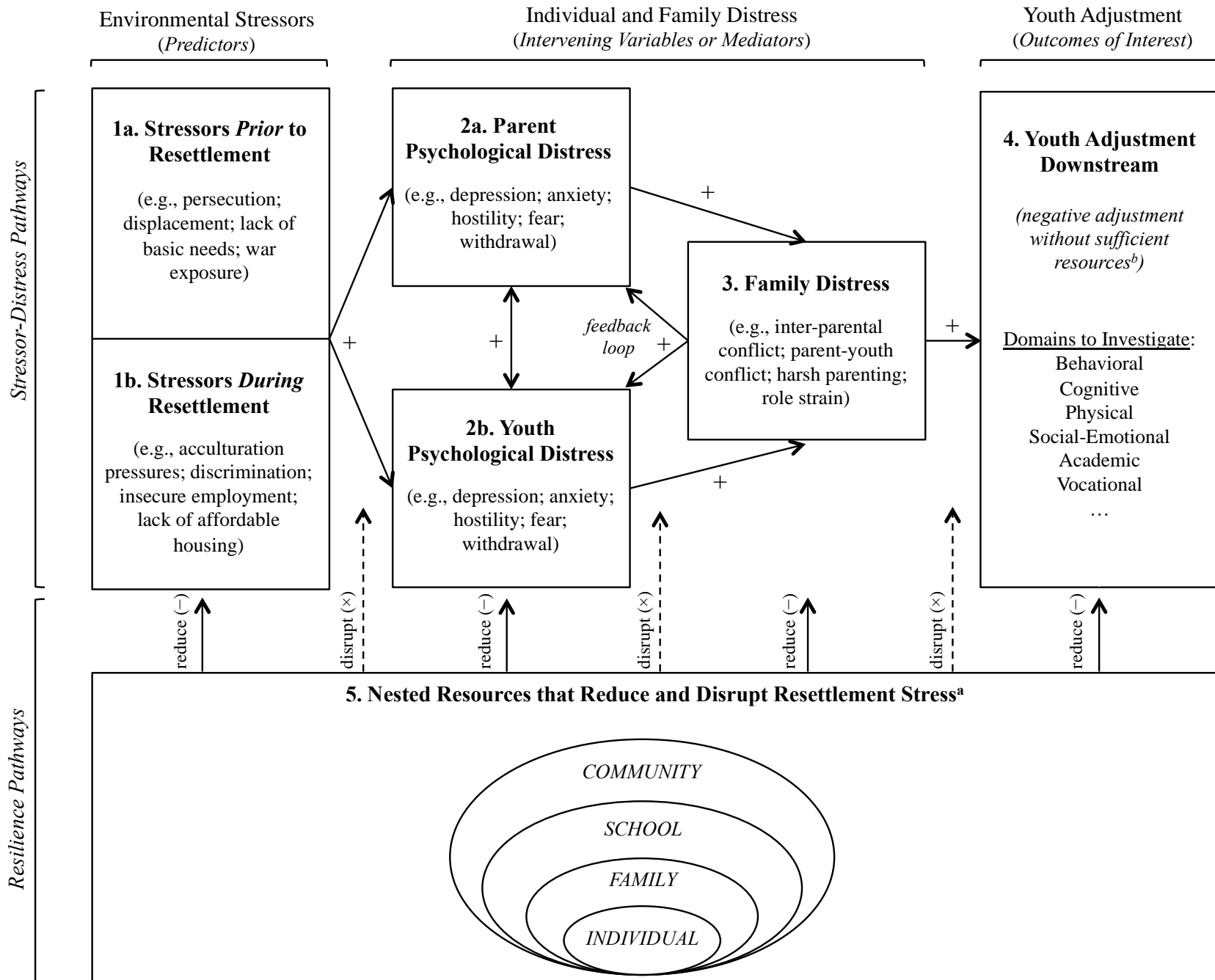
- Lavee, Y., McCubbin, H. I., & Patterson, J. M. (1985). The Double ABCX Model of Family Stress and Adaptation. An empirical test by analysis of structural equations with latent variables. *Journal of Marriage & Family*, 47(4), 811–825. doi: 10.2307/352326
- Lazarevic, V., Wiley, A., & Pleck, J. H. (2012). Associations of acculturation with family and individual well-being in Serbian refugee young adults in the United States. *Journal of Comparative Family Studies*, 43(2), 217–236. doi:10.3138/jcfs.43.2.217
- Levi, M. (2014). Mothering in transition: The experiences of Sudanese refugee women raising teenagers in Australia. *Transcultural Psychiatry*, 51(4), 479–498. doi:10.1177/1363461514531315
- Lewig, K., Arney, F., & Salveron, M. (2010). Challenges to parenting in a new culture: Implications for child and family welfare. *Evaluation & Program Planning*, 33(3), 324–332. doi:10.1016/j.evalprogplan.2009.05.002
- Lewis, D. C. (2008). Types, meanings and ambivalence in intergenerational exchanges among Cambodian refugee families in the United States. *Ageing & Society*, 28(5), 693–715. doi:10.1017/S0144686X08007034
- Lincoln, A. K., Lazarevic, V., White, M. T., & Ellis, B. H. (2016). The impact of acculturation style and acculturative hassles on the mental health of Somali adolescent refugees. *Journal of Immigrant & Minority Health*, 18(4), 771–778. doi:10.1007/s10903-015-0232-y
- Lindencrona, F., Ekblad, S., & Hauff, E. (2008). Mental health of recently resettled refugees from the Middle East in Sweden: The impact of pre-resettlement trauma, resettlement stress and capacity to handle stress. *Social Psychiatry & Psychiatric Epidemiology*, 43(2), 121–131. doi:10.1007/s00127-007-0280-2
- Liu, J., Mansoor, Y., Johar, J., Kim, S., Sidiqi, A., & Kapoor, V. (2020). Strengths-based inquiry of resiliency factors among refugees in Metro Vancouver: A comparison of newly-arrived and settled refugees. *Social Science & Medicine*, 263. doi:10.1016/j.socscimed.2020.113243
- Luster, T., Qin, D. B., Bates, L., Johnson, D. J., & Rana, M. (2008). The lost boys of Sudan: Ambiguous loss, search for family, and reestablishing relationships with family members. *Family Relations*, 57(4), 444–456. doi:10.1111/j.1741-3729.2008.00513.x
- Masarik, A. S. & Conger, R. D. (2017). Stress and child development: A review of the Family Stress Model. *Current Opinion in Psychology*, 13, 85–90. doi: 10.1016/j.copsyc.2016.05.008
- Masten, A. (2018). Resilience theory and research on children and families: Past, present, and promise. *Journal of Family Theory & Review*, 10, 12–31. doi:10.1111/jftr.12255
- Mathema, S. (2018). *Refugees thrive in America: Trump cuts the number of new arrivals despite advancements and success stories*. <https://www.americanprogress.org/issues/immigration/reports/2018/11/19/461147/refugees-thrive-america/>
- Matheson, K., Jorden, S., & Anisman, H. (2008). Relations between trauma experiences and psychological, physical and neuroendocrine functioning among Somali refugees: Mediating role of coping with acculturation stressors. *Journal of Immigrant & Minority Health*, 10(4), 291–304. doi:10.1007/s10903-007-9086-2
- McGregor, L. S., Melvin, G. A., & Newman, L. K. (2015). Familial separations, coping styles, and PTSD symptomatology in resettled refugee youth. *Journal of Nervous & Mental Disease*, 203(6), 431–438. doi:10.1097/NMD.0000000000000312
- McMichael, C., Gifford, S. M., & Correa-Velez, I. (2011). Negotiating family, navigating resettlement: Family connectedness amongst resettled youth with refugee backgrounds living in Melbourne, Australia. *Journal of Youth Studies*, 14(2), 179–195. doi:10.1080/13676261.2010.506529
- 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. doi:10.1080/02667363.2017.1300769
- Montgomery, E. (2010). Trauma and resilience in young refugees: A 9-year follow-up study. *Development & Psychopathology*, 22(2), 477–489. doi:10.1017/S0954579410000180
- Motti-Stefanidi, F., Pavlopoulos, V., & He, J. (2021). *Journal of Research on Adolescence*, 31(4), 966–988. doi:10.1111/jora.12656
- Nam, B., Kim, J. Y., DeVyllder, J. E., & Song, A. (2016). Family functioning, resilience, and depression among North Korean refugees. *Psychiatry Research*, 245, 451–457. doi:10.1016/j.psychres.2016.08.063
- Panter-Brick, C., Grimon, M., & Eggerman, M. (2014). Caregiver-child mental health: A prospective study in conflict and refugee settings. *Journal of Child Psychology & Psychiatry*, 55(4), 313–327. doi:10.1111/jcpp.12167
- Panter-Brick, C., Grimon, M., Kalin, M., & Eggerman, M. (2015). Trauma memories, mental health, and resilience: A prospective study of Afghan youth. *Journal of Child Psychology & Psychiatry*, 56(7), 814–825. doi:10.1111/jcpp.12350

