



Young Refugees in Australia: Perspectives From Policy, Practice and Research

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This article aims to bring together perspectives from policy, practice and research in reviewing the experiences of young refugees arriving in Australia. By reviewing international and local research and applying it to the Australian policy context, this article highlights how evidence-based practices for this population are lacking. Risk and protective factors for young refugees are discussed in relation to possible avenues of intervention. In particular, unaccompanied refugee minors are seen as being at heightened risk of social exclusion and mental illness. Quantitative and qualitative literature is integrated to provide an overall picture of young refugees in the Australian context. Studies evaluating psychological interventions and support for refugees, as well as research into how young refugees typically cope with adversities, are used to inform recommendations for school and community-based psychological interventions.

■ **Keywords:** Refugee, coping, unaccompanied minor, policy, evidence-based practice

Between 2009 and 2010, Australia received 13,770 refugees and asylum seekers with the majority coming from South-East Asia, the Middle East and Africa (Department of Immigration and Citizenship [DIAC], 2011a). Over the last 6 years Australia has accepted approximately 80,630 refugees and asylum seekers (DIAC, 2011a), indicating a consistent annual intake. At present, the majority of refugees migrating to Australia are children and adolescents (United Nations High Commission for Refugees [UNHCR], 2009). The policies and practices of host communities have a large bearing on the mental health of young refugees during resettlement (Bhabha & Schmidt, 2008; Silove, Austin, & Steel, 2007). It is important to acknowledge young refugees' risk and resilience during resettlement. Australian research into the psychological needs of young refugees is limited, therefore much of our understandings are drawn from the international research community.

This article describes common experiences of young refugees, outlines a brief policy background within Australia, reviews studies relating to the experiences and psychological support for young refugees and provides some initial recommendations for future research. Young refugees' resources, as well as psychological needs, are discussed in relation to both the home and school context. In particular, policy and practices regarding unaccompanied

young refugees are considered because of the heightened vulnerability of this group (Bean, Eurelings-Bontekoe, Mooijaart, & Spinhoven, 2006; Felsman, Leong, Johnson, & Felsman, 1990; Sourander, 1998).

Experiences of Young Refugees

Research has indicated young refugees have frequently witnessed the violent death, injury, and/or abuse of family members, endured the disappearance and separation of family, and observed parental fear and panic (Lustig et al., 2004; Thomas & Lau, 2002). Their preflight and flight environments are commonly characterised by exposure to bombardments, protracted detention, child-soldier activity, physical assault/injury, famine and sexual assault (Burnett & Peel, 2001; Davies & Webb, 2000; Silove, Steel, McGorry, & Mohan, 1998; Thomas & Lau, 2002). Studies have consistently highlighted an increased prevalence of post-traumatic stress disorder (PTSD), depression and anxiety among young refugees compared to young people without refugee backgrounds (Eisenbruch, 1990; Fazel &

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Stein, 2002; Hicks, Lalonde, & Pepler, 1993; Lustig et al., 2004). However, there are few studies focusing on how young refugees cope (Birman et al., 2005; Thomas & Lau, 2002). The small number of studies in this area has indicated that most young refugees cope well with resettlement in a new country; however they remain at risk of experiencing psychological problems (Brough, Gorman, Ramirez, & Westoby, 2003; Fazel, Doll, & Stein, 2009).

A risk and protective framework is most helpful for answering questions about how best to support these young refugees (Blum, 1998; Olsson, Bond, Burns, Vella-Brodrick, & Sawyer, 2003; Rutter, 1985, 1987, 1999, 2002). A 3-year longitudinal study following young refugees resettling in Melbourne by Correa-Velez, Gifford and Barnett (2010) applied a risk and protective framework, with a particular focus on how protective factors could be enhanced. Their review of the literature found the following protective factors for young refugees: the pace at which the language of the host country is learned, experiences of educational achievement, developing positive relationships with the broader community, living with a supportive family and attending a supportive school. These protective factors present promising starting points for research into appropriate and effective interventions for young refugees.

Policy Background

In the last 10 years, research, policy and practice have increasingly focused the question of how to appropriately care for unaccompanied minors. In 1989 the United Nations agreed to the Convention on the Rights of the Child. In short, this convention stipulates that the best interests of the child are upheld, that children have the right to protection, respect is given to their views and they can express themselves free from discrimination. Australia ratified the convention in 1989, implying that Australian authorities are conscientious in the care of refugee children and young people arriving unaccompanied by parents or adults. Unaccompanied children and young people are at a heightened risk of military involvement, sexual violence, gross deprivation, exploitation and abuse during preflight and flight, as well as experiencing clinical symptoms and behavioural difficulties (Bean et al., 2006; J.K. Felsman, Leong, Johnson, & I.C. Felsman, 1990; Sourander, 1998).

