

# A Systematic Review of the Literature on Trauma and Refugees

L. R. Anitha and V. M. Chithra

**Abstract---** *Refugees and asylum seekers are highly susceptible to the impacts of discrimination, conflict and displacement-related traumatic events. Overall, communities who are taken as slaves report exposure to a large number of potentially traumatic, repeated and prolonged adverse events. Through definition, the persecution of refugees means such incidents are often interpersonal in nature. Potentially traumatic incidents that refugees and asylum seekers often encounter in their home countries include interpersonal violence, sexual violence, life-threatening accidents, witnessing the murder of loved ones, and torture. For many, displacement may entail many months or even years of travel, living in areas affected by war or residing in refugee camps. In this article, the emphasis will be on empirical refugee research, asylum-seeker mental health and Trauma and Refugee analysis. By incorporating these different theories, the author describes an integrated model to assist service providers in identifying the different trauma factors associated with refugees, as well as facilitating the development of effective service delivery mechanisms for that population.*

**Keywords---** *Violence, Sexual Violence, Life-Threatening Accidents.*

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## I. INTRODUCTION

Trauma is characterized as the exposure through direct experience, witnessing, or hearing about the event of actual or threatened death, severe violence / injury, tragedy, or real or threatened sexual violence[1]; Trauma was not restricted to incidents contributing to the creation of PTSD (posttraumatic stress disorder), but was commonly understood as "a series of unusual, stressful events directly linked to the context of war or armed conflict" as subjectively perceived by a person. Traumatic events involve experiences of abuse, torture, incarceration, and persecution pre-flight and during flight, as well as experiencing violence and loss or separation from family members. About 70 percent of the general population is subject to trauma [2]. Repeated exposure to trauma and stress from forced migration in civil war is common [3]. Since the dawn of civilisation, the movement of the population from one place to another or what is called 'migration' has been an inherent trait of human society. Several propelling factors cause people to move around. Migration can therefore be either voluntary or coercive. "Three types of primary migration have been most common in the last half-century: permanent settlement migration, temporary labor migration and refugee movement" Migration produces both positively and negatively responses depending on social, economic and political situations For the reasons of this analysis, a refugee is [ A]s a person who has escaped his / her psychological living environment for any cause (e.g., war, civil conflict, disaster, oppression, or persecution explicitly or implicitly sanctioned by the State) due to threat to the security or honesty of themselves or relatives. The refuge is described as

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*“...this question... is very difficult for me. When you (ask) which one is the most severe ... they were all severe, they were all unpleasant things...you didn't give me a very good measurement to measure this.” -A Kurdish Woman, 2001*

UNHCR submitted 82,600 refugees for resettlement to the states in 2019. Based on the most recent government statistics, in the course of the year 25 countries accepted 92,400 refugees for resettlement with or without assistance from UNHCR. The number of new displacements in 2019 equated to an average of 39,000 people who were forced to flee their homes every day. About four out of every five refugees lived in neighboring countries of origin. Around 5.5 million people were awaiting a decision on their application by the end of 2019 for asylum. The global population of forcibly displaced increased by 2.5 million people in 2019. Around 71.8 million people worldwide were forcibly displaced by the end of the year as a result of persecution, war, abuse or violations of human rights. As a consequence, the resettled population of the world again stayed at a record high. An approximate 15.6 million people were displaced recently in 2019 due to conflict or persecution. It included 10.8 million displaced persons 2 within their own country's borders, and 3.8 million new refugees and new asylum seekers. The Key flows of newly registered refugees and a new asylum seeker in 2019 is shown in figure 1. THIS REVIEW OF THE LITERATURE ON, TRAUMA AND REFUGEES, examines a wide range of studies over several decades. It develops a framework by which to view the Refugees and Social Isolation, Voices and Needs and Resettlement and Integration historical evolution of research on psychological resilience in general and the nature of posttraumatic resilience in particular. Here the section 1 shows the trauma and refugees introduction and section 2 focuses literature of trauma and refugees following the Refugees and Social Isolation Refugees Voices and Needs is portrayed and Refugees and Resettlement and Integration is described. Finally the article is concluded in section 3.