- Patterson, J. M. (2002). Integrating family resilience and family stress theory. *Journal of Marriage & Family*, 64, 349–360. doi: 10.1111/j.1741-3737.2002.00349.x
- Pejic, V., Hess, R. S., Miller, G. E., & Wille, A. (2016). Family first: Community-based supports for refugees. *American Journal of Orthopsychiatry*, 86(4), 409–414. doi:10.1037/ort0000189
- Porter, M. & Haslam, N. (2005). Predisplacement and postdisplacement factors associated with mental health of refugees and internally displaced persons: A meta-analysis. *Journal of the American Medical Association*, 294(5), 602–612. doi:10.1001/jama.294.5.602
- Renner, W., & Salem, I. (2009). Post-traumatic stress in asylum seekers and refugees from Chechnya, Afghanistan, and West Africa: Gender differences in symptomatology and coping. *International Journal of Social Psychiatry*, 55(2), 99–108. doi:10.1177/0020764008092341
- Renzaho, A. M. N., Green, J., Mellor, D., & Swinburn, B. (2011). Parenting, family functioning and lifestyle in a new culture: The case of African migrants in Melbourne, Victoria, Australia. *Child & Family Social Work*, 16(2), 228–240. doi:10.1111/j.1365-2206.2010.00736.x
- Rousseau, C., Drapeau, A., Platt, R. (2004). Family environment and emotional and behavioural symptoms in adolescent Cambodian refugees: Influence of time, gender, and acculturation. *Medicine, Conflict, & Survival*, 20(2), 151–165. doi: 10.1080/1362369042000234735
- Schweitzer, R., Greenslade, J., & Kagee, A. (2007). Coping and resilience in refugees from the Sudan: A narrative account. *Australian & New Zealand Journal of Psychiatry*, 41(3), 282–288. doi:10.1080/00048670601172780
- Seglem, K. B., Oppedal, B., & Roysamb, E. (2014). Daily hassles and coping dispositions as predictors of psychological adjustment: A comparative study of young unaccompanied refugees and youth in the resettlement country. *International Journal of Behavioral Development*, 38(3), 293–303. doi:10.1177/0165025414520807
- Sim, A., Bowes, L., & Gardner, F. (2018). Modeling the effects of war exposure and daily stressors on maternal mental health, parenting, and child psychosocial adjustment: A cross-sectional study with Syrian refugees in Lebanon. *Global Mental Health*, 5(40), 1–12. doi:10.1017/gmh.2018.33
- Sim, A., Bowes, L., & Gardner, F. (2019). The promotive effects of social support for parental resilience in a refugee context: A cross-sectional study with Syrian mothers in Lebanon. *Prevention Science*, 20, 674–683. doi:10.1007/s11121-019-0983-0
- Sim, A., Fazel, M., Bowes, L., & Gardner, F. (2018). Pathways linking war and displacement to parenting and child adjustment: A qualitative study with Syrian refugees in Lebanon. *Social Science & Medicine*, 200, 19–26. doi:10.1016/j.socscimed.2018.01.009
- 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. doi:10.1080/13557858.2015.1044946
- Spaaij, R. (2012). Beyond the playing field: Experiences of sport, social capital, and integration among Somalis in Australia. *Ethnic & Racial Studies*, 35(9), 1519–1539. doi:10.1080/01419870.2011.592205
- Spaaij, R. (2015). Refugee youth, belonging and community sport. *Leisure Studies*, 34(3), 303–318. doi:10.1080/02614367.2014.893006
- Suárez-Orozco, C., Motti-Stefanidi, F., Marks, A., & Katsiaficas, D. (2018). An integrative risk and resilience model for understanding the adaptation of immigrant-origin children and youth. *American Psychologist*, 73(6), 781–796. doi:10.1037/amp0000265
- Teodorescu, D., Heir, T., Hauff, E., Wentzel, L. T., & Lien, L. (2012). Mental health problems and post-migration stress among multi-traumatized refugees attending outpatient clinics upon resettlement to Norway. *Scandinavian Journal of Psychology*, 53(4), 316–332. doi:10.1111/j.1467-9450.2012.00954.x
- Telzer, E. H. (2010). Expanding the Acculturation Gap-Distress Model: An integrative review of research. *Human Development*, 53, 313–340. doi: 10.1159/000322476
- Tingvold, L., Middelthon, A. L., Allen, J., & Hauff, E. (2012). Parents and children only? Acculturation and the influence of extended family members among Vietnamese refugees. *International Journal of Intercultural Relations*, 36(2), 260–270. doi:10.1016/j.ijintrel.2011.03.005
- Tingvold, L., Hauff, E., Allen, J., & Middelthon, A. L. (2012). Seeking balance between the past and the present: Vietnamese refugee parenting practices and adolescent well-being. *International Journal of Intercultural Relations*, 36(4), 563–574. doi:10.1016/j.ijintrel.2012.03.004
- Tippens, J. A. (2017). Urban Congolese refugees in Kenya: The contingencies of coping and resilience in context marked by structural vulnerability. *Qualitative Health Research*, 27(7), 1090–1103. doi:10.1177/1049732316665348

- Tozer, M., Khawaja, N. G., & Schweitzer, R. (2018). Protective factors contributing to wellbeing among refugee youth in Australia. *Journal of Psychologists & Counsellors in Schools*, 28(1), 66–83. doi:10.1017/jgc.2016.31
- United Nations High Commissioner for Refugees (2021a). *Figures at a glance*. <https://www.unhcr.org/en-us/figures-at-a-glance.html>
- United Nations High Commissioner for Refugees (2021b). *What is a refugee?* <https://www.unhcr.org/en-us/what-is-a-refugee.html>
- United Nations High Commissioner for Refugees (2022). *Refugee data finder*. <https://www.unhcr.org/refugee-statistics/>
- Vaage, A. B., Thomsen, P. H., Rousseau, C., Wentzel-Larsen, T., Ta, T. V., & Hauff, E. (2011). Paternal predictors of the mental health of children of Vietnamese refugees. *Child & Adolescent Psychiatry & Mental Health*, 5. doi:10.1186/1753-2000-5-2
- van Ee, E., Sleijpen, M., Kleber, R. J., & Jongmans, M. J. (2013). Father involvement in a refugee sample: Relations between posttraumatic stress and caregiving. *Family Process*, 52(4), 723–735. doi:10.1111/famp.12045
- van Ee, E., Kleber, R. J., Jongmans, M. J., Mooren, T. T. M., & Out, D. (2016). Parental PTSD, adverse parenting and child attachment in a refugee sample. *Attachment & Human Development*, 18(3), 273–291. doi:10.1080/14616734.2016.1148748
- Vesely, C. K., Letiecq, B. L., & Goodman, R. D. (2017). Immigrant family resilience in context: Using a community-based approach to build a new conceptual model. *Journal of Family Theory & Review*, 9, 93–110. doi:10.1111/jftr.12177
- Weine, S. M., Ware, N., Hakizimana, L., Tugenberg, T., Currie, M., Dahnweih, G., Wulu, J. (2014). Fostering resilience: Protective agents, resources, and mechanisms for adolescent refugees' psychosocial well-being. *Adolescent Psychiatry*, 4(3), 164–176. doi:10.2174/221067660403140912162410
- Yohani, S. C., & Larsen, D. J. (2009). Hope lives in the heart: Refugee and immigrant children's perceptions of hope and hope-engendering sources during early years of adjustment. *Canadian Journal of Counselling*, 43(4), 246–264.
- Young, M. Y. (2001). Moderators of stress in Salvadoran refugees: The role of social and personal resources. *International Migration Review*, 35(3), 840–869. doi:10.1111/j.1747-7379.2001.tb00043.x
- Zwi, K., Rungan, S., Woolfenden, S., Woodland, L., Palasanthiran, P., & Williams, K. (2017). Refugee children and their health, development and wellbeing over the first year of settlement: A longitudinal study. *Journal of Paediatrics & Child Health*, 53(9), 841–849. doi: 10.1111/jpc.13551

Figure 1

The Family Stress and Resilience Model for Resettling Refugee Youth and their Families



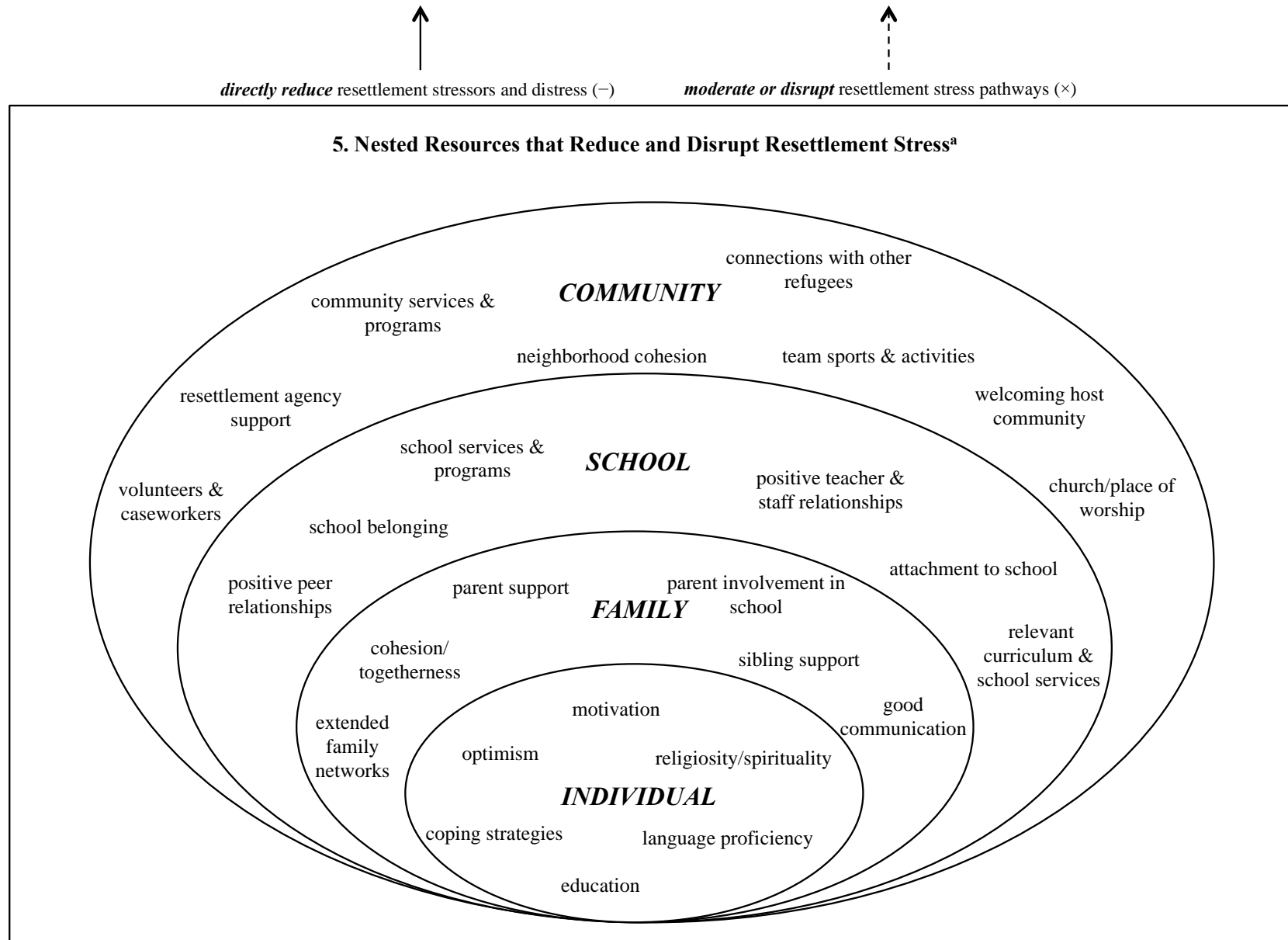
Note. The top portion of the model represents hypothesized stressor-distress pathways that can ultimately lead to negative adjustment among refugee youth during resettlement (Boxes 1 – 4). The double-headed arrows represent bidirectional effects between parent psychological distress (Box 2a) and youth psychological distress (Box 2b). It is possible that increases in family distress (Box 3) can feed back into parent and/or youth psychological distress (Boxes 2a and 2b), as illustrated by the “feedback loop” arrows. The bottom portion of the model (Box 5) represents hypothesized resilience pathways during refugee resettlement vis-à-vis resources at multiple, nested levels (individual, family, school, and community). The solid arrows stemming from Box 5 with a – (minus) sign represent resources that directly reduce resettlement stressors and distress (i.e., statistical main effects). The dashed arrows stemming from Box 5 with a × (multiplication) sign represent resources that moderate or disrupt resettlement stress pathways (i.e., statistical moderation or interaction effects). This figure was adapted from Masarik and Conger (2017) and expanded to be relevant to the lives of refugee youth and families during resettlement.

^aSee Figure 2 for a more detailed illustration of hypothesized resources that reduce and disrupt resettlement stress (resilience pathways).

^bPositive youth adjustment could occur with sufficient resettlement resources.

Figure 2

Nested Resources that Reduce and Disrupt Resettlement Stress to Promote Resilience (Continuation of the Family Stress and Resilience Model for Resettling Refugee Youth and their Families)



Note. The resources listed in Figure 2 are examples and not exhaustive. The solid arrows stemming from Box 5 with a – (minus) sign represent resources that directly reduce resettlement stressors and distress (i.e., statistical main effects). The dashed arrows stemming from Box 5 with a × (multiplication) sign represent resources that moderate or disrupt stress pathways (i.e., statistical moderation or interaction effects).