Within Australia, the care for unaccompanied minors is covered by the *Immigration (Guardianship of Children) Act 1946* (IGOC Act), which states that minors (under the age of 21), who arrive in Australia unaccompanied by parent or adult(s), require a legal guardian (DIAC, 2011b). Like other developed countries such as the US and UK, this Act came into being after World War II, when planned resettlement programs were implemented with children from Europe. In recent times, unaccompanied children and young people are more likely to come through indepen-

dent means, rather than planned programs (Bhabha & Schmidt, 2008). The United Nations High Commissioner for Refugees (UNHCR) began collecting data from 2001 and found that 4–5% of children and adolescents were unaccompanied (Bhabha & Schmidt, 2008). In line with the UNHCR's interest, the first decade of the 21st millennium has seen a growth in published studies and articles on the needs of unaccompanied minors, however this research is still in its infancy (Barrie & Mendes, 2011).

In the last 10 years, there have been some significant changes in the Australian government's policy on refugees. In 2004, the Australian Human Rights Commission (AHRC) conducted an investigation entitled, *National Inquiry into Children in Immigration Detention: The Last resort?* (AHRC, 2004). Their inquiry revealed that up until 2002, unaccompanied minors were being detained in detention centres. When young people were housed in detention, the Minister of Immigration was considered their legal guardian; however, it was generally accepted that their day-to-day care was the responsibility of Australasian Correctional Management. As indicated by the writers of the inquiry both these guardians were inappropriate due to conflicts of interest and role confusion. The inquiry concluded the Commonwealth breached the Convention on the Rights of the Child by not taking the appropriate actions to protect the rights of unaccompanied children.

Around this time, Correa-Velez, Gifford and Bice (2005) reviewed refugees' access to health services and concluded that Australia's resettlement program was of a high standard in relation to healthcare, compared to other host countries. However, they argued that asylum seekers in detention and in the community had less-than-adequate access to healthcare. Thus, despite Australia's intentions to act in the child's best interest, children were being detained in centres in which they were often exposed to further stresses with limited protection and support (Silove et al., 2007). In order to have adequate protection, children and young people in detention should have had independent legal guardians appointed with no conflicts of interest. In relation to minors' rights and protection, policy and practice began to improve in 2008 when a number of reforms were introduced to mandatory detention policy, such as the stipulation that children or young people, and their families, were not to be detained in immigration detention centres (DIAC, 2011b). Recent figures released January 21, 2011 from Community and Detention Services Division of DIAC indicated that 1,065 children were in community detention, and none were residing in detention centres (DIAC, 2011c). While the past few years have demonstrated some marked progress in the rights and protection of children and young people seeking asylum, Australia's obligations to these young people, particularly unaccompanied minors, should not stop at the provision of what Derluyn and Broekaert

(2008) term as 'bed-bath-bread' care. Rather, psychological assessment and support should be considered an essential component of care (Bean et al., 2006; Derluyn & Broekaert, 2008). This issue is particularly pertinent within Australia given so much research attention has been focused on ensuring young refugees and asylum seekers enjoy basic human rights, which may have lowered the research priority of longer-term issues associated with resettlement (Barrie & Mendes, 2011).

Support for Young Refugees

Qualitative and mixed method research into the effectiveness of prevention and intervention programs for this population is needed because the majority of research assesses programs through quantitative methods which cannot always be directly translated and generalised to reflect ethnic minority populations because of reliability and validity concerns (Bernal, Bonilla, & Bellido, 1995; DeAntiss, Ziaian, Procter, Warland, & Baghurst, 2009). Qualitative studies have been valuable in helping researchers to understand how young refugees experience and cope with the stresses and strains of resettlement (Gifford, Bakopanos, Kaplan, & Correa-Velez, 2007). Qualitative studies have suggested young refugees would like help dealing with resettlement issues (Hek, 2005; Matthews, 2008; Ramirez & Matthews, 2008). For example, Brough and colleagues (2003) interviewed 76 young refugees and participants named a variety of coping strategies such as seeking help from friends, family and/or professionals, listening to music, playing sport and participating in community events. They found much comfort in friendships within their cultural community and the broader community, yet they found it difficult to know who the appropriate person was to talk to about feelings of distress. In conclusion, Brough and colleagues (2003) advocated for community development projects emphasising connections between young persons and their community that recognise their resilience. A meta-analysis by Porter and Haslam (2005) investigated risk and protective factors for displaced people and refugees. The authors found that displaced children and young refugees experienced better mental health compared to adults, and females compared to males had poorer mental health. They interpreted their findings as being opposed to the notion that PTSD is the necessary consequence of war and may vary for different age groups; rather analyses demonstrated how resettlement contexts have a strong impact on mental health (Porter & Haslam, 2005). Taken together, different methodologies have been consistent in finding that in spite of trauma and unrest young refugees are resilient, and this resilience is associated with their developmental stage, gender and experiences of the community, peer and family connectedness.