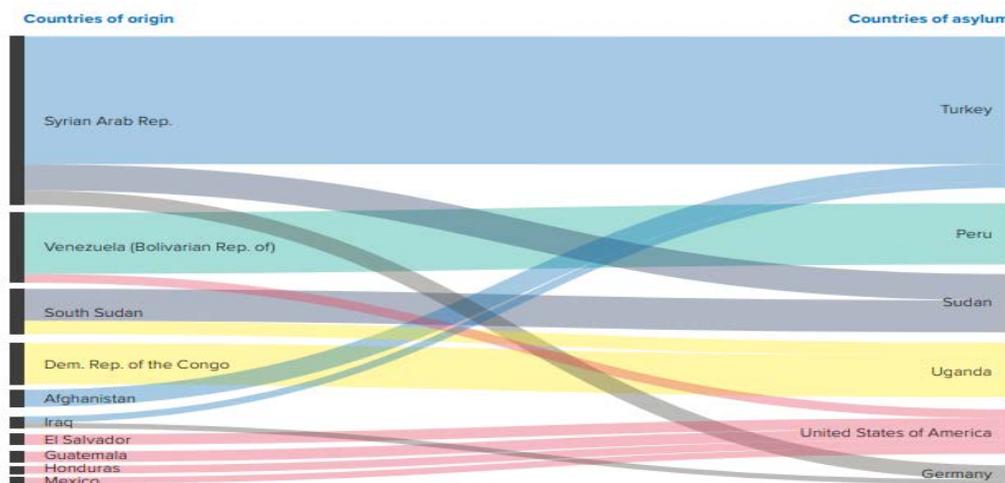


Figure 1: Key Flows of Newly Registered Refugees and New asylum Seekers in 2019

## II. LITERATURE REVIEW

Based on the available literature, this review article investigates the issue of resilience in relation to trauma and posttraumatic stress disorder. These reviews are presented under the following sub-headings

1. Refugees and Social Isolation
2. Refugee Voices and Needs
3. Refugee Resettlement and Integration

### **2.1 Refugees and Social Isolation**

Social isolation is the one which affects the society as a whole, or the larger part of it. The feeling of isolation is common to everyone, at least rarely if not regularly, but for a refugee it is traumatic and it can be better understood by none other than the refugee himself as the proverb says, '*the wearer of shoe alone knows where the shoe pinches.*'

In recent years, Taylor [] says refugees have been the subject of significant public concern and of a range of responses from government and society. The website of the United Nations High Commissioner for Refugees (UNHCR 2017) notes that a refugee is a person who is outside the country of his nationality due to a well-founded fear of being persecuted for reasons of ethnicity, religion, nationality, membership of a particular social group or political opinion and is unable or unwilling to take advantage of the security of refugees. Although Taylor [] provides a wider scope of refugees as refugees are all those who have fled violence, persecution and violations of human rights. White [] operationalizes the idea of social exclusion for refugees and asylum seekers in Australia and the United Kingdom using the social exclusion paradigm of Burchardt: Jupp [] states that reflecting their history of pre-migration, refugees in most cultures, including Australia, do not settle as easily as immigrants chosen on family or ability requirements, and typically suffer longer unemployment and poverty, with greater psychological harm to recover from. Refugees often have acute problems with the settlement upon arrival due to lack of resources and family support.

In their qualitative study of fifteen temporary protection visa (TPV) holders in Victoria, Australia and the service providers working with them, Mansouri and Bagdas [] emphasize the way in which TPV holders are excluded compared to permanent protection visa refugees. It also provides accounts of their incarceration, torture and fear of death in the countries they have fled, terrifying contact with smugglers and boat trips, the experience of detention and once formally recognized as refugees, their attempts to settle when excluded from language assistance, support for social security, employment services, housing services and, most importantly, their inability to provide assistance Taylor [] explained that Australia's social security system is widely seen as providing a support system for all those who are unable to gain adequate taxable income. But most of those who rely exclusively on Centre link social security benefits and find the payments insufficient to cover life's essential items.

A survey of some 225 asylum seekers affiliated with the Melbourne Hotham Mission Asylum Seeker Project describes that the vast difficulties faced by asylum seekers were a clear sign of lack of cash, resulting from the rejection of work and welfare rights (cf. Mitchell and Kirsner). Loans, unemployment, health and wellness issues, separation and anxiety were correlated with a lack of money. Accommodation is a main arbitration enabler factor. Various studies have stressed the need for rental assistance especially for vulnerable refugee women. Extended families of refugees and single people find long-term accommodation the most challenge. Foley and Beer [] study

the research on infrastructure needs for refugees in Australia using a specific social exclusion system and conduct study on the housing processes of various refugee groups in Sydney, Brisbane and Perth. Besides financial barriers, they describe as issues prejudice, cultural barriers, lack of proper accommodation and lack of familiarity with Australian housing and legal systems.