^aSee Figure 1 for the complete version of the *Family Stress and Resilience Model for Resettling Refugee Youth and their Families*, including both stressor-distress and resilience pathways during refugee resettlement.

Table 1

Reports Investigating Links Between Stressors and Psychological Distress during Refugee Resettlement

Author(s)	Publication Year	Participant Characteristics	Place of Resettlement	Stressor Variable(s)	Psychological Distress Variable(s)	Procedure & Analysis	Key Findings
Arnetz, Rofa, Arnetz, Ventimiglia, & Jamil	2013	Iraqi refugees ($N = 75$); $n = 23$ males; $n = 52$ females; M age = 40.86 years; non-war-exposed Middle Eastern immigrants ($N = 53$); $n = 29$ males; $n = 24$ females; M age = 40.10 years	U.S. (Michigan)	Trauma	Psychological Distress; PTSD	Cross-sectional; questionnaire; comparisons between refugee and immigrant samples; Survey of Children's Exposure to Violence; Resilience Scale; General Health Questionnaire (GHQ); PTSD Checklist (PCL) (qualitative/quantitative)	(1) Exposure to violence during premigration was a significant predictor of psychological distress and PTSD; (2) Refugees had significantly higher scores for PTSD and psychological distress compared to immigrants
Baranik, Hurst, & Eby	2018	Muslim Arab refugees ($N = 159$); $n = 108$ males; $n = 51$ females; M age = 31.4 years	U.S. (65.4% of participants); Germany; France; Egypt; Turkey; Netherlands; United Kingdom	Vocational stressors; coping mechanisms	Self-report anxiety; depression; sleep disturbances	Cross-sectional; open-ended surveys; applied the Transactional Theory of Stress and Coping; mixed-method design; thematic analysis (quantitative/qualitative)	(1) Vocational stressors included limited access and opportunity, acculturative stressors, discrimination, interpersonal, financial, personal, and other stressors (qualitative); (2) Coping methods included reflection and relaxation, problem solving, social support, and avoidance (qualitative); (3) Participants who reported higher levels of discrimination and avoidance coping were more likely to report higher levels of anxiety, depressive symptoms, and sleep disturbances (quantitative)
Bartholomew, Gundel, & Kantamneni	2015	Karen refugees from Myanmar/Burma ($N = 6$); $n = 4$ males; $n = 2$ females; age range = 25 - 64 years; no M age reported	U.S.	Pre-resettlement stressors	Participants' meaning of stress	Cross-sectional; semi-structure interview; thematic and phenomenological analysis (qualitative)	(1) Oppression, acceptance of violence, camp insecurity, and redefined selfhood were major reported stressors; (2) Cultural context was related to participants' meaning of stress; (3) Stressors were often negatively internalized and used to redefine selfhood
Chung & Bemak	2002	Southeast Asian refugees; Vietnamese refugees ($N = 867$); $n = 508$ males; $n = 359$ females; Cambodian refugees ($N = 590$); $n = 290$ males; $n = 300$ females; Laotian refugees ($N = 723$); $n = 423$ males; $n = 300$ females; age range = 18 - 68 years ($M = 35$ years)	U.S. (California)	Pre- and post-resettlement stressors	Traumatic experiences; depression; anxiety; and psychosocial dysfunction	Cross-sectional; bilingual interviews; telephone sampling and interviews; face-to-face interviews (quantitative/qualitative)	(1) Pre-resettlement stressors included: trauma; years in camps; death of family and/or spouse; and who chose to leave; (2) Post-resettlement stressors included: income; employment status; public assistance; English proficiency; family size; and English as a second language class; (3) Vietnamese, Cambodian, and Laotian women showed significantly higher levels of distress than men (quantitative; t-test)
Ellis, MacDonald, Klunk-Gillis, Lincoln, Strunin, & Cabral	2010 (b)	Somali adolescent refuggess; ($N = 135$); $n = 84$ boys; $n = 51$ girls; age range = 11- 20 years ($M = 15.4$ years)	U.S. (Massachusetts and Maine)	Social identity (acculturation and gender); discrimination	Post-Traumatic Stress Disorder; depressive symptoms	Cross-sectional; in-depth interviews; focus groups; War Trauma Screening Scale (WTSS); Everyday Discrimination (EDD); Depression Self-Rating Scale (DSRS) (quantitative/qualitative)	(1) Discrimination was associated with worse mental health; (2) Greater Somali acculturation was associated with better mental health, for girls; (3) Greater American acculturation was associated with better mental health, for boys; (4) Discrimination was significantly correlated with PTSD and depressive symptoms

Ellis, Abdi, Miller, White, & Lincoln	2015	Somali young adult refugees; ($N = 374$); $n = 233$ males; $n = 141$ females; age range = 18 - 30 years ($M = 21.30$ years)	Canada (Toronto); U.S. (Minneapolis, Minesota; Portland, Maine; Boston, Massachusetts)	Trauma	Violence perpetration (community belonging and neighborhood cohesion also measured as moderating variables)	Cross-sectional; interviews; questionnaire; self-report measures; War Trauma Screening Scale (WTSS); Self-Reported Delinquency (SRD); Psychological Sense of Community Membership Scale (PSCM) (quantitative/qualitative)	(1) Younger age, longer time in the U.S./Canada, being male, higher trauma, lower sense of Somali community belonging, and low neighborhood cohesion were associated with increased odds of violence perpetration; (2) Low sense of community belonging and a low sense of social cohesion was associated with increased violence; (3) There was a significant interaction between Somali community belonging and neighborhood cohesion; (4) Somali community belonging was not significantly associated with violence
Goodman, Vesely, Letiecq, & Cleaveland	2017	Immigrant and refugee women; ($N = 19$); undocumented immigrants $n = 10$; refugees $n = 9$; M age = 35.6 years	U.S. (Washington, DC)	Pre- and post-migration stressors	Sources of trauma and stress	Cross-sectionanl; phenomenological and thematic analysis; in-depth interviews (qualitative)	(1) Sociopolitical- based trauma, status-based trauma, and post-migration trauma were notable trauma experiences listed by the women; (2) Family separation, employment, and economic stressors were common structural and situational stressors that surfaced; (3) The women were particularly vulnerable to multiple sources of trauma
Javanbakht, Amirsadri, Suhaiban, Alsaud, Alobaidi, Rawi, & Arfken	2019	Syrian refugees; ($N = 157$); $n = 83$ males; $n = 74$ females; M age = 36.8 years	U.S.	Traumatic exposures	PTSD; anxiety; depressive symptoms	Cross-sectional; PTSD Checklist Civilian version (PCL-C); Hopkins Symptom Checklist (HSCL-25) (quantitative)	(1) 71.2% of participants reported their health as excellent, very good, or good; (2) 32.2% of participants possibly had PTSD (no gender differences); (3) Women were more likely to have possible anxiety (52.7%) or depressive symptoms (58.5%)
Khamis	2019	Syrian refugee children and adolescents; ($N = 1000$); $n = 461$ males; $n = 539$ females; age range = 7 - 18 years ($M = 11.30$ years)	Lebanon ($n = 500$) and Jordan ($n = 500$)	Traumatic experiences; pre- and post-resettlement stressors	PTSD; emotional dysregulation	Cross-sectional; Demographics questionnaire; Trauma Exposure Scale; PTSD (DSM-IV); Difficulties in Emotion Regulation Scale Short Form (DERS-SF); The Kidcope; Family Environment Scale (FES); School Environment Scale (SES) (quantitative/qualitative)	(1) 45.6% of the participants developed PTSD; (2) Social support and cognitive restructuring children/adolescents had less PTSD symptoms compared to those who used avoidant coping; (3) Participants reported higher levels of emotion dysregulation when exposed to more war-related traumas
Lincoln, Lazarevic, White, & Ellis	2015	Somali refugees; ($N = 135$); $n = 84$ males; $n = 51$ females; age range = 11 - 20 years ($M = 15.39$ years)	U.S.	Resettlement and acculturation stressors	Persecution and trauma (mental health)	Cross-sectional; interviews; War Trauma Screening Scale(WTSS); Behavioral Acculturation scale; acculturation groups; Depression Self-Rating Scale (DSRS) (quantitative/qualitative)	(1) Trauma and the severity of acculturative stressors are significantly associated with PTSD and depressive symptoms; (2) Greater trauma lead to higher averages of PTSD symptoms and higher depressive symptoms
Lindencrona, Ekblad, & Hauff	2008	Refugees; ($N = 115$); $n = 71$ males; $n = 44$ females; age range = 21 - 63 years ($M = 34.3$ years); 83% of the refugees were born in Iraq	Sweden	Resettlement stressors	PTSD; common mental disorder; depressive symptoms	Cross-sectional; questionnaire (oral/written); symptoms of common mental disorder (GHQ); core symptoms of post-traumatic stress (CPTS) (quanititative/qualitative)	(1)Social and economic strain, discrimination and status loss, violence and threats in Sweden, and alienation are significantly correlated with common mental disorder (depressive symptoms and anxiety) and three of these correlate with PTSD; (2) The largest unique direct effect on common mental disorders were seen for alienation and perceived control