When researchers have investigated concepts such as resilience with refugees, research findings have been diffi-

cult to interpret because of the limited number of studies and the heterogeneity inherent in the field (Rousseau & Drapeau, 2003). For example, Rousseau and Drapeau's (2003) longitudinal study compared the social adjustment of 57 refugee Cambodian adolescents to 45 native-born Canadian adolescents over a 4-year period. Findings indicated that native-born Canadians and young refugees had similar emotional and behavioural symptoms, however native-born Canadians reported more risky behaviours than Cambodian adolescents. Their results differed from another cross-sectional study which had found that adolescent refugees from Central America and South-East Asia respectively demonstrated twice the amount of symptoms compared to native-born Canadians (Tousignant et al., 1999). Rousseau and Drapeau (2003) concluded that longitudinal analyses revealed the relationship between exposure to trauma and adaptation as dynamic and not deterministic.

For refugee children, adolescents and their families, schools are central locations for interacting with and learning about the majority culture (Park-Taylor, Walsh, & Ventura, 2007; Rousseau et al., 2007). The small number of studies that have evaluated school-based psychosocial programs for young refugees have been promising in terms of suggesting possible avenues of practice (Rousseau & Guzder, 2008). School-based programs trialled and evaluated through quantitative means are as follows:

- creative expression programs aimed at helping young people deal with past traumas (Rousseau, Drapeau, Lacroix, Bagilishya, & Heusch, 2005; Rousseau et al., 2007)
- cognitive-behavioural programs aimed at decreasing symptoms of anxiety (Barrett Moore, & Sonderegger, 2000; Ehntholt, Smith, & Yule, 2005)
- specialised mental health services aimed at increasing young refugees' engagement with support services (Fazel et al., 2009; O'Shea, Hodes, Down, & Bramley, 2000).

The different constructs and mixed findings make it difficult to develop clear practice guidelines for supporting young refugees (see reviews, Birman et al., 2005; Rousseau & Guzder, 2008). For example, an Australian-based 10-week cognitive behavioural therapy (CBT) program at an English language school with 20 female Yugoslavian refugee students found that the intervention group improved on a self-reported depression/anxiety subscale more than the control group (Barrett, Moore, & Sonderegger, 2000). In contrast, a UK-based 6-week CBT program by Ehntholt, Smith and Yule (2005) completed in a mainstream secondary setting with students of mixed refugee background found significant differences between teachers' baseline and postintervention reports of anxiety and behavioural difficulties, yet no significant differences between groups, or between baseline and posttest measures on depression scales. Canadian

researchers, Rousseau and colleagues (2005), evaluated the effect of a 12-week drama-based creative expression program in both language (French) and mainstream classes with 138 mixed refugee background students. The experimental group reported lower symptoms, higher popularity and satisfaction compared to the control, and this effect was more pronounced in language classes.

Another study by Rousseau and colleagues (2007) evaluating a 9-week creative expression program with 136 students, found no significant differences on either teacher reported or self-reported social and emotional functioning and self-esteem, with the exception of some significant reduction between baseline and posttest scores for the impact of problems they experienced. Notably, these programs have largely focused on the reduction of symptoms rather than building young refugees' coping skills. In relation to refugee-specific mental health services in schools, young refugees who received direct counselling interventions and/or whose teachers consulted about them with mental health professionals were assessed with psychological measures (O'Shea et al., 2000). The study by O'Shea and colleagues (2000) found no significant differences on teachers' perceptions of social and emotional functioning pre- and posttest; however, there were only seven participants who received an intervention and completed forms for pretest and posttest. In contrast, Fazel and colleagues (2009) found the students involved in their study were observed by teachers to display less hyperactivity and emotional symptoms at 1-year follow-up. The findings from these studies highlight the difficulty in formulating clear guidelines for psychological interventions within school settings. In order to make the picture clearer, it may be useful to bring together different research perspectives to create protocols for mixing methodologies when researching with young refugees in school and community settings. By having a consistent approach, the multidisciplinary communication would be enhanced to allow for greater progress.

Living arrangements can also have a significant impact on young refugees' wellbeing and are an important area of intervention. For example, Bean and colleagues' (2006) study of 920 unaccompanied young people in the Netherlands found that 60% of participants were identified as needing mental health treatment, and only 11.7% reported receiving treatment. At present, Australia does not have a comparable study of the mental health of unaccompanied young people during resettlement. Despite Correa and colleagues' (2005) conclusion that Australia's health services during resettlement are better compared to other host countries, researchers have noted significant access issues for young refugees receiving adequate health care (Davidson et al., 2004). Davidson and colleagues (2004) outlined the main difficulties young refugees and their families confront in accessing healthcare in Australia. The authors suggested that refugees often see healthcare as

a low priority compared to more practical issues during resettlement, such as finding a house. Indeed, the authors went on to argue that research has indicated refugees under-utilise the health system because of financial concerns, transportation, waiting lists and some health practitioners' limited awareness of cultural and health issues. Davidson and colleagues (2004) concluded that health professionals need to advocate for refugee children and young people by helping them to overcome obstacles to treatment.