Mansouri and Bagdas [] reflected that refugees and asylum seekers from Afghanistan and Iraq fleeing violence and war have contributed to the humiliation of being identified with terrorists in the media. Carroll [] brings up the question of concentration in specific urban areas, who found that 82% of Vietnamese born in Sydney reside in core areas, while such concentrations have caused disquiet among some Australians, allowing refugees to live in communities where they are secure in terms of familiar language and services when they may feel excluded elsewhere. 'Politics of Exclusion and Denial' is the title of a review on asylum seekers' mental health in detention centers and on TPV refugees. Steel [] examines ten families in detention centers, including one ethnic group. They spent two years in prison. The nineteen children in the records of those families are the most distressing to see people self-harm and make attempts at suicide, depression, loneliness and poor food. The study reveals a significant increase in psychiatric disorders, despite the high level of stress, among both children and adults from the time before imprisonment. Many people have a major depressive disorder and most are diagnosed with post-traumatic stress disorder. Each child has at least one psychiatric disorder and most of them have several disorders. A series of studies correlated seventy-six TPV owners with illegal migrants who had been given residence permit by Steel from the same ethnic group[] found that the TPV owners had even greater trauma before arrival than other immigrants. Moreover, they encountered the threat of thread-traumatic stress disorder twice as the legal residents even after regulating this. The transient existence of the security status is seen as preserving thread-traumatic stress responses and a permanent state of uncontrollable stress for refugees. Steel also states the fact that the economic policies have resulted in more traumatic imprisonment and only temporary security being given. Taylor [] claims that TPVs are not adequate coverage and that, Under the Universal Constitution on Fundamental human rights, in some situations the psycho-social harm induced by tourist visas will lead to 'cruel, inhuman and maltreatment'.

In the Brotherhood's Life Chances Study, Taylor and Fraser [] identify that racism creates problems of disquiet for some Asian refugee families. In schools some parents and their Australian-born kids reported racism. Brough et coll. [] states that racism, including school, has been a problem for young refugees suffering depression. The researchers found domestic terrorism to have been particularly devastating for those who had fled violence in their history. Numerous scholars have written and studied Refugees and Social Isolation over a period of time. All of the above studies revolve around one fact, that is, a refugee seeks protection from danger—the danger of isolation, social insecurity, lack of adequate asylum, ill-health, unemployment, poverty, racial discrimination, deprivation of proper education, harassment and victimization in his so-called settled land because of his rooted-social condition.

## ***2.2 Refugee Voices and Needs***

The concept of Refugee Voices and Needs is directly related to the main focus of the present study. Hence, there is a need to trace out the usage of the terms according to the perception of various authors and researchers.

Uprety et al.[] found that New Zealand's asylum seekers show severe depression, helplessness and frustration.

Low income, failure to recognize their credentials, low quality accommodation and lack of economic support all exacerbate levels of day-to-day stress. The most vulnerable are the women and the children. As far as candidates for quotas are concerned, refugees do not obtain effective physical exam until their offer of permanent residency is approved which can require up to two years. Websites driven by economic relations in the nation of origin are obviously an important tool of practical support and guidance and one of the roles of such networks is to help refugees seek a job or start up firms and other duties include acting as translators of information presented in English and as interpreters for other ethnic group members. (cf. Elliott). Whereas migrants are not illegals until they have acknowledged their identity, there are a numerous studies that analyze their needs. According to Robinson[] this requires prompt decision-making, honesty, access to services, information, housing and language training. The method of status assessment has been questioned in Canada too, most prominently by Crepeau et al. []. Researchers noticed that incorrect legal decisions were made, and their study also ignored the cultural understanding of the officials involved in the decision process. The process in Britain is also extensive, with 9 % of asylum seekers still struggling in a survey for an official Home Office decision after five years (cf. Bloch).

Bertrand[] discovered that racial organizations in the United Kingdom (UK) usually help to include refugees with greater access to medical care and welfare services, and noted that they are primarily useful to Korean refugees who usually do not want people to be aware of any problems they face and usually keep their suffering more or less limited within society. Qualified social services from resettlement populations provide good support to refugees and often contribute to reducing tension and fostering new society awareness. The collaborations are also helping to build stronger workplace relationships. Bertrand[] and Robinson[] recognize the value of a multi-existing identity group to which refugees can turn as vital to socio-economic success as they are mental, material and financially powerful. Refugees may be unwilling to seek help once they enter their host country because of shame and fear of being branded wild. They worry that a mark such as this would separate them from their families and impact their status or jobs as refugees.