Matheson, Jorden, & Anisman	2007	Somali refugees; ($N = 90$); $n = 32$ males; $n = 58$ females; age range = 18 - 53 years ($M = 24.9$ years)	Canada (Ottawa)	Pre- and post-migration traumas	Acculturation challenges; depressive symptoms; PTSD	Cross-sectional; Traumatic Life Events Questionnaire; Impact of Events Scale; Beck Depression Inventory; Survey of Coping Profile Endorsement (SCOPE) (quantitative/qualitative)	(1) Women reported a greater number of traumatic events than men; (2) Older participants reported more traumatic experiences and trauma due to a threat to a loved one (death included); (3) The dominant coping strategy was to turn to religious faith; (4) Individuals who experienced multiple traumas were less likely to use active coping; (5) The number of traumatic events the participants faced was associated with greater trauma and depressive symptoms
McGregor, Melvin, & Newman	2015	Young refugees from 16 different countries (30% were from Burma); ($N = 50$); $n = 19$ males; $n = 31$ females; age range = 12 - 21 years ($M = 16.63$ years)	Australia (Hobart/Melbourne)	Resettlement stressors	PTSD	Cross-sectional; self-report questionnaires (The Child PTSD Symptom Scale, The Children's Coping Strategies Checklist, and The Youth Experience Scale for Refugees); semi-structured interviews (Adaptation and Development After Persecution and Trauma model) (quantitative/qualitative)	(1) 40% of participants scored above the conservative cut-off score of 15 for PTSD symptoms; (2) Active and avoidant coping methods were used in equal amounts; (3) There was a significant moderate negative correlation between family separations and PTSD symptoms
Montgomery	2010	Middle Eastern refugees; young refugees ($N = 131$); $n = 55$ males; $n = 76$ females; families ($N = 67$); age range = 11 - 23 years ($M = 15.3$ years)	Denmark	Pre- and post-resettlement stressors	PTSD; sleeping problems; depressive symptoms; anxiety; psychological problems	Longitudinal (arrival and follow-up 8-9 years later); at arrival, parents participated in structured interviews; at follow-up, parents and youth responded to questionnaires and clinical interviews (quantitative)	(1) At arrival, 68.7% of youth were anxious, 32.8% suffered from sleep disturbances, 29% had depressive symptoms, and 74.8% suffered from at least one of these conditions; (2) Youth were categorized into one of four groups based on psychological problems at arrival and follow-up ("spared"; "reacting"; "traumatized"; and "adapted"); (3) The number of traumatic experiences before and after arrival significantly predicted group membership
Panter-Brick, Grimon, Kalin, & Eggerman	2015	Afghan child-caregiver refugee dyads; ($N = 331$); $n = 115$ boys in Kabul; $n = 119$ girls in Kabul; $n = 55$ boys in Peshawar; $n = 42$ girls in Peshawar; M age = 13.23 years	Afghanistan (Kabul); Pakistan (Peshawar)	Traumatic memories/exposure; violence; loss of family/home	Mental health; depressive symptoms	Longitudinal (baseline and follow-up); interviews; Traumatic Event Checklist; Child Revised Impact of Events Scale (CRIES); Strenght and Difficulties Questionnaire (SDQ); Depression Self-Rating Scale (DSRS); Self-Reported Questionnaire (SRQ-20) (quantitative/qualitative)	(1) Chronic PTSD was associated with girls more than boys; (2) CRIES and DSRS showed $n = 111$ with high distress at baseline and $n = 220$ with low distress; $n = 90$ with high distress at follow-up and $n = 241$ with low distress; (3) Two-thirds of the youth who experienced rising and sustained distress were girls; (4) There was a significant decrease in reported exposures (violence against self/another and loss of relatives/friends/home)
Renner & Salem	2009	Refugees and asylum seekers; ($N = 150$); $n = 110$ males; $n = 40$ females; M age = 30.8 years; $n = 50$ from Chechnya, Afghanistan, and West Africa respectively	Austria	Resettlement and acculturation stressors	PTSD; anxiety; depressive symptoms; somatic symptoms	Cross-sectional; semi-structured interviews; questionnaires; diagnostic interviews; structured interviews (quantitative/qualitative)	(1) Women scored significantly higher than men in terms of somatic symptoms; (2) Women reported feeling shame after rape, feeling depressed, loss of sexual interest, and lack of vitality than men; (3) Measures of depression, anxiety, and PTSD did not yield significant gender differences
Seglem, Oppedal, & Roysamb	2014	Unaccompanied refugees from 23 different countries in Africa or Asia (largest groups coming from Afghanistan, Somalia, Sri Lanka, and Iraq); ($N = 223$); $n = 181$ males; $n = 42$ females; M age = 20 years	Norway	Resettlement stressors	Depressive symptoms; life satisfaction; daily hassles; coping strategies	Two subprojects; one subproject was a longitudinal study; questionnaire; multiple-mediation analyses; one-way analyses (quantitative/qualitative)	(1) Unaccompanied refugees had significantly higher levels of depressive symptoms than ethnic minority and majority groups; (2) Unaccompanied refugees, ethnic minority, and ethnic majority groups had equal levels of life satisfaction; (3) Unaccompanied refugees reported more daily hassles

Teodorescu, Heir, Hauff, Wentzel-Larsen, & Lien	2012	Psychiatric outpatients with a refugee background; ($N = 61$); $n = 36$ males; $n = 25$ females; age range = 18 - 60 years; M male age = 44 years; M female age = 25 years	Norway	Post-migration stressors and traumatic experiences	PTSD; psychiatric morbidity; depressive symptoms	Cross-sectional; structured clinical interviews; self-reported questionnaire; MINI International Neuropsychiatric Interview 5.0.0 (MINI); Structured Interview for Disorders of Extreme Stress (SIDES); Life Events Checklist (LEC); Hopkins Symptom Checklist (HSCL-25) (quantitative/qualitative)	(1) The more time passed since the worst tramatic event in the participant's life, the greater number of tramatic events are recorded; (2) The total number of traumatic events was significantly associated with PTSD diagnosis and psychiatric morbidity; (3) Post-migration stressors (weak social network) were significantly associated with more psychiatric morbidity
Zwi, Rungan, Woolfenden, Woodland, Palasanthiran, & Williams	2017	Refugee children/parents; ($N = 115$); $n = 61$ children; child's age range = 6 months - 15 years ($M = 6$ years); $n = 54$ parents; sex breakdown not provided	Australia	Single parenting; family disruption; parental stress; adverse family settlement factors	Social-emotional health; development	Longitudinal study (three time points); Strengths and Difficulties Questionnaire (SDQ); Australian Developmental Screening Tool (ADST); Social Readjustment Ratings Scale (SRRS); (quantitative)	(1) Stressful life events (e.g., changes in schooling, death of a spouse of close family member, major financial changes; residence changes; marital separation) were highly prevalent in the first two years, but decreased over time; (2) Employment was far lower than local average, but many were studying English to obtain employment; (3) Most employed parents were in jobs that did not match their prior training and job experience ("occupational mismatch"); (4) Poverty rates were higher than local average; (5) Single parenthood was relatively high and increased over time; (6) overall, children's physical and social-emotional health improved over time and were within "developmental norms"

Table 2

Reports Investigating Links Between Stressors, Psychological Distress, and Family Dynamics (Distress) during Refugee Resettlement

Author(s)	Publication Year	Participant Characteristics	Place of Resettlement	Stressor and/or Distress Variable(s)	Family Dynamic Variable(s)	Procedure & Analysis	Key Findings
Betancourt, Abdi, Ito, Lilienthal, Agalab, & Ellis	2015	Somali refugees; ($N = 62$); $n = 30$ adolescents; adolescent age range = 15 - 25 years; no M age reported; $n = 32$ parents; sex breakdown not provided	U.S. (Boston)	Acculturative and resettlement stressor (past trauma, violence exposure, and mental health problems)	Caregiver-child relationships; family conflict; mental health among families	Cross-sectional; focus groups; semi-structured interviews; open coding; NVivo qualitative analysis (qualitative)	(1) Participants reported that resettlement led to resource loss, which then impacted family function (poverty, discrimination, and loss of status); (2) Parents reported that they struggled to maintain influence over their children; (3) Past trauma exposure was frequently mentioned as a barrier from their attempts to shield their children from violence; (4) The adolescents stated the transition to the U.S. was more difficult for their elders; (5) Parents reported being worried about their children becoming too "Americanized"
Deng & Marlowe	2013	South Sudanese refugee parents; ($N = 6$); $n = 4$ solo mothers; $n = 2$ married fathers; participants had between 3 and 5 biological children; no M age reported	New Zealand	Resettlement stressors	Language barriers; gender roles;cultural differences	Cross-sectional; in-depth interviews; semistructured interviews; thematic analyses (qualitative)	(1) Participants reported that the cultural differences and unfamiliar styles of parenting have been leading challenges, leading them to feel less secure; (2) Participants reported that they expected their family to maintain most of their original culture and language; (3) Solo mothers identified the absence of a father figure to be a particular challenge; (4) The two male participants reported coming to a new country brought them closer to their children
Frounfelker, Assefa, Smith, Hussein, & Bentancourt	2017	Somali Bantu refugees; ($N = 81$); $n = 41$ males; $n = 40$ females; children's age range = 10 - 17 years; no M age reported	U.S. (New England)	Resettlement stressors	Family functioning and expectations	Cross-sectional; focus groups; semi-structured interviews; thematic analysis (qualitative)	(1) Children reported a gain in responsibilities from their parents (childcare and financial contributions); (2) Parents reported the lack of importance of the Somali Bantu cultural as a negative impact with their children; (3) Children reported a lack of interest to maintain traditional practices and parents saw this as disrespect; (4) The reported increase of parent-child conflict led to stronger sibling relationships
Lazarevic, Wiley, & Pleck	2012	Serbian refugee young adults from Bosnia and Croatia ($N = 77$); $n = 31$ males; $n = 46$ females; age range = 18 - 30 years ($M = 24.05$ years)	U.S. (Chicago and Milwaukee)	Parent-youth acculturation discrepancy	Family atmosphere and quality time spent with parents	Cross sectional; internet survey; youth reported on their own acculturation, as well as their parents' (Vancouver Index of Acculturation); family atmosphere (adapted version of the Asian American Family Conflicts Scale); and quality time spent with parents (adapted version of Iowa Youth and Families scale); (quantitative)	(1) Youth perceived themselves to be more acculturated to American culture relative to their parents; (2) Youth and parents did not significantly differ in terms of their acculturation to Serbian culture, however; (3) Youth who reported that they were more Americanized than their parents (i.e., had a greater acculturation discrepancy) were more likely to report lower levels of positive family atmosphere and less quality time spent with parents
Levi	2014	Sudanese refugee women who have adolescent children; ($N = 17$); the age range of their children was 12 - 19 years; no M age reported	Australia (Melbourne)	Post-migration mental health	Acculturation around parenting; fears/experiences of losing their children (literally and symbolically); loss of authority	Cross-sectional; in-depth semi-structured interviews; thematic analysis (qualitative)	(1) A theme that emerged was the difficulties and differences with mothering in an interdependent culture to an individualistic culture; (2) The women reported a sense of grief for the loss of support from the closeness of relatives; (3) Mothers reported the new independence within the children was the greatest threat to their families; (4) A frequent challenge mentioned was the adaptation of parenting styles
Lewig, Arney, & Salveron	2010	Eight refugee communities (African and Middle Eastern); ($N = 130$); age range = 17 - 62 years; no M age reported; child protection practioners participated ($N = 55$); sex breakdown not provided	Australia	Pre- and post-settlement experiences	Parenting styles; parenting roles; parents' worries and frustrations for childrens' independence	Cross-sectional; interviews (telephone interviews for practitioners); semi-structured focus groups (open-ended questions); practitioner survey; simple frequency analyses; thematic analyses (quantitative/qualitative)	(1) Major challenges for parents were tensions between Australian laws and cultural norms, and traditional cultural parenting beliefs and practices; (2) Parents reported their frustration and sadness by the growing independence of their children (with their adolescents) and being unclear as to what their parenting rights were; (3) Parents were less concerned about the effect of the new culture on their younger children compared to their older children
Lewis	2008	Cambodian refugee families; ($N = 79$); age range = 15 - 94 years; no M age reported; sex breakdown not provided	U.S.	Acculturation and resettlement stressors	The meaning of family (immediate, adopted, etc.) and the expression of tradition (filial piety)	Cross-sectional; ethnographic research methods; participant observation; group meetings; informal interviews; unstructured interviews; semi-structured interviews; in-depth interviews (qualitative)	(1) It was reported that in order to keep traditions alive (filial piety) and to have a happier life, elders strived to teach the younger family members and the younger ones provided for the needs of the elders; (2) A frequent theme that emerged was that the children engaged in both traditional forms and modified forms of tradition, which reported mixed feelings over their struggles to conform to expectations (filial piety and U.S. mainstream society); (3) Reconstruction of family (a broad family term) was a path for symbolic exchanges between family members (across all generations)