It is evident that mental health services do not reach all who need it; however, questions remain about how to encourage those who are most vulnerable, such as unaccompanied children and young people. Bean and colleagues (2006) recommended that unaccompanied minors be placed in positive living and educational situations with adults who could help to alleviate daily stresses by assisting young people to recognise emotions and use productive strategies in coping with stress. Yet as Kohli and Mather (2003) noted, practitioners should be cautious about assuming refugees are wanting or in need of therapy based on western conceptions and assessments of mental health. Increased awareness and incidence of PTSD in the last 30 years has raised the criticism that diagnosis should take account of cultural background, situational concerns and the subjective meanings people attach to life experiences (Joyce & Berger, 2007; Kroll, 2003; Summerfield, 2001; Wilson & Drozdek, 2007). Perspectives on trauma and its effects have broadened to include constructs such as posttraumatic growth, which refers to how experiences of trauma can lead to higher levels of psychological functioning as a result of, or in spite of, posttraumatic stress (Clay, Knibbs, & Joseph, 2009; Miller, Kulkarni, & Kushner, 2006; Rousseau & Drapeau, 2003). Citing Papadopolous (2002), Kohli and Mather (2003) highlighted that being a refugee is essentially characterised by the loss of home that may be associated with trauma, however it is important to note that each refugee's experiences differ.

Helping young refugees to recover from traumatic pasts and promoting a secure sense of home is a complex process, particularly for unaccompanied minors. As described by Derluyn and Broekaert (2008), the terms refugee, minor and unaccompanied are all legal terms, yet have fuzzy definitions in real terms; for instance, refugee versus asylum seeker, 18 versus 21 as the cut-off for being an adolescent, unaccompanied by parent versus unaccompanied by adult. Consequently, Derluyn and Broekaert (2008) argued that psychological assessment and support need to be the starting point for a system of care rather than procedures of law. A UK-based study by Hodes, Jagdev, Chandra and Cunniff (2008) compared 78 unaccompanied refugee youth to 35 accompanied refugee young people on experiences of war trauma and loss, as well as symptoms of depression, anxiety and PTSD. They

evaluated the quality and type of living conditions according to young people's scores of total psychological impact from events (trauma and loss). Their findings matched anecdotal evidence from practice — that is, those living independently had the highest impact scores, followed by semi-independent living, foster care and living with one or more parents. They also found that as age increased, the incidence of PTSD increased for unaccompanied young people, and vice versa for accompanied youth. The authors posited that this effect may be associated with the transition to independent living that unaccompanied young people made when they turned 18. Indeed, young people leaving care are at heightened risk of feeling socially excluded (Stein, 2006). In addition, Hodes and colleagues' (2008) study suggested that the quality of living conditions may protect against the development of PTSD. Stability and security within the home environment appear to be vital aspects in protecting young refugees from developing mental health issues. However, further research is needed to better understand how this might be facilitated.

It has only been in recent years that research has begun to take more of an interest in unaccompanied children and young people's experiences of care. A critical literature review of the experiences of unaccompanied minors mediating the out-of-home care system in the UK and Australia was conducted by Barrie and Mendes (2011). By comparing the research evidence in both countries, the reviewers highlighted that Australia has a paucity of research in this area that may be attributable to how rights-led advocacy for policy and practice reform in relation to children in detention has dominated the field in recent years. Compared to the UK, in Australia it is difficult to access basic demographic data in regard to unaccompanied minors, their living arrangements and the processes of their out-of-home care. It is likely that this lack of information is associated with the fact that care placement and support is managed by each state or territory separately. In relation to the emotional health and wellbeing of unaccompanied young people during resettlement, research in Australia has focused on the negative impact of detention on mental health. However, there has been little research exploring young refugees' wellbeing when in home care; nor has there been research tracking how these young people develop and adjust over time when they leave care. The authors advocated that research in Australia should look to the strengths of research conducted in the UK, such as analysis of policy and the use of multiple methods to answer research questions. At the present time, research in the UK has suggested foster care arrangements are beneficial (Barrie & Mendes, 2011; Hodes et al., 2008); however, questions still remain about how such living conditions are experienced by young refugees, particularly around connectedness to their cultural origins when placed in home environments with

families from different backgrounds.

Community-based nonprofit organisations within Australia have been significant contributors to developing guidelines of practice aimed at fostering positive resettlement for refugee communities. A model of service delivery has been proposed by the Victorian Foundation for Survivors of Torture (VFST) through their work with different refugee communities (Mitchell, Kaplan, & Crowe, 2006). A research paper by Mitchell and colleagues (2006) evaluated a community-driven recovery process that involved promoting some Sudanese refugees' sense of place and belonging. In particular, the recovery process focused on helping participants to integrate and value both their culture of origin and Australian culture. The authors concluded that such an approach helped reduce participants' anxiety levels and increase their sense of agency. This study has implications for Australian policy and practice in regard to young refugees' out-of-home care and schooling, particularly given that late childhood and adolescence are complex developmental stages associated with identity and belonging (Baker & Jones, 2006; Jackson & Bijstra, 2000; Valsiner, 2000). Cross-cultural perspectives have highlighted a large degree of diversity between cultures in how this period is defined and which developmental tasks are valued (Arnett, 2007; Patel et al., 2007). Young refugees face additional challenges, as they must integrate multiple cultures and values throughout their transition to adulthood.