Gray and Elliott [] recognize that the presence of resettlement sponsors has been reported widely but little investigated. Sponsors can be associates of the refugee community itself or other individuals, such as members of youth groups or other associations. Gray and Elliott [] stipulate that the impacts of dispossession and resettlement on children and youth have been explored in numerous studies. The impacts are most evident in the fields of socialization and values, personality, relationships and education. Ruxton[] refers to the Removed Children in Europe Project and describes divided children as: people under the age of 18 who are removed from either their parents or their legitimate / normal legal guardians within their home country. Many kids are totally solitary while others may stay with members of the family. All these kids are children who are divided and eligible to refugee status under a wide range of international and regional measures. Young children should not only serve as cultural ambassadors but also as interpreters. The effect can be disturbing for both teenagers and parents when this occurs in medical situations (cf. Elliott et al., Liev and Kezo, Richman). Hyman y al. [] accept that young migrants are greater threat than younger people as a whole for experiencing psychological wellbeing issues and resorting to substance abuse, alcohol addiction, delinquency and anxiety Parental demands can add to the stress faced by adolescent migrants and learners appear to work long hours and see some kind of disappointment as a source of shame; Their

primary concern is academic achievement, not a family life.

Gray and Elliott[] note that women are usually unable to protect or safeguard their family or friends, and are thus vulnerable to the threat of physical violence or other forms of abuse towards themselves or their children. The service is specifically targeted at women who don't usually meet refugee or compassionate approval requirements. Most will have learning difficulties which require specialized support. They might have good long-term opportunities for compensation but they need support because of the adverse consequences of their encounter. Some may have weaker prospects because of difficulties in schooling, language and work, or the involvement of young children. Gray and Elliott[] note that there are certain communities that require substantial assistance or acknowledgment. These include women, young people and the elderly who need to be special to their age, orientation or status. People are likely to face a change in status, will have different family and work habits, and will likely have a variety of unmet health needs. Young people are also likely to have relocation-related health-related needs, may have shifted their roles within their communities, and may have trouble at school. Distinct children are an especially vulnerable group, as well as 'immigrant children.' Madjar and Humpage[] describe that refugees like the Bosnian refugees who arrive in New Zealand may also have unresolved oral health requirements. Conversational fluency is also one of older people's biggest needs. Lack of it limits their ability to directly reach formal and informal services, and affects their ability to work within their own home and family, if only the youngest generation speaks English.

Bloch[] reports a UK survey that found that 36% of refugee children were unemployed compared to an average unemployment rate of 8% and a minority unemployed rate of 19%. Those recruited migrants tended to be low pay and poor working terms in secondary sector jobs. More than two-thirds of those studied were unsuitable for their qualifications in jobs. Beiser[] indicates that it requires 10 to 12 years for immigrants to attain their economic potential. In a New Zealand report, Basnayake[] discussed the prospects of SriLankan migrants, some of whom would be immigrants, 96 % had tertiary qualifications, with 75 % in competent professions before they came to New Zealand, but more than half had taken lower positions than previous ones. The study by Gray and Elliott[] shows that English language skills, payment problems, insufficient job-seeking skills, lack of internet support facilities, inadequate knowledge, skewed employer attitudes and the prevailing economic circumstances are all potential reasons. Various authors have thus written and studied voices and needs of refugees over the course of time

### ***2.3 Refugee Resettlement and Integration***

The analysis of content and meaning of Refugee Resettlement and Integration is an important phenomenon in this study. This concept has received the attention of various researchers and it has been interpreted in different dimensions and angles depending on the field of application. Hence there is a need to examine a few interpretations of the concept for the purpose of present research and it would be enlightened in the foregoing discussion.

Matsuoka and Sorenson[] assert that the division and dispersal of families and communities is one of the most immediate effects of mass migration, in particular from war-torn countries. As Elliott[] attempted to point out, the majority of new conflicts have taken place within nations, frequently contributing to the breakup of earlier similar groups. Abbott[] stresses the division's functional and emotional effect, stating that her study participants felt

feelings of anxiety, anger and helplessness, remorse, hope, deception, loneliness and isolation. They had trouble sleeping and concentrating, and faced financial stress as a result of stable family members in a neighboring country. Refugees face problems getting their families to their host country, relocation can also alleviate pressure on people who have to take on non-traditional roles in their new circumstances, such as women from Eritrean society who have to get jobs outside their homes or people from the upper classes who have to complete work typically done by the workforce. In addition, migration also gives rise to new opportunities such as work and education that would otherwise not have been available to certain people from patriarchal cultures.