Luster, Qin, Bates, Johnson, & Rana	2008	Sudanese youth ("Lost Boys of Sudan"); ($N = 10$); $n = 10$ males; age range = 3 - 12 years; no M age reported	U.S.	Separation (youth from parents) for a significant amount of time before being resettled	Locating surviving family members and re-established relationships	Cross-sectional; in-depth interviews; semi-structured interviews; open, axial, and selective coding was used to analyze the data (qualitative)	(1) It was reported that when families were reconnected over the phone, their family members did not believe it was actually them. The youth confirmed by sending money; (2) Youth reported great joy about reconnection with their family; (3) Some youth reported not understanding what proper Sudanese culture was (rituals); (4) After reconnection, the youth reported taking new family roles (provider roles); (5) Parents reported trying to provide their sons with advice about life.
McMichael, Gifford, & Correa-Velez	2011	All participants had a refugee background; (72%) born in Africa; (28%) born in the Middle East, Eastern Europe, and south-east Asia; ($N = 120$); $n = 65$ males; $n = 45$ females; age range at first interview = 11 - 19 years; no M age reported	Australia (Melbourne)	Challenges from flight/displacement and the transition of resettlement	Changing household composition (parent/child interaction post arrival); attachment, discipline, and conflict in the family setting	Longitudinal study; participants kept a 'settlement journal' that included a record of their experiences; standardised questions; in-depth interviews; field-notes were kept; non-narrative methods (drawing/photographs); open-ended survey questions; thematic analysis (quantitative/qualitative)	(1) 97% of youth reported high levels of trust towards parents/family; (2) There was not a significant gender difference in reporting trust, family conflict, and attachment; (3) Females reported higher levels of discipline, management, and parental control; (4) Youth reported an increased feeling of their parents/families not trusting them
Moinolmolki, Ridzi, Cronin, & Adan	2020	Congolese, Somali, and Bhutani refugee parents; ($N = 24$); $n = 13$ males; $n = 11$ females; age range = 18 - 64 years; no M age reported	Mid-Atlantic region of U.S.	Resettlement stressors	Family dynamics - parental concerns/struggles; cultural conflict	Cross-sectional; focus group (open-ended thematic prompts); interviews (qualitative)	(1) Parents reported major challenges to be limited financial and cultural resources, cultural dissonance, and power shifts; (2) Parents reported methods for improved parenting to be better communication, respect, and informational/educational resources; (3) Parents reported that teachers would teach concepts that are in conflict with their own cultural morals
Panter-Brick, Grimon, & Eggerman	2014	Afghan refugees; ($N = 1,362$ respondents); $n = 681$ caregivers; $n = 340$ boys; $n = 341$ girls; childrens' age range = 11 - 16 years ($M = 13.02$ years)	Afghanistan (Kabul) and Pakistan (Peshawar)	Mental health; trauma; depressive symptomts	Associations between caregiver and child mental health; mother's literacy; domestic violence; quality of home life	Longitudinal study (baseline with a follow-up); independent interviews; thematic analysis; self-report questionnaire (SRQ-20); Child Revised Impact of Events Scale (CRIES); Birleson Depression Self-Rating Scale (DSRS); Strength and Difficulties Questionnaire; Traumatic Events Checklist (quantitative)	(1) Caregiver mental health was consistently and significantly associated with child mental health outcomes; (2) Children whose caregivers had higher mean SRQ-20 scores showed higher CRIES, DSRS, TDS (Total Difficulties Scores) and impact scores; (3) Children with literate mothers were twice as likely to be looked after by their biological mothers (rather than grandparents, aunts, and/or siblings); (4) Family violence and the quality of the child's home life play important roles in their mental health (i.e. domestic violence was associated with changes in the parent's and child's TDS scores)
Renzaho, Green, Mellor, & Swinburn	2011	Sudanese, Somali, and Ethiopian families; ($N = 85$); $n = 20$ fathers; $n = 23$ mothers; $n = 19$ boys; $n = 22$ girls; age range = 13 - 60 years; no M age reported	Australia (Melbourne)	Acculturation	Parenting style and parenting related issues; family functioning and relations; gender role changes	Cross-sectional; semi-structured interviews (open-ended questions); one-on-one interviews; focus groups; (qualitative)	(1) Parents tend to remain authoritarian in attempt to control their children; (2) The parents would reinforce obedience and expectations, closely scrutinize their children's behavior and social environment; (3) Family functioning attempted to preserve cultural values (collectivism); (4) Focus groups reported withdrawal from traditional gender roles
Rousseau, Drapeau, & Platt	2004	Cambodian adolescent refugees in 7th and 8th grade and their parents; ($N = 76$); $n = 67$ adolescents; $n = 40$ boys; $n = 27$ girls; M age = 13.7 years at T1	Canada (Montreal)	Acculturation and mental health (anxiety and depressive symptoms)	Family environment (conflict/cohesion) and gender differences	Longitudinal (baseline and follow-up); Face-to-face interviews (separately with parents and adolscents); internalizing and externalizing symptoms were measured through the Youth Self-Report (YSR), the Child Behavior Checklist (CBCL), and the Cross-Informants Syndrome Constructs (CISC); the Family Environment Scale (FES) was used to measure family conflict and cohesion; the Behavioral Acculturation Scale (BAS) assessed the level of acculturation (qualitative/quantitative)	(1) Parents reported low to moderate family cohesion and conflict and mean levels increased significantly over time; (2) Adolescents' mean level of family cohesion decreased significantly from baseline (this observation pertained to the boys only); (3) Acculturation differences between genders was not significant; (4) Family structure significantly affected internalizing symptoms (symptoms were lower when adolescents lived in two-parent households); (4) Boys were more at risk for internalizing symptoms, especially during the early acculturation process
Sim, Bowes, & Gardner	2018	Syrian refugee mothers; ($N = 291$); M age of mothers = 31.83; children aged from 2 - 12 years	Lebanon	Pre-resettlement traumas	Parenting behaviors; maternal mental health; child psychosocial problems	Cross-sectional; interviews; Traumatic Events Checklist; Humanitarian Emergency Settings Perceived Needs Scale (HESPER); Post-Traumatic Stress Disorder Checklist-Civilian version (PCL-C); Depression Anxiety and Stress Scale (DASS); Parental Acceptance Rejection Questionnaire (PARQ); Strengths and Difficulties Questionnaire (SDQ); (quantitative)	(1) Maternal psychological distress influenced harsh punishment, rejective parenting, and their child's psychosocial difficulties; (2) Traumatic events was associated with maternal PTS and psychological distress
Sim, Fazel, Bowes, & Gardner	2018	Syrian refugees; ($N = 54$); $n = 39$ parents; $n = 15$ children; $n = 25$ males; $n = 29$ females; children's ages range = 8 - 12 years; M age of children = 9.2 years; adult's age range = 18 - 60 years; M adult age = 31.3 years	Lebanon	Traumatic events from displacement	Current economic stress; parenting quality; parent/child mental health	Cross-sectional; group and individual interviews (open-ended); focus groups; qualitative data analysis (QRS International NVivo 11) (qualitative)	(1) Since resettlement, adult participants reported a diminished ability to provide for children's basic survival needs (food, safety, and health care); (2) Parents reported mental and emotional distress resulting due to the change in family circumstances; (3) Parents reported a link between their psychological state and parenting behavior (fewer positive interactions); (4) Children reported a link between parents' psychological state and the use of violence

Tingvold, Middelthon, Allen, & Hauff	2012	Vietnamese refugee parents and their children; (<i>N</i> = 145); childrens' age range = 4 - 23 year at T3; no <i>M</i> age reported; sex breakdown not provided	Norway	Acculturation through long-term resettlement	Extended family influences; parent/child conflict	Longitudinal prospective survey (open-ended questionnaires; five time points); semi-structured interviews; focus groups with the parents (qualitative)	(1) Families reported that they kept in close contact with extended kin and they had the right to correct the adolescent if s/he were in the wrong; (2) Parents reported the need for contact with relatives was due to the need for their children to learn Vietnamese; (3) Adolescents reported that if conflict escalated to a situation of crisis aunts and uncles became part of the conflict too; (4) If parents encountered a difficult situation with their child, they expected kin to get involved
Tingvold, Hauff, Allen, & Middelthon	2012	Vietnamese refugees (<i>N</i> = 9 families); <i>n</i> = 18 parents; <i>n</i> = 14 adolescents; adolescent age range = 15 - 20 years; no <i>M</i> age reported; sex breakdown not provided	Norway	Experience of torture; trauma; separation/death of family members	Language acquisition differences between parents and children; parent-child relationship characteristics; social support (extended family and siblings)	Longitudinal prospective survey (open-ended questionnaires; five time points); semi-structured interviews; focus groups (qualitative)	(1) Parents reported difficulty expressing love and emotions to their children (language barrier); (2) Both parents and adolescents reported that the adolescent was more competent and knowledgeable about Norwegian society; (3) Parents emphasized language to be a vehicle for maintaining their culture
van Ee, Sleijpen, Kleber, & Jongmans	2013	Refugees and asylum seekers with at least one child; (<i>N</i> = 80); <i>n</i> = 29 fathers; <i>n</i> = 51 mothers; <i>n</i> = 37 sons; <i>n</i> = 25 daughters; <i>M</i> age of fathers = 35.63 years; <i>M</i> age of mothers = 29.57 years; <i>M</i> age of children = 2.3 years; (43.8%) from the Middle East; (32.5%) from Africa; (12.5%) from East Europe; (8.8%) from Asia; (2.6%) from South Asia	Netherlands	Pre-resettlement stressors; exposure to trauma	The impact of parents with PTSD on their children; father involment	Cross-sectional; self-report measures (HTQ); questionnaires; 15-minute videotaped free-play session (EAS); The Working Model of the Child Interview (quantitative)	(1) Refugee mothers performed four times as many caregiving tasks and activities compared to fathers; (2) Interaction quality between fathers and children was inconsistent, but moderately positive; (3) Parents with higher scores for PTSD were less sensitive, more hostile, and less involved in structured play with their children
van Ee, Kleber, Johnmans, Mooren, & Out	2016	Refugees and asylum seekers with at least one child; (<i>N</i> = 68); <i>n</i> = 27 fathers; <i>n</i> = 41 mothers; <i>n</i> = 31 boys; <i>n</i> = 19 girls; fathers age range = 23 - 56 years (<i>M</i> age = 35.53); mothers age range = 20 - 44 years (<i>M</i> age = 29.65 years); childrens age range = 18 - 44 months (<i>M</i> age = 29.67 months); (36.8%) from the Middle East; (36.8%) from Africa; (14.7% from East Europe; (7.4%) from Asia; (1.5%) from South America	Netherlands	Pre-resettlement traumatic experiences	Parenting behaviors; child attachment; the impact of family dynamic from PTSD	Cross-sectional; questionnaires (HTQ); observations (Disconnected and Insensitive Parenting; DIP), video recordings of the parent-child interactions; the Strange Situation Procedure (SSP) (qualitative/quantitative)	(1) An increase in parental PTSD was associated with an insecure attachment in children; (2) The relationship between PTSD symptoms and parents' insensitive behavior was noteworthy, but not significant; (3) Higher levels of PTSD symptoms were associated with an increased likelihood of disorganized attachment

Table 3

Reports Investigating Links Between Family Dynamics (Distress) and Youth Outcomes during Refugee Resettlement