Policy and practice have relied heavily on qualitative information gained from practitioners working with young refugees and their families (Apost, 2003; Brown, Miller, & Mitchell, 2006; Cassity & Gow, 2006; Waniganayake, 2001). For example, the community organisation VFST has developed a large number of useful and sound resources for schools in order to improve understanding of refugees among practitioners, the government and wider community. The programs are of a high standard, yet there is no published research to date with regards to program development and effectiveness. Future research would benefit from collaborations between community-based organisations, educational settings and universities.

How Young Refugees Cope

Young refugees typically must cope with stresses that relate to their past, present and future. Therefore, it is important to understand how they cope and what they find to be useful strategies for managing such stresses. The study of coping begins with the recognition that there are individual differences in reactions to stress over time and across situations (Aldwin, 2007; Frydenberg, 2008). A large body of empirical work with adolescents, predominantly carried out in Australia, has found three characteristic coping styles. Two functional styles of coping have been observed that involve (1) attempting independent problem-solving (productive) or (2) focusing on the problem with the

support of others (reference to other); while a third style involves the use of unproductive strategies such as self-blame and social withdrawal (unproductive) (Frydenberg, 2004, 2008; Frydenberg & Lewis, 1993a, 1993b). According to Frydenberg (2008), stressful conditions experienced by adolescents fall into four main categories: traumatic events, major chronic stressors, normative events and daily hassles. Functional coping styles are conceptualised as having a protective function, promoting resilience and reducing the negative impact of risk factors on development (Dumont & Provost, 1999; Frydenberg, 2004; Rutter, 2007).

In a review of the coping strategies used by young people exposed to war, Muldoon and Cairns (1999) indicated that the majority of these children are able to cope and adapt successfully. However, the authors noted that the functionality of particular strategies was often context-dependent. For example, during wartime it was observed that older children use more emotion-focused coping strategies such as learning to not respond and distancing themselves. While these may have been effective coping strategies within an unsafe context, such strategies may be problematic within the safer context of resettlement (see Paardekooper, de Jong, & Hermanns, 1999). The effectiveness of a coping strategy is dependent on the situation and adaptive value of particular strategies at any given time (Noh, Beiser, Kaspar, Hou, & Rummens, 1999). Indeed, a review of young refugees' coping strategies pre-flight, flight and during resettlement by Lustig and colleagues (2004) argued that the effectiveness of coping strategies differed according to the stage and setting the young person was in. In addition, as age increases, young people have been found to increase in unproductive coping style (Frydenberg & Lewis, 2000). As proposed by Silove (1999), exposure to trauma specifically related to human rights violations and/or torture has been found to adversely affect the development of adaptive systems relating to individuals' sense of safety, attachment, justice, identity and existential meaning. Furthermore, increased exposure to trauma has been associated with greater age (Steel, Silove, Phan, & Bauman, 2002), and the development of PTSD and other psychological problems also increases with age (Fazel & Stein, 2002; Porter & Haslam, 2005). These interactions suggest the need for investigations into how risk and protective factors relate to each other and psychological functioning over time within the developing child.

There have been very few studies specifically examining how young refugees typically cope during the resettlement period. One Croatian study by Kocijan-Hercigonja, Rijavec, Marusic and Hercigonja (1998), measured coping strategies with a 'coping strategies inventory' and compared 35 refugee, 35 displaced and 35 native children. The authors found that refugee children used coping strategies less frequently, and used less effective coping strategies in comparison to displaced and nondisplaced children

(Kocijan-Hercigonja et al., 1998). Another study by Halcon and colleagues (2004) explored the relationships between traumatic experiences, current problems and coping strategies for a sample of 338 Oromo and Somali refugee young people using a population-based survey. The study highlighted some significant differences between how male and female participants coped with sadness — females were more likely to talk to their friends about problems, whereas males were more likely to exercise. Taken together, these studies indicate that there are considerable sources of variability in assessing adaptive coping in young refugees.

Cultural, religious and linguistic differences are likely to impact how young refugees cope with stress. Furthermore, different coping strategies are used throughout the phases of the refugee journey. Qualitative studies have been useful in gaining insight about coping strategies over time for particular groups. A study by Farwell (2001) examined coping strategies used during preflight, flight and exile by coding open-ended ethnographic interviews of 33 Eritrean youth who were returning to their homeland. In relation to preflight, things that helped were: family support, seeking information to understand more, stories from adults and solidarity with other community members. During flight, things that helped were: being reliant on others, parental support and parent instructions regarding danger. After they were exiled, things youth found helpful were: community solidarity, faith, family support, reassurance and protection, teacher support and continuous education (Farwell, 2001). A study by Goodman (2004) analysed the narratives of 14 unaccompanied refugee youth and identified four main coping strategies: (1) social support and seeing oneself as part of a community, (2) suppressing and distracting oneself from traumatic memories, (3) making meaning through storytelling and connecting experiences to beliefs and (4) developing hope from hopelessness. Of these strategies Goodman (2004) noted that suppression and distraction were most frequently used, and the least effective coping strategy in the long-term. An Australian-based study analysed qualitative responses of 23 Sudanese refugees living in Brisbane, Australia (Khawaja, White, Schweitzer, & Greenslade, 2008). Consistent with other studies, the authors found that coping strategies varied across phases and involved reliance on social support and religious beliefs, reframing situations, using inner resources and remaining focused on aspirations for the future. Taken together, these studies provide strong evidence for how the adaptive value of coping strategies differs across time and context and how social support is frequently identified as a coping strategy during resettlement. Notably, none of these studies specifically focused on how young refugees cope with the social challenges they experience at home or school during resettlement.