Gray and Elliott[] give more detail that cultural contraction and isolation tends to lead to mental stress, as well as financial problems and fundamental issues in preserving or maintaining personal relationships and taking care of children. Family members must respond to a way of life and procedures which are very different from what they have been accustomed to, and which are often based on different values. Bad health survivor may also obstruct their ability to resettle. When refugees strive to equalize need interoperability with the desire to maintain their social identity, it can also be troublesome to lack a proper ethnic community and to be unable to retain traditional personal and social activities. Inside the larger society, things would further hinder their attempts at communicating. Racism, religious intolerance and a lack of knowledge of the refugee context can contribute to hostility and abuse. It can also turn over into employment discrimination, mitigating communication difficulties, lack of awareness of skills and unrealistic expectations of the ability of refugees.

The NGO Sector document[] states that the housing problem facing displaced people in New Zealand, and while national and centralized government resettlement agencies are usually cooperative in this, there is no guarantee that sufficient accommodation will be available at all times, and families generally have to accept what's on offer, though it may be far from ideal. For many refugees who are used to very different lifestyles, cultures, communities and NGO Sector [] also explains it can be quite complicated and contributes to the relocation trauma. Gray and Elliott[] pointed that when cultural values suggest that partners should come from within one's own country, the limited complexity of a refugee independence movement can cause difficulties for some refugees in seeking married partners. Matsuoka and Sorenson[] observed that youngmens from Eritrea living in Canada often had depression about their difficulty in finding a mate, and some young females were planning on going home only to find a husband. In regard to refugees in New Zealand, the NGO Sector Investigate[] marks out that without quota refugees and asylum seekers from minority cultural groups, the only chance to choose a bride or groom and get settled may require a pre-departure commitment or a wedding planned by friends or relatives. NGO Sector[] further specifies that decreasing a request for refugee-fiancé may be a severe disappointment to a former-refugee. This already prevents and affects resolution for the client, and can actually involve mental and social trauma.

In referring to Somali refugees in New Zealand, Bihi[] notes that conflict resolution between elders and extended families is not practiced as it was before because there is a decrease in respect among Somalis among the elders. Philosophers in the U.S., as well as in New Zealand, have recognized the discrimination they experience in some Islamic communities, and in particular women, because of their wear and religious practices. The Canadian Mental Health Problems Task Force Impacting Immigrants and Refugees[] proposes a multilingual package of pre-migration orientation services for distribution in orphanages in conjunction with immigrant support providers and

ethno-cultural groups. The ECRE Task Force: Education[] suggests that refugees be given personal evaluation and specific career counseling before, during and after language courses are completed, with evaluation taking into account concerns such as health, family situation and personal plans. Also, refugees will be able to receive the popular higher education until they have reach a certain level of literacy skills. A British Refugee Committee meeting report[] emphasizes the importance of job diversity strategy, both in the government and industry, adding that refugees must be accepted as part of the community by entering the discussion on diversity and fostering their skills. At the same meeting, a Danish contributor pointed out fit refugees into the labor market through tools such as language education, accreditation guidance, help, welfare / revenue modifications and incentives. He suggested that it may be important to remind companies of their personal responsibilities and the advantages of diversity. Farmer and Hafeez[] suggest that a refugee's tax bracket is the most widely accepted measure of positive resettlement within the home country. Necessary revenue is the minimum necessary to support the main candidates and their relatives, with some exemption for other economic-cultural adaptation issues involved.

Gray and Elliott[] conclude that interoperability studies can be improved if factors and human vulnerabilities are minimised. This can be achieved by offering proper help to motivate them to satisfy their needs within an acceptable time frame. Manderson et al.[] notes from his analysis that forced migrants and refugees neglect families and communities connections when they leave their homelands or asylum countries People are experiencing difficulties in developing new social networks, and are suffering from geographical isolation both within the new country and from overseas families. Manderson et al.[] point out that population growth is a life-changing event, exacerbated by extreme distance between homeland and host counties and cultural, economic, and political disparities between the two to many. Chan and Christie [] refer to the cultural shock as a significant problem for the Indo-Chinese refugees from Hong Kong. Gray and Elliott [] state that state cultural and social integration is a vital part of integrating refugees into a host society. Integration is a two-way process that also involves fostering understanding and tolerance among the host community, including maintaining relations with both the media and local authorities. Zwart [] identified a growing need for profound services, along with practical advice, social support and advice. Most organizations in New Zealand offer services that is not included in their corporate priorities and that are not specifically paid for. Zwart believes it is crucial that NGOs establish and maintain clearly delineated positions for the provision of services in various areas. Thus various scholars have over time written and analyzed Refugee Resettlement and Integration.