Author(s)	Publication Year	Participant Characteristics	Place of Resettlement	Family Strain/Dynamic Variable(s)	Youth Outcome Variable(s)	Procedure & Analysis	Key Findings
Atwell, Gifford, & McDonald-Wilmsen	2009	Refugee families; ($N = 10$ parents/guardians); $n = 6$ Southern Sudanese adults; $n = 1$ Burmese adult; $n = 1$ Afghan adult; $n = 1$ Bosnian adult; $n = 1$ Liberian adult; Median age of the children = 15 years; no M age reported; sex breakdown not provided	Australia (Melbourne)	Family coherence; parenting practices; parents' hope for childrens' future	Educational pathways; potential mental health problems	Longitudinal study (two time points); interviews; thematic analysis (qualitative)	(1) Parents reported high expectations and hope for children's futures; (2) Parents' lack of English proficiency inhibited guidance and authority for children; (3) Parents also reported feeling worried about children's future (education and mental health)
Dalgaard, Todd, Daniel, & Montgomery	2016	Refugee families (from Iraq, Iran, Lebanon, Palestine, Syria, & Afghanistan); ($N = 30$); $n = 16$ boys; $n = 14$ girls; child's age range = 4 - 9 years ($M = 6.78$ years); $n = 26$ two-parent families; $n = 4$ single-parent families	Denmark	Parent-child communication about parent's traumatic experiences	Child's attachment to parents	Cross-sectional; Harvard Trauma Questionnaire (HTQ); The Hopkins Symptom Checklist-25 (HSCL-25); Strengths and Difficulties Questionnaire (SDQ); The Attachment and Traumatization Story Task (ATST); interviews (parents) (qualitative/quanitative)	(1) Unfiltered communication (i.e., parents openly discussing trauma) was associated with insecure child attachment to parents; (2) Parents who were more traumatized reported that their children were less psychologically well-adjusted; (3) Children's attachment representations may help to explain trauma transmission from parent to child
Daud, Klinteberg, & Rydelius	2008	Refugee familes (from Egypt, Syria, & Morocco); ($N = 110$) parents and children; $n = 40$ boys; $n = 40$ girls; children's age range = 6 - 17 years ($M = 12.5$ years); $n = 30$ parents; M age of parents = 41.1 years; $n = 40$ children belonged to traumatized parents; $n = 40$ children belonged to non-traumatized parents	Sweden	Family trauma; family relationships	Post-traumatic stress symptoms; self-esteem; IQ; prosocial behavior; strengths & difficulties	Cross-sectional; self-report questionnaire; semi-structured clinical interviews; the Diagnositc Interview for Children and Adolscents (DICA-R); Wechsler Intelligence Scale for Children (WISC-III); 'I think I am' (ITIA) questionnaire; Strengths and Difficulties Questionnaire (SDQ) (qualitative/quantitative)	(1) Children with non-traumatized parents had significantly higher IQ scores, better family relationships, and psychological well-being (self-esteem and prosocial behavior) compared to children with traumatized parents; (2) Children with a supportive family structure scored higher on psychological well-being regardless of whether they had traumatized or non-traumatized parents; (3) Authors highlight self-esteem as a key indicator of resilience and well-being
De Haene, Dalgaard, Montgomery, Grietens, & Verschueren	2013	Refugee children; ($N = 18$); age range = 4 - 9 years ($M = 6.7$ years); $n = 7$ families in Belgium; $n = 8$ children in Belgium; $n = 7$ families in Denmark; $n = 10$ children in Denmark; sex breakdown not provided	Belgium and Denmark	Parent responsiveness towards child; parent sensitivity towards child; family cohesion	Child's attachment to parents	Cross-sectional; Attachment Story Completion Task (ASCT); videotaped ASCT (qualitative)	(1) Children who told stories about parental absence were categorized as insecure-avoidant; (2) Children who told stories about parent's lack of comfort towards the child, family conflict, and violence were more likey to be categorized as insecure-bizarre; (3) Children who told stories about parents maintaining family bonds, parents displaying protection, cohesion, and open communication within the family were more likely to be categorized as secure
Eruyar, Maltby, & Vostanis	2018	Syrian refugees; ($N = 526$); $n = 129$ boys; $n = 134$ girls; children's age range = 8 - 18 years ($M = 11.6$ years); $n = 82$ fathers; $n = 181$ mothers; M age of parents = 42.2 years	Turkey	Parenting stress (including parent distress, parent-child dysfunctional interactions, and difficulties with children)	Childrens' emotional and conduct problems	Cross-sectional; Stressful Life Events Questionnaire (SLE); General Health Questionnaire; Parenting Stress Inventory (PSI-SF); Impact of Events Scale for Children (CRIES-8); Strengths and Difficulties Questionnaire (SDQ); (quantitative)	(1) Parents underreported childrens' emotional problems (compared to childrens' reports of their own emotional problems); (2) higher levels of parent psychopathology and parenting-related stress were correlated with higher levels of child emotional and conduct problems; (3) parent psychopathology and parent-related stress were not correlated with child post traumatic stress symptoms

*Lazarevic, Wiley, & Pleck	2012	Serbian refugee young adults from Bosnia and Croatia (<i>N</i> = 77); <i>n</i> = 31 males; <i>n</i> = 46 females; age range = 18 - 30 years (<i>M</i> = 24.05 years)	U.S. (Chicago and Milwaukee)	Parent-youth acculturation discrepancy	Depressive symptoms and life satisfaction	Cross sectional; internet survey; youth reported on their own acculturation, as well as their parents' (Vancouver Index of Acculturation); depressive symptoms (Beck Depression Inventory); life satisfaction (Satisfaction with Life Scale); (quantitative)	(1) On average, youth reported that both them and their parents were more acculturation to Serbian culture relative to American culture; (2) Greater American cultural discrepancy between youth and their parents was predictive of more youth depressive symptoms; (3) American cultural discrepancy between youth and their parents was not predictive of youth's life satisfaction
*Sim, Fazel, Bowes, & Gardner	2018	Syrian refugees; (<i>N</i> = 54); <i>n</i> = 39 parents; <i>n</i> = 15 children; <i>n</i> = 25 males; <i>n</i> = 29 females; children's ages range = 8 - 12 years (<i>M</i> = 9.2 years); adult's age range = 18 - 60 years (<i>M</i> = 31.3 years)	Lebanon	Parent-child interactions; parenting styles/quality	Behavioral problems/emotional difficulties	Cross-sectional; group and individual interviews (open-ended); focus groups; qualitative data analysis (QRS International NVivo 11) (qualitative)	(1) Reduced parenting quality was linked to childrens' behavioral and emotional difficulties; (2) Parents/children reported children's emotional/behavior problems was related to negative parenting (i.e. being difficult, aggressive, agitated, and lonely)

Note. An asterisk (*) indicates a repeat article from a previous table.

Table 4

Reports Investigating Resources that Promote Positive Adjustment (Resilience) during Refugee Resettlement

Author(s)	Publication Year	Participant Characteristics	Place of Resettlement	Stressor and/or Distress Variable(s)	Resource Variable(s)	Procedure & Analysis	Key Findings
*Arnetz, Rofa, Ventimiglia, & Jamil	2013	Iraqi refugees ($N = 75$); $n = 23$ males; $n = 52$ females; M age = 40.86 years; non-war-exposed Middle Eastern immigrants ($N = 53$); $n = 29$ males; $n = 24$ females; M age = 40.10 years	U.S. (Michigan)	Trauma --> Psychological Distress	Resilience measured on a 7-point Likert scale (e.g., "My belief in myself helps me get through hard times") - individual	Cross-sectional; questionnaire; comparisons between refugee and immigrant samples; Survey of Children's Exposure to Violence; Resilience Scale; General Health Questionnaire (GHQ); PTSD Checklist (PCL) (qualitative/quantitative)	(1) There was no significant difference for resilience (i.e., self-efficacy) between the refugee and the immigrant samples; (2) Resilience was significantly related to reduced psychological distress; (3) Resilience was not significantly related to PTSD symptoms
*Atwell, Gifford, & McDonald-Wilmsen	2009	Refugee families; ($N = 10$ parents/guardians); $n = 6$ Southern Sudanese adults; $n = 1$ Burmese adult; $n = 1$ Afghan adult; $n = 1$ Bosnian adult; $n = 1$ Liberian adult; Median age of the children = 15 years; no M age reported	Australia (Melbourne)	Resettlement and Trauma --> Family Strain	Parents' drive and determination for a better life (individual); parents' English proficiency (individual)	Longitudinal study (two time points); interviews; thematic analysis (qualitative)	(1) Parents reported that their childrens' education was a valued part of their new life (motivation) and that they pushed their children to be successful (drive/determination); (2) Most participants reported that life in Australia was better for their families; (3) Parents' English proficiency helped them communicate with, monitor, and discipline their children
*Baranik, Hurst, & Eby	2018	Muslim Arab refugees ($N = 159$); $n = 108$ males; $n = 51$ females; M age = 31.4 years	U.S.; Europe (Germany, France, Egypt, Turkey, Netherlands, and United Kingdom)	Resettlement --> Psychological Distress	Coping mechanisms (meta-themes of coping: reflection and relaxation; problem solving actions; social supports; refugee specific support; problem solving thoughts; and avoidance) - individual and community (support groups and services)	Cross-sectional; open-ended surveys; applied the Transactional Theory of Stress and Coping; mixed-method design; thematic analysis (quantitative/qualitative)	(1) Reflection and relaxation was most frequently reported coping mechanism (positive thinking, prayer, and exercise) (25%); (2) Problem solving was the second coping mechanism most reported (obtaining an education, self-improvement activities, and networking) (24%); (3) Social support was the third coping mechanism most reported (friends, family, and the general public) (18%); (4) Refugees who used avoidance coping reported higher levels of anxiety and sleep disturbances compared to those who used other coping mechanisms
*Betancourt, Abdi, Ito, Lilienthal, Agalab, & Ellis	2015	Somali refugees; ($N = 62$); $n = 25$ males; $n = 37$ females; $n = 30$ adolescents; adolescent age range = 15 - 25; $n = 32$ parents	U.S. (Boston, Massachusetts)	Resettlement/Loss --> Family Strain	Religiosity (community/individual); family connectedness	Cross-sectional; focus groups; semi-structured interviews (qualitative)	(1) Parents and youth reported religion as a healthy community function; (2) Religion (praying) was reported as a way to deal with past trauma; (3) 20% of youth and 75% of parental focus groups mentioned the change of power within the family
Ellis, Lincoln, Charney, Ford-Paz, Benson, & Strunin	2010 (a)	Somali caregiver/adolescent dyads; ($N = 144$); $n = 90$ boys; $n = 54$ girls; adolescent age range = 11 - 20 years ($M = 15.4$ years)	U.S.	Stress --> Psychological Distress; Psychological Distress --> Family Strain	Religiosity (family/individual); school (friends/school counselors); "Community Talk" (community)	Cross-sectional; Community Based Participatory Research (CBPR); focus groups; structured interviews (adolescent and caregiver); The Depression Self-Rating Scale; UCLA PTSD-I; Services Assessment for Children and Adolescents (SACA); (qualitative/quantitative)	(1) 10% of parents reported seeking help through services and 2% of parents reported seeking help exclusively through prayer; (2) Youth reported friends to be a helpful resource because they often connected them with other resources in the school (e.g., to school counselors); (3) Parents and youth reported Muslim religion (e.g., reading the Koran multiple times over; prayer) as a resource; (4) Youth reported that "Community Talk" helped parents monitor their children (perceived as either protective or risk factor, dependent on child characteristics)
*Ellis, Abdi, Miller, White, & Lincoln	2015	Somali young adult refugees; ($N = 374$); $n = 233$ males; $n = 141$ females; age range = 18 - 30 years ($M = 21.30$ years)	Canada (Toronto); U.S. (Minneapolis, Minnesota; Portland, Maine; Boston, Massachusetts)	Trauma --> Psychological Distress	Local neighborhood cohesion; sense of belonging to global Somali community (community)	Cross-sectional; Community Based Participatory Research (CBPR); interviews; questionnaire; self-report measures; War Trauma Screening Scale (WTSS); Self-Reported Delinquency (SRD); Social Cohesion subscale from the Collective Efficacy scale; Psychological Sense of Community Membership Scale (PSCM) (quantitative)	(1) There was a significant interaction effect between neighborhood cohesion and sense of belonging in predicting odds of violence perpetration, specifically; (2) When neighborhood cohesion was reported to be low, higher levels of belonging to the broader Somali community was associated with reduced odds of violence perpetration; (3) When neighborhood cohesion was reported to be high, higher levels of belonging to the broader Somali community was association with increased odds of violence perpetration; (4) These seemingly counterintuitive findings should be interpreted in light of Somali culture and dense ethnic enclaves
Ghazinour, Richter, & Eisemann	2003	Iranian refugees; ($N = 100$); $n = 66$ males; $n = 34$ females; age range = 29 - 46 years; M age of males = 38.4 years; M age of females = 35.7 years;	Sweden	Extreme Trauma --> Psychological Distress	Coping, personality, and temperament (individual)	Cross-sectional; Temperament and Character Inventory (TCI); Coping Resources Inventory (CRI); Interview Schedule of Social Interaction (ISSI); Beck Depression Inventory (BDI); SCL-90-R (quantitative/qualitative)	(1) Individuals who scored higher on harm avoidant temperament and self-directedness had significantly more coping strategies; (2) Individuals with the highest scores on self-directedness and cooperativeness had significantly more coping resources, regardless of levels of perceived trauma; (3) personal characteristics (personality and temperament) influenced type and quantity of coping resources
*Goodman, Vesely, Letiecq, & Cleaveland	2017	Immigrant and refugee women; ($N = 19$); undocumented immigrants $n = 10$; refugees $n = 9$; M age = 35.6 years	U.S.	Trauma --> Psychological Distress	Beliefs; faith / religiosity (individual); family support; community support (social and government resources)	Cross-sectional; phenomenological and thematic analysis; in-depth interviews (qualitative)	Themes from interviews included: (1) Many women used religion, faith, distraction, and beliefs about the benefits of being in a safe country as helpful coping strategies; (2) Emotional support from male partners (family support) and immediate assistance from social and government resources were also reported to be helpful resources (e.g., English classes; cultural orientation; job trainings; parenting classes)
Hooberman, Rosenfeld, Rasmussen & Keller	2010	Torture survivors from West Africa; ($N = 77$); $n = 44$ males; $n = 31$ females; age range = 18 - 58 years ($M = 33$ years)	U.S.	Trauma --> Psychological Distress	Coping styles (problem/emotion engagement/disengagement - individual)	Cross-sectional; semi-structured interviews; Multi-dimensional Students' Life Satisfaction Scale (MSLSS); Self-Evaluation Scale (SES); Coping Strategies Inventory-Short Form (CSI-SF); Harvard Trauma Questionnaire (HTQ) (qualitative/quantitative)	(1) Coping style significantly moderated the relationship between social comparison and PTSD symptoms; (2) There was not a significant association between Problem-Focused Coping and PTSD; (3) Emotion-Focused Disengagement Coping style significantly predicted higher levels of PTSD; (4) Valence (how negative/harmful trauma is perceived) was negatively associated with PTSD symptoms; (5) Control (how controllable the situation is appraised) was positively associated with higher levels of PTSD