A review of qualitative studies by Hek (2005) argued that researchers and practitioners have focused too strongly on past experiences of trauma rather than how young refugees cope with challenges and adversity. According to Hek (2005), studies including the voices of young refugees continually highlight how much these young people want to move on from past experiences (e.g., Halcon et al., 2004). There are many variables such as length of time in the country, country/culture of origin, family and school context, age, religiousness and gender that need to be considered when attempting to understand how young refugees typically cope and whether it is adaptive.

Limitations and Conclusions

This review of policy, practice and research is a snapshot in time that is likely to change rapidly in accordance with events constantly occurring around the world. The review principally covers studies relating to refugees' psychological resources, needs and avenues for intervention, as opposed to close analysis of service provision and policy. Given the complexity of young refugees' experiences, a number of academic disciplines have taken an interest in this group — such as psychology, social work, psychiatry, education, anthropology, population health, sociology and political science. Research with young refugees is a diverse and eclectic academic field in relation to the academic disciplines and associated methodologies, as well as the populations involved. Refugees are characterised by differences with regard to age, cultural background, length of resettlement time, linguistic ability, exposure to traumatic events and the impact of war and political upheaval (DeAnstiss Ziaian, Procter, Warland, & Baghurst, 2009; Ehnholt & Yule, 2006). Such heterogeneity makes reviews in this area difficult and problematic due to mixed perspectives and methodologies.

A consistent and feasible framework for mixed-methods intervention research with young refugees in schools, home and community settings needs to be established in order to reduce the gaps between policy, research and practice. Multidisciplinary research projects that bring together a range of perspectives and expertise would encourage communication and consistency within this field and help to forge international and local groups that can advocate for young refugees. Importantly, research needs to be guided by the voices of those who have experienced forced immigration and resettlement. There have been some studies of this nature in Australia (e.g., Gifford et al., 2007, a longitudinal study based in Melbourne); however, more are needed in different locations across Australia. As Guerin and Guerin (2007) argued, the methodologies researchers choose when working with refugee communities represent a social relationship. As with any social relationship, consideration must be given to issues of power, responsibility and clear communica-

tion. In order to adequately address knowledge gaps in policy and evidence-based practice, researchers need to adopt a consistent theoretical approach. This review has argued that the needs of young refugees need to be considered within a risk and protection framework that values their resilience. Future research needs to focus on evaluating the effectiveness of targeted interventions that promote young refugees' positive coping, resources, connectedness and sense of belonging to their cultural community and the wider community, set within school, home care and community settings. Investigations should be two-tiered, investigating both young refugees' needs as well as what *works* for them during resettlement.

In conclusion, reviews of the literature highlight how the three key areas of policy, practice and research are interrelated, yet not well integrated in the Australian context. Until recently, the focus of research has been on changing policies of immigration detention. The policies and practices of resettlement are increasingly gaining research attention. However, there is still much to be learnt about evidence-based practice to support these young people who face unique stressors associated with their past, present and future (Brough et al., 2003).

References

- Aldwin, C.M. (2007). *Stress, coping, and development: An integrative approach* (2nd ed.). New York: Guilford.
- Apout, M. (2003). *Moving refugees into mainstream schooling*. Retrieved November 14, 2009, from http://www.the-source.gov.au/involve/NYR/word/reports_social/m_apout.doc. 21
- Arnett, J.J. (2007). Suffering, selfish, slackers? Myths and reality about emerging adults. *Journal of Youth Adolescence*, 36, 23–29.
- Australian Human Rights Commission. (2004, April). *National Inquiry into Children in Immigration Detention: The Last resort?* Retrieved February 24, 2011, from <http://www.unhcr.org/refworld/docid/49997af31c.html>
- Baker, F., & Jones, C. (2006). The effect of music therapy services on classroom behaviours of newly arrived refugee students in Australia: A pilot study. *Emotional and Behavioural Difficulties*, 11(4), 249–260.
- Barrett, P.M., Moore, A.F., & Sonderegger, R. (2000). The FRIENDS program for young former-Yugoslavian refugees in Australia: A pilot study. *Behaviour Change*, 17, 124–133.
- Barrie, L., & Mendes, P. (2011). The experiences of unaccompanied asylum-seeking children in and leaving the out-of-home care system in the UK and Australia: A critical review of the literature. *International Social Work*. Advance online publication. Retrieved February 11, 2011, from <http://isw.sagepub.com/content/early/2011/02/07/0020872810389318.abstract>
- Bean, T., Eurelings-Bontekoe, E.H.M., Mooijaart, A., & Spinhoven, P. (2006). Factors associated with mental health service need and utilization among unaccompanied