### **III. CONCLUSIONS**

In this work, different reviews on related subjects are presented in point by point from the perspectives of learned scholars and authors. From the literature review, it is understood that there is a research gap in the field of 'Trauma and Refugees' in the study of other country people living in India as refugees. Also, when going through various libraries, world-wide web and organizational data banks, the researcher understood that literature related with Refugees and Social Isolation, Refugee Voices and Needs, Refugee Resettlement and Integration, are already available pertaining to the topic. As Refugees and Social Isolation are the basis for the study of Trauma and Refugees and it further leads to Refugee Resettlement and Integration, the researcher arranged the literature in such

a manner. Even though, only a few refugees have showed interest to go through the literature review in detail and they are very much impressed in the collections of various literatures. Also, as there are no studies in the related fields in an elaborate way, the researcher has pertinently framed the literature review in his own pattern in a way that it throws light and elucidates on the perspective on Trauma and refugees.

## REFERENCES

- [1] Acarturk, C., Konuk, E., Cetinkaya, M., Senay, I., Sijbrandij, M., Cuijpers, P., & Aker, T. (2015). EMDR for Syrian refugees with posttraumatic stress disorder symptoms: Results of a pilot randomized controlled trial. *European Journal of Psychotraumatology*, 6(1), 27414.
- [2] Adeosun, I. I., Adegbohun, A. A., Adewumi, T. A. & Jeje, O. O. (2013). The pathways to the first contact with mental health services among patients with schizophrenia in Lagos, Nigeria. *Schizophrenia Research and Treatment*, 769161.
- [3] Ahmad, A., Sofi, M., Sundelin-Wahlsten, V., & Von Knorring, A. L. (2000). Posttraumatic stress disorder in children after the military operation "Anfal" in Iraqi Kurdistan. *European Child & Adolescent Psychiatry*, 9(4),235-243.
- [4] Basoglu, M., Paker, M., Paker, O., Ozmen, E., Marks, I., Incesu, C., . . . Sarimurat, N. (1994). Psychological effects of torture: A comparison of tortured with nontortured political activists in Turkey. *American Journal of Psychiatry*, 151(1), 76-81.
- [5] Beiser, M., & Hou, F. (2001). Language acquisition, unemployment and depressive disorder among Southeast Asian refugees: A 10-year study. *Social Science & Medicine*, 53, 1321-1334.
- [6] Betancourt, T. S., Newnham, E. A., Birman, D., Lee, R., Ellis, H., & Layne, C. M. (2017). Comparing trauma exposure, mental health needs and service utilization across clinical samples of refugee, immigrant and non-immigrant children. *Journal of Traumatic Stress*, 30, 209-218.
- [7] Cavallera, V, Reggi, M., Abdi, S., Jinnah, Z., Kivelenge, J., Warsame, A.M., Yusuf, A.M., Ventevogel, P. (2016). Culture, context and mental health of Somali refugees: a primer for staff working in mental health and psychosocial support programmes. *Geneva, United Nations High Commissioner for Refugees*. <https://data2.unhcr.org/en/documents/download/52624>
- [8] Chen, W., Hall, B. J., Ling, L., & Renzaho, A. M. (2017). Pre-migration and post-migration factors associated with mental health in humanitarian migrants in Australia and the moderation effect of post-migration stressors: *Findings from the first wave data of the BNLA cohort study*. *Lancet Psychiatry*, 4(3), 218-229.
- [9] Chu, T. Q., Keller, A. S., & Rasmussen, A. (2013). Effects of post-migration factors on PTSD outcomes among immigrant survivors of political violence. *Journal of Immigrant Minority Health*, 15, 890-897.
- [10] Digidiki, V., & Bhabha, J. (2017). Emergency within an Emergency: The Growing Epidemic of Sexual Exploitation and Abuse of Migrant Children in Greece. *Boston: FXB Center for Health and Human Rights, Harvard University*
- [11] Eisenbruch, M., de Jong, J. T., & van de Put, W. (2004). Bringing order out of chaos: A culturally competent approach to managing the problems of refugees and victims of organized violence. *Journal of Traumatic Stress*, 17(2), 123-131.
- [12] Ellis, B. H., MacDonald, H. Z., Klunk -Gillis, J bral, H. J., Lincoln, A., Struni (2010). Discrimination and mental health among Somali refugee adolescents: The role of acculturation and gender. *American Journal of Orthopsychiatry*, 80(4), 564-575.
- [13] Ellis, B. H., MacDonald, H. Z., Lincoln, A. K., & Cabral, H. J. (2008). Mental health of Somali adolescent refugees: The role of trauma, stress, and perceived discrimination. *Journal of Consulting and Clinical Psychology*, 76(2), 184-193.
- [14] Ellis, B. H., Miller, A. B., Baldwin, H., & Abdi, S. (2011). New directions in refugee youthmental health services: Overcoming barriers to engagement. *Journal of Child and Adolescent Trauma*, 4, 69-85.
- [15] Fazel, M., Garcia, J., & Stein, A. (2016). The right location? Experiences of refugee adolescents seen by school-based mental health services. *Clinical Child Psychology and Psychiatry*, 21(3), 368-380.
- [16] Fazel, M., Rees, S., & Silove, D. M. (2017). *Refugees and populations exposed to mass conflict*. Oxford Textbook.