Huijts, Kleijn, Emmerik, Noordhof, & Smith	2012	Refugees from the Middle East; ($N = 335$); $n = 251$ men; $n = 84$ women; age range = 21 - 64 years ($M = 41.9$ years)	Netherlands	Trauma --> Psychological Distress (PTSD)	Coping strategies (problem, support, emotional, avoidant) - individual	Cross-sectional; COPE-EASY-32; Harvard Trauma Questionnaire (HTQ); WHOOL-BREF (quantitative/qualitative)	(1) The most common coping strategy used was problem-focused coping and the second most common strategy reported was social support seeking; (2) For males only, social support seeking was significantly related to greater quality of life, but not emotion-focused; (3) For females, social support seeking without emotion-focused coping was significantly related
Isakson & Jurkovic	2013	Adult refugee torture survivors from Vietnam, Somalia, Eritrea, Ethiopia, Liberia, and the Democratic Republic of Congo; ($N = 11$); $n = 9$ men; $n = 2$ women; age range = 39 - 80 years; no M age reported	U.S.	Trauma --> Psychological Distress	Religiosity (family/individual); coping strategies (individual)	Cross-sectional; interviews (qualitative)	(1) Participants reported the use of cognitive reframing and forgiveness to move on from the past; (2) Participants reported that social supports and spiritual practices allowed them to gain a sense of control; (3) Participants reported that their belief and value system comforted them and was the most valuable aspect to move on
Khawaja, Ibrahim, & Schweitzer	2017	Culturally and linguistically diverse students from migrant (44.2%) and refugee (55.8%) backgrounds; ($N = 221$); $n = 109$ males; $n = 112$ females; age range = 11 - 18 years ($M = 14.92$ years)	Australia (Brisbane)	Challenges in Life --> Psychological Distress	School connectedness (community); social supports; resilience - AARS - eight-item resiliency scale relates to the participants' experiences of coping/adjusting to different situations (individual)	Cross-sectional; Acculturation and Resilience Scale (AARS); Psychological Sense of School Membership (PSSM); Support Function Scale (SFS); Stirling Children's Wellbeing Scale (SCWBS) (quantitative)	(1) There were positive and significant relationships among school connectedness, social supports, acculturation, resilience and wellbeing; (2) Resilience significantly mediated the relationship between school connectedness and wellbeing; (3) Resilience significantly mediated the relationship between acculturation and wellbeing
Kia-Keating & Ellis	2007	Somali adolescent refugees; ($N = 76$); $n = 41$ males; $n = 35$ females; age range = 12 - 19 years ($M = 15.6$ years)	U.S. (Massachusetts and Maine)	Trauma --> Psychological Distress	School connectedness and belonging (school)	Cross-sectional; interviews; War Trauma Screening Scale (WTSS); Psychological Sense of School Membership (PSSM); UCLA PTSD Index for DSM-IV-I (PTSD-I); Depression Self-Rating Scale (DSRS); Multidimensional Scales of Perceived Self-efficacy (MSPSE) (qualitative/quantitative)	(1) A greater sense of school connectedness was associated with greater self-efficacy and reduced depressive symptoms; (2) Sense of school belonging scores were similar across gender and grade level; (3) Higher levels of school belongingness was significantly associated with lower levels of PTSD and depression
*Lindencrona, Ekblad, & Hauff	2008	Refugees; ($N = 115$); $n = 71$ males; $n = 44$ females; age range = 21 - 63 years ($M = 34.3$ years); 83% of the refugees were born in Iraq	Sweden	Resettlement --> Psychological Distress	Sense of coherence and perceived control (individual)	Cross-sectional; questionnaire (oral/written); symptoms of common mental disorder (GHQ); core symptoms of post-traumatic stress (CPTS) (quantitative)	(1) Personal capacity to handle stress was associated with fewer symptoms of common mental disorder (GHQ) and post-traumatic stress (CPTS); (2) High levels of manageability and meaningfulness was associated with fewer symptoms of post-traumatic stress; (3) Women reported fewer post-traumatic stress symptoms compared to men
*McGregor, Melvin, & Newman	2015	Young refugees from 16 different countries (30% were from Burma); ($N = 50$); $n = 19$ males; $n = 31$ females; age range = 12 - 21 years ($M = 16.63$ years)	Australia (Hobart and Melbourne)	Resettlement and Family Separation --> Psychological Distress	Coping strategies (active, avoidant, support-seeking) - individual	Cross-sectional; self-report questionnaires; semi-structured interviews; Child PTSD Symptom Scale (CPSS); Children's Coping Strategies Checklist-Revision 1 (CCSC); Adaptation and Development After Persecution and Trauma model (ADAPT) (qualitative/quantitative)	(1) Participants reported that they mainly used active and avoidant coping and at times used support-seeking coping methods; (2) There was a positive and significant relationship between avoidant coping and PTSD symptoms
Mohamed & Thomas	2017	Refugee parents and their children from Afghanistan, Albania, Congo, Ethiopia, Pakistan, Somalia, and Uganda; school staff; ($N = 87$); $n = 21$ children; children's age range = 9 - 19 years; no M age reported; $n = 3$ parents; $n = 63$ school staff	United Kingdom	Trauma --> Psychological Well-being	School belonging (school); involvement in community sports and activities (community)	Cross-sectional; semi-structured interviews; Multi-dimensional Students' Life Satisfaction Scale (MSLSS); school staff questionnaire; thematic analysis (qualitative)	(1) Children reported that friendships made in school gave them a sense of belonging; (2) Involvement through community sports and activities gave the children a sense of purpose and belonging to a group; (3) Schools were reported safe and supportive environments by participants
Moinolmolki	2020	Bhutanese youth refugees; ($N = 119$); $n = 55$ males; $n = 64$ females; age range = 13 - 21 years ($M = 17$ years)	Mid-Atlantic region of U.S.	Resettlement	Family Social Capital; Social Capital Quality; Wellbeing	Crossectional; questionnaire; (quantitative)	(1) More time spent in the U.S., social capital quality, and ethnic identity positively was associated with wellbeing; (2) Ethnic identity was positively associated with general wellbeing, but American identity was not; (3) Familial social capital quality and the amount of ethnic identification significantly contributed to wellbeing.
*Montgomery	2010	Middle Eastern refugees; young refugees ($N = 131$); $n = 55$ males; $n = 76$ females; families ($N = 67$); age range = 11 - 23 years ($M = 15.3$ years)	Denmark	Trauma --> Psychological Distress	Length of father's education (individual); communicating with mother about problems (family); youth school and employment status (individual)	Longitudinal (arrival and follow-up); parents answered structured interviews; parents and the young refugees answered structured questionnaires; clinical interviews (quantitative)	(1) Youth were categorized into one of four groups based on psychological problems at baseline and follow-up (see Table 1); (2) Two variables distinguished between "adapted" and "traumatized" youth -- father's length of education and whether youth was in school or had a job; (3) Youth who were able to talk with their mother about problems more often belonged to the "spared" group
Nam, Kim, DeVlyder, & Song	2016	North Korean refugees; ($N = 304$); $n = 102$ males; $n = 200$ females; age range = 32 - 50 years ($M = 40.95$ years)	South Korea	Family Function --> Psychological Distress	Family adaptability and cohesion (family); resilience or individual's ability to cope with changes and stress (individual)	Cross-sectional; Nationwide Survey of Domestic Violence in South Korea; Family Adaptability and Cohesion Evaluation Scale (FACES-III); Connor-Davidson Resilience Scale (K-CD-RISC); Center for Epidemiologic Studies Depression (CES-D) (quantitative)	(1) Family cohesion (strong emotional bonds between family members) was significantly associated with reduced depressive symptoms; (2) Family adaptability (ability for family to cope with changes) was not significantly associated depressive symptoms; (3) Resilience significantly mediated the association between family cohesion and depressive symptoms