- refugee adolescents. *Administration and Policy in Mental Health and Mental Health Services Research*, 33, 342–355.
- Bernal, G., Bonilla, J., & Bellido, C. (1995). Ecological validity and cultural sensitivity for outcome research: Issues for the cultural adaptation and development of psychosocial treatments with Hispanics. *Journal of Abnormal Child Psychology*, 23, 67–82.
- Bhabha, J., & Schmidt, S. (2008). Seeking asylum alone: Unaccompanied and separated children and refugee protection in the U.S. *The Journal of the History of Childhood and Youth*, 1(1), 126–138.
- Birman, D., Ho, J., Pulley, E., Batia, K., Everson, M.L., Ellis, H., Betancourt, T.S., & Gonzalez, A. (2005). *Mental health interventions for refugee children in resettlement: White Paper II*. Los Angeles, CA: National Traumatic Stress Network, Refugee Trauma Task Force.
- Blum, R.W.M. (1998). Healthy youth development as a model for youth health promotion. *Journal of Adolescent Health*, 22, 368–375.
- Brough, M., Gorman, D., Ramirez, E., & Westoby, P. (2003). Young refugees talk about well-being: A qualitative analysis of refugee youth mental health from three states. *Australian Journal of Social Issues*, 38(2), 193–209.
- Brown, J., Miller, J., & Mitchell, J. (2006). Interrupted schooling and the acquisition of literacy: Experiences of Sudanese refugees in Victorian schools. *Australian Journal of Language and Literacy*, 29(2), 150–162.
- Burnett, A., & Peel, M. (2001). What brings asylum seekers to the United Kingdom? *British Medical Journal*, 322, 485–488.
- Cassidy, E., & Gow, G. (2006). *Shifting space and cultural place: The transition experiences of African young people in Western Sydney High Schools* (AARE 2005, International Education Research Conference). Melbourne, Australia: Australian Association for Research in Education.
- Clay, R., Knibbs, J., & Joseph, S. (2009). Measurement of posttraumatic growth in young people: A review. *Clinical Child Psychology and Psychiatry*, 14, 411–422.
- Correa-Velez, I., Gifford, S.M., & Barnett, A.G. (2010). Longing to belong: Social inclusion and wellbeing among youth with refugee backgrounds in the first three years in Melbourne, Australia. *Social Science & Medicine*, 71, 1399–1408.
- Correa-Velez, I., Gifford, S.M., & Bice, S. (2005) Australian health policy on access to medical care for refugees and asylum seekers. *Australian New Zealand Health Policy*, 2, 23.
- Davidson, N., Skull, S., Burgner, D., Kelly, P., Raman, S., Silove, D., ... Smith, M. (2004). An issue of access: Delivering equitable health care for newly arrived refugee children in Australia. *Journal of Paediatrics and Child Health*, 40, 569–575.
- Davies, M., & Webb, E. (2000). Promoting the psychological well being of refugee children. *Clinical Child Psychology and Psychiatry*, 5(4), 541–554.
- DeAntiss, H., Ziaian, T., Procter, N., Warland, J., & Baghurst, P. (2009). Help-seeking for mental health problems in young refugees: A review of the literature with implications for policy, practice, and research. *Transcultural Psychiatry*, 46, 584–607.
- Department of Immigration and Citizenship. (2011a). *Fact Sheet 60 Australia's refugee and humanitarian program*. Retrieved February 8, 2011, from <http://www.immi.gov.au/media/fact-sheets/60refugee.htm>
- Department of Immigration and Citizenship. (2011b). *Fact Sheet 69 Australia's refugee and humanitarian program*. Retrieved February 8, 2011, from <http://www.immi.gov.au/media/fact-sheets/69unaccompanied.htm>
- Department of Immigration and Citizenship. (2011c). *Immigration detention statistics*. Retrieved February 8, 2011, from http://www.immi.gov.au/managing-australias-borders/detention/_pdf/immigration-detention-statistics-20110114.pdf
- Derluyn, I., & Broekaert, E. (2008). Unaccompanied refugee children and adolescent: The glaring contrast between a legal and a psychological perspective. *International Journal of Law and Psychiatry*, 31, 319–330.
- Dumont, M., & Provost, M. (1999). Resilience in adolescents: Protective role of social support, coping strategies, self-esteem, and social activities on experience of stress and depression. *Journal of Youth and Adolescence*, 28(3), 343–363.
- Ehnholt, K.A., Smith, P.A., & Yule, W. (2005). School-based cognitive-behavioural therapy group intervention for refugee children who have experienced war-related trauma. *Clinical Child Psychology & Psychiatry*, 10, 235–250.
- Ehnholt, K.A., & Yule, W. (2006). Practitioner review: assessment and treatment of refugee children and adolescents who have experienced war-related trauma. *Journal of Child Psychology and Psychiatry*, 47(12), 1197–1210.
- Eisenbruch, M. (1990). Cultural bereavement and homesickness. In: S. Fisher & C.L. Cooper (Eds.), *On the move: The psychology of change and transition* (pp. 191–205). New York: John Wiley.
- Farwell, N. (2001). 'Onward through strength': Coping and psychological support among refugee returning Eritrea from Sudan. *Journal of Refugee Studies*, 14(1), 43–69.
- Fazel, M., Doll, H., & Stein, A. (2009). A school-based mental health intervention for refugee children: An exploratory study. *Clinical Child Psychology and Psychiatry*, 14, 297–309.
- Fazel, M., & Stein, A. (2002). The mental health of refugee children. *Archives of Disease in Childhood*, 87, 366–370.
- Felsman, J.K., Leong, F.T., Johnson, M.C., & Felsman, I.C. (1990). Estimates of psychological distress among Vietnamese refugees: Adolescents, unaccompanied minors and young adults. *Social Science & Medicine*, 31(11), 1251–1256.
- Frydenberg, E. (2004). Teaching young people to cope. In E. Frydenberg (Ed.), *Thriving, surviving, or going under: coping with everyday lives* (pp. 227–254). Greenwich, CT: Information Age Publishing.
- Frydenberg, E. (2008). *Adolescent coping: Advances in theory, research and practice*. London: Routledge.