- [17] Hou, W. K., Hall, B. J. & Hobfoll, S. E. (2017). Drive to thrive: A theory of resilience following loss. In (Eds). N. Morina & A. Nickerson, *Mental health of refugee and post-conflict populations*. Springer: Amsterdam.
- [18] Ichikawa, M., Nakahara, S., & Wakai, S. (2006). Effect of post-migration detention on mental health among Afghan asylum seekers in Japan. *Australian and New Zealand Journal of Psychiatry*, 40(4), 341-346.
- [19] Jordans, M. J., Tol, W. A., Komproe, I. H., Susanty, D., Vallipuram, A., Ntamatumba, P., de Jong, J. T. (2010). Development of a multi-layered psychosocial care system for children in areas of political violence. *International Journal of Mental Health Systems*, 4(1), 15. doi: 10.1186/1752-4458-4-15
- [20] Khamis, V. (2016). Does parent's psychological distress mediate the relationship between war trauma and psychosocial adjustment in children? *Journal of Health Psychology*, 21(7), 1361-1370.
- [21] Laban, C. J., Gernaat, H. B., Komproe, I. H., Schreuders, B. A., & De Jong, J. T. (2004). Impact of a long asylum procedure on the prevalence of psychiatric disorders in Iraqi asylum seekers in The Netherlands. *Journal of Nervous and Mental Disease*, 192(12), 843-851.
- [22] Li, S. S., Liddell, B. J., & Nickerson, A. (2016). The relationship between post-migration stress and psychological disorders in refugees and asylum seekers. *Current Psychiatry Report*, 18(9), 82.
- [23] Lorek, A., Ehntholt, K., Nesbitt, A., Wey, E., Githinji, C., Rossor, E., & Wickramasinghe, R. (2009). The mental and physical health difficulties of children held within a British immigration detention center: A pilot study. *Child Abuse & Neglect*, 33(9), 573-585.
- [24] Miller, K. E., Martell, Z. L., Pazdirek, L., Caruth, M., & Lopez, D. (2005). The role of interpreters in psychotherapy with refugees: An exploratory study. *American Journal of Orthopsychiatry*, 75(1), 27-39.
- [25] Miller, K. E., & Rasmussen, A. (2017). The mental health of civilians displaced by armed conflict: An ecological model of refugee distress. *Epidemiology and Psychiatric Sciences*, 26(2), 129-138.
- [26] National Child Traumatic Stress Network (2006). *Psychological First Aid: Field Operations Guide*. National Child Traumatic Stress Network: <http://www.nctsn.org/content/psychological-first-aid>
- [27] Nickerson, A., Bryant, R. A., Silove, D., & Steel, Z. (2011). A critical review of psychological treatments of posttraumatic stress disorder in refugees. *Clinical Psychology Review*, 31(3), 399-417.
- [28] Nickerson, A., Bryant, R. A., Steel, Z., Silove, D., & Brooks, R. (2010). The impact of fear for family on mental health in a resettled Iraqi refugee community. *Journal of Psychiatric Research*, 44(4), 229-235.
- [29] Nickerson, A., Liddell, B. J., Maccallum, F., Steel, Z., Silove, D., & Bryant, R. A. (2014). Posttraumatic stress disorder and prolonged grief in refugees exposed to trauma and loss. *BMC Psychiatry*, 14, 106.
- [30] Nickerson, A., Schick, M., Schnyder, U., Bryant, R. A., & Morina, N. (In press). Comorbidity of posttraumatic stress disorder and depression in tortured, *treatment seeking refugees Journal of Traumatic Stress*.
- [31] Nickerson, A., Steel, Z., Bryant, R., Brooks, R., & Silove, D. (2011). Change in visa status amongst Mandaean refugees: Relationship to psychological symptoms and living difficulties. *Psychiatry Research*, 187(1-2), 267-274.
- [32] Otto, M., & Hinton, D. E. (2006). Modifying exposure-based CBT for Cambodian refugees with posttraumatic stress disorder. *Cognitive and Behavioral Practice*, 13(4), 261-270.
- [33] Schnyder, U., Muller, J., Morina, N., Schick, M., Bryant, R. A., & Nickerson, A. (2015). A comparison of DSM-5 and DSM-IV diagnostic criteria for posttraumatic stress disorder in traumatized refugees. *Journal of Traumatic Stress*, 28(4), 267-274.
- [34] Schweitzer, R. D., Brough, M., Vromans, L., & Asic-Kobe, M. (2011). Mental health of newly arrived Burmese refugees in Australia: Contributions of pre-migration and post-migration experience. *Australian and New Zealand Journal of Psychiatry*, 45(4), 299-307.
- [35] Steel, Z., Chey, T., Silove, D., Marnane, C., Bryant, R. A., & van Ommeren, M. (2009). Association of torture and other potentially traumatic events with mental health outcomes among populations exposed to mass conflict and displacement: A systematic review and meta-analysis. *Journal of the American Medical Association*, 302(5), 537-549.
- [36] Steel, Z., Liddell, B. J., Bateman Steel, C., & Zwi, A. (2011). *Global protection and the health impact of migration interception*. *PLoS Medicine*, 8(6), e1001038.
- [37] Steel, Z., Momartin, S., Bateman, C., Hafshejani, A., Silove, D. M., Everson, N., . . . Mares, S. (2004). Psychiatric status of asylum seeker families held for a protracted period in a remote detention centre in Australia. *Australian and New Zealand Journal of Public Health*, 28(6), 527-536.