Renner & Salem	2009	Refugees and asylum seekers; ($N = 150$); $n = 110$ males; $n = 40$ females; age range = 18 - 63 years ($M = 30.8$ years); $n = 50$ from Chechnya, Afghanistan, and West Africa respectively	Austria	Resettlement and acculturation stressors	Coping strategies (individual)	Cross-sectional; semi-structured interviews; questionnaires; diagnostic interviews; structured interviews (quantitative/qualitative)	(1) Compared to men, women reported feeling more secure when focusing on their child's wellbeing; (2) Compared to men, women reported that keeping in contact with extended family, talking to others, and participating in handiwork were helpful coping strategies; (3) Compared to women, men reported staying more idle which led to problems; (4) Compared to women, men reported being more afraid of consequences from their aggressive tendencies
Schweitzer, Greenslade, & Kagee	2007	Sudanese refugees; ($N = 13$); $n = 9$ males; $n = 4$ females; age range = 17 - 44 years ($M = 29.77$ years)	Australia	Pre and Post-Migration Stressors --> Psychological Distress	Family support; religiosity (prayer and belief - individual)	Cross-sectional; semi-structured interviews (qualitative)	(1) Participants reported that family (extended family) provided emotional support; (2) Participants reported that their belief in God gave them control and meaning from their loss and it was a source of emotional support
Sim, Bowes, & Gardner	2019	Syrian refugee mothers; ($N = 292$); age range = 19 - 56 years ($M = 31.83$ years); children age range = 2 - 12 years; on average, mothers had three children	Lebanon	War Trauma --> Psychological Distress; Psychological Distress --> Family	Social support (emotional and instrumental support - community)	Cross-sectional; Traumatic Events Checklist; Depression Anxiety and Stress Scale (DASS); Parental Acceptance-Rejection Questionnaire (PARQ); Medical Outcomes Study Social Support Survey (mMOSS-SS); psychological and parenting resilience were derived from reverse-coding residual scores from the regression of maternal mental health and harsh punishment on the level of war trauma exposure (quantitative)	(1) Perceived social support (emotional and instrumental) from people in the community was positively associated with psychological and parenting resilience; (2) Psychological resilience was indicated by mothers with better than expected mental health scores given their exposure to war trauma (positive residual scores); (3) Parenting resilience was indicated by mothers who used less harsh parenting practices than expected given their exposure to war trauma (positive residual scores); (4) Exploratory analyses demonstrated that when separating emotional from instrumental support, only emotional support was significantly associated with psychological resilience
*Seglem, Oppedal, & Roysamb	2014	Unaccompanied refugees from 23 different countries in Africa or Asia (largest groups coming from Afghanistan, Somalia, Sri Lanka, and Iraq); ($N = 223$); $n = 181$ males; $n = 42$ females; M age = 20 years	Norway	Resettlement --> Psychological Distress	Coping mechanisms (engagement or disengagement - individual)	Two subprojects; one subproject was a longitudinal study; questionnaire; multiple-mediation analyses; one-way analyses; Brief COPE; (quantitative/qualitative)	(1) There was not a significant correlation between engagement coping and life satisfactor; (2) Disengagement coping was significantly associated with lower levels of life satisfaction; (3) Both engagement and disengagement coping were significantly correlated with higher levels of depression; (4) Both engagement and disengagement coping were significantly correlated with higher levels of hassles
Spaaij	2012	Somali refugees (soccer players), soccer club officials, and soccer club volunteers ($n = 39$); local residents and community workers ($n = 12$)	Australia (Melbourne)		Participation in soccer clubs (community)	Multiple complementary data sources (participant observation; in-depth interviews; focus group); longitudinal (some respondents were interviewed up to eight times over the 3-year study period); ethnographic (qualitative)	(1) Players reported that involvement in the soccer club brought different clans together and helped to reduce historical clan tension; (2) Soccer club officials and volunteers reported that involvement in the club helped to re-build trust and social networks that were disrupted by war and displacement; (3) Respondents indicated that the soccer club provided leadership and employment opportunities for Somali refugees and other opportunities for integrating into the community
Spaaij	2015	Somali refugees; ($N = 51$); age range = 16 - 25 years; no M age reported	Australia (Melbourne)	Resettlement Stressors--> Acculturation	Participation in soccer clubs (community)	Longitudinal (ethnographic - three years); participant observation; in-depth interviews (qualitative)	(1) Community sports clubs allowed participants to experience a sense of belonging; (2) The participation in the clubs helped players to be integrated into their host society; (3) The clubs provided safety and inclusion for the participant (zero tolerance for discrimination and equal opportunity)
*Tingvold, Middelthon, Allen, & Hauff	2012	Vietnamese refugee parents and their children; ($N = 145$); childrens' age range = 4 - 23 year at T3; no M age reported	Norway	Family Dynamic --> Youth Outcomes	Family support (extended family)	Longitudinal prospective survey (open-ended questionnaires; five time points); semi-structured interviews; focus groups with the parents; (qualitative)	(1) Added social support through extended family helped support healthier children (mental health); (2) Older siblings provided a supportive role and were mediators for parents (role models for younger siblings); (3) Extended family support presented connectedness and closeness among families and was often extended through religious affiliations
*Tingvold, Hauff, Allen, & Middelthon	2012	Vietnamese refugees ($N = 9$ families); $n = 18$ parents; $n = 14$ adolescents; adolescent age range = 15 - 20 years; no M age reported	Norway	Trauma --> Psychological Distress	Attachment and involvement in church (community); social support (community)	Longitudinal prospective survey (open-ended questionnaires; five time points); semi-structured interviews; focus groups; (qualitative)	(1) Parents reported that their attachment to the church was a positive environment for families; (2) Parents reported that the church allowed their children to relate to others
Tippens	2017	Congolese refugees ($N = 55$); $n = 27$ males; $n = 28$ females; age range = 18 - 70 years ($M = 38$ years)	Kenya (Nairobi)	Trauma/Resettlement --> Resettlement stressors	Coping strategies (individual); faith in God (individual); church involvement and support (community)	Longitudinal ethnographic observation study (eight-months); in-depth semi-structured interviews; (qualitative)	(1) The promotion of resilience was categorized by faith in God, trusting religious communities, established borrowing networks, and compartmentalizing the past and present; (2) Participants reported that support from religious communities provided healing from stressors; (3) Participants who attended Congolese services reported higher levels of cohesion with other refugees; (4) Participant who attended Kenyan churches reported higher levels of security and more opportunity from the Kenyans; (5) Participants who were doing better off than expected were able to compartmentalize the past to benefit their present
Tozer, Khawaja, & Schweitzer	2017	Refugee students representing 24 birth countries with the largest cohort coming from Iran (22.6%); ($N = 93$); $n = 43$ males; $n = 50$ females; age range = 12-18 years ($M = 15.46$ years)	Australia (Brisbane)	Trauma --> Psychological Distress	School connectedness (school)	Cross-sectional; Psychological Sense of School Membership (PSSM); Adult Acculturation and Resiliency Scale (AARS); Resilience Questionnaire for Middle-Adolescent in Township Schools (R-MATS); Stirling Children's Wellbeing Scale (SCWBS); (quantitative)	(1) School connectedness, acculturation, and resilience were positively associated with wellbeing (emotional and psychological wellbeing) ; (2) School connectedness and acculturation were negatively associated with depression and anxiety

Vaage, Thomsen, Rousseau, Wentzel-Larsen, Ta, & Hauff	2011	Vietnamese refugees (parents and children); (<i>N</i> = 106 children); <i>n</i> = 50 fathers; <i>n</i> = 42 mothers; <i>n</i> = 57 boys; <i>n</i> = 49 girls; children's age range = 4 - 23 years (<i>M</i> = 12.8 years); fathers' <i>M</i> age = 45.8 years; mothers' <i>M</i> age = 40.3 years;	Norway	Parent Distress --> Child Distress	Family network/support (family); early integration into host community (community)	Longitudinal study (three time points); structured interviews; structured self-report questionnaires; semi-structured interviews; Strengths and Difficulties Questionnaire used on children aged 4 - 18 (SDQ) (qualitative/quantitative)	(1) Children of fathers with a large family network in Norway had fewer psychological problems at T3 (cross-sectional analysis); (2) Father's early contact with Norwegian population (i.e., acculturation/integration) had children with fewer psychological problems 20 years later (longitudinal analysis)
Weine, Ware, Hakizimana, Tugenberg, Currie, Dahnweih, Wagner, Polutnik, & Wulu	2014	Burundian and Liberian adolescent refugees and their families; (<i>N</i> = 73); <i>n</i> = 36 males; <i>n</i> = 37 females; <i>M</i> age = 15.3 years	U.S. (Boston and Chicago)	Trauma and Displacement --> Pyschosocial Difficulties	Social support networks (community); parenting styles and cohesion (family); educational support (community); religiosity (family and community)	Longitudinal ethnographic study (two-years, multi-site); partially-structured interviews; shadowing observation; focused field observation; (qualitative)	(1) Friendships often came from their own ethnic community; (2) Parents provided emotional, material, educational support, and access to religious communities; (3) Teachers provided counseling, family support, and conflict resolution; (4) Church members provided spiritual guidance and material support
Yohani & Larsen	2009	Refugee and immigrant children; (<i>N</i> = 10); <i>n</i> = 3 boys; <i>n</i> = 7 girls; age range = 8 - 18 years; no <i>M</i> age reported	Canada	Resettlement --> Psychological Distress	Perception of hope (individual)	Longitudinal (two time points); semi-structured photo assisted interviews; group interviews; (qualitative)	(1) Nine participants reported the presence of hope; (2) Participants reported that hope provided them with the ability or motivation to cope
Young	2001	First generation Salvadoran refugees; (<i>N</i> = 120); <i>n</i> = 60 males; <i>n</i> = 60 females; participants were in their early to mid-30s; no <i>M</i> age reported	Canada	Resettlement --> Psychological Distress	Social support (community); locus of control (individual)	Cross-sectional; Life Experiences Survey (LES); Hassles Scale; Internal-External Locus of Control scale (LOC); Self-Esteem Inventory; Social Support Resources Instrument; Quality of Life Questionnaire (QLQ); (quantitative/qualitative)	(1) Internal locus of control was associated with a higher quality of life; (2) Social support and self-esteem were both positively associated with greater life satisfaction and quality of life; (3) Locus of control significantly moderated the relationship between migration stress and quality of life

Note. An asterisk (*) indicates a repeat article from a previous table.