- [38] Steel, Z., Momartin, S., Silove, D., Coello, M., Aroche, J., & Tay, K. W. (2011). Two year psychosocial and mental health outcomes for refugees subjected to restrictive or supportive immigration policies. *Social Science & Medicine*, 72, 1149-1156.
- [39] Steel, Z., Silove, D., Brooks, R., Momartin, S., Alzuhairi, B., & Susljik, I. (2006). Impact of immigration detention and temporary protection on the mental health of refugees. *British Journal of Psychiatry*, 188(1), 58-64.
- [40] Tay, A. K., Rees, S., Chen, J., Kareth, M., & Silove, D. (2016). Factorial structure of complicated grief: Associations with loss-related traumatic events and psychosocial impacts of mass conflict amongst West Papuan refugees. *Social Psychiatry and Psychiatric Epidemiology*, 51(3), 395-406.
- [41] Tyrer, R., & Fazel, M. (2014). School and community-based interventions for refugee and asylum seeking children: A Systematic Review. *PLoS ONE*, 9(2), e89359.
- [42] UNHCR. (2016). Global trends in forced displacement in 2016. *Geneva, Switzerland: UNHCR*
- [43] UNHCR. (2017). UNHCR projected global resettlement needs 2017. *Geneva, Switzerland: UNHCR*
- [44] UNICEF. (2014). No lost generation: *Protecting the futures of children affected by the crisis in Syria, strategic overview. UNICEF*
- [45] UNICEF. (2016). Danger every step of the way: A harrowing journey to Europe for refugee and migrant children. *UNICEF Child Alert: UNICEF*
- [46] Van Ommeren, M., De Jong, J. T., Sharma, B., Komproe, Wong, E. C., Marshall, G. N., Schell, T. L., Elliott, M. N., Hambarsoomians, K., Chun, C. A., & Berthold, S. M. (2006). Barriers to mental health care utilization for U.S. Cambodian refugees. *Journal of Consulting and Clinical Psychology*, 74(6), 1116-1120.
- [47] World Health Organization (2013). Guidelines for the management of conditions specifically related to stress. *Geneva: World Health Organization.*
- [48] World Health Organization and United Nations High Commissioner for Refugees. (2015). mhGAP Humanitarian Intervention Guide (mhGAP-HIG): *Clinical management of mental, neurological and substance use conditions in humanitarian emergencies.* WHO: Geneva.
- [49] World Health Organization, War Trauma Foundation & World Vision International (2011). *Psychological First Aid: Guide for Field Workers.* WHO: Geneva