- Frydenberg, E., & Lewis, R. (1993a). *Manual: The Adolescent Coping Scale*. Melbourne, Australia: Australian Council for Educational Research.
- Frydenberg, E., & Lewis, R. (1993b). Boys play sport and girls turn to others: age, gender and ethnicity as determinants of coping. *Journal of Adolescence*, 16(3), 253–266.
- Frydenberg, E., & Lewis, R. (2000). Teaching coping to adolescents: When and to whom? *American Educational Research Journal*, 37, 727–745.
- Guerin, B., & Guerin, P. (2007). Research with refugee communities: Going around in circles with methodology. *Australian Community Psychologist*, 19(1), 150–162.
- Gifford, S., Bakopanos, C., Kaplan, I., & Correa-Velez, I. (2007). Meaning or measurement? Researching the social contexts of health and settlement among newly-arrived refugee youth in Melbourne, Australia. *Journal of Refugee Studies*, 20(3), 414–40.
- Goodman, J.H. (2004). Coping with trauma and hardship among unaccompanied refugee youths from Sudan. *Qualitative Health Research*, 14, 1177–1196.
- Halcon, L.L., Robertson, C.L., Savik, K., Johnson, D.R., Spring, M.A., Butcher, J.N. ... Jaranson, J.M. (2004). Trauma and coping in Somali and Oromo refugee youth. *Journal of Adolescent Health*, 35, 17–25.
- Hek, R. (2005). *The experiences and needs of refugee and asylum seeking children in the UK: A literature review*. Birmingham: DFES Publications.
- Hicks, R., Lalonde, R.N., & Pepler, D. (1993). Psychosocial considerations in the mental health of immigrant and refugee children. *Canadian Journal of Community Mental Health*, 12(2), 71–87.
- Hodes, M., Jagdev, D., Chandra, N., & Cunniff, A. (2008). Risk and resilience for psychological distress amongst unaccompanied asylum seeking adolescents. *Journal of Child Psychology and Psychiatry*, 49,723–732.
- Jackson, S., & Bijstra, J. (2000). Overcoming psychosocial difficulties in adolescents: Towards the development of social competence. *European Review of Applied Psychology*, 50(2), 267–274.
- Joyce, P.A., & Berger, R. (2007). Which language does PTSD speak? The ‘Westernization’ of Mr. Sánchez. *Journal of Trauma Practice*, 5(4), 53–67.
- Khawaja, N.G., White, K.M., Schweitzer, R., & Greenslade, J. (2008). Difficulties and coping strategies of Sudanese refugees: A qualitative approach. *Transcultural Psychiatry*, 45, 489–513.
- Kocijan-Hercigonja, D., Rijavec, M., Marusic, A., & Hercigonja, V. (1998). Coping strategies of refugee, displaced, and non-displaced children in a war area. *Nordic Journal of Psychiatry*, 52(1), 45–50.
- Kohli, R., & Mather, R. (2003). Promoting psychosocial well-being in unaccompanied asylum seeking young people in the United Kingdom. *Child & Family Social Work*, 8, 201–212.
- Kroll, J. (2003). Posttraumatic symptoms and the complexity of responses to trauma. *Journal of American Medical Association*, 290, 667–670.
- Lustig, S.L., Kia-Keating, M., Knight, W.G., Geltman, P., Ellis, H., Kinzie, J. ... Saxe, G.N. (2004). Review of child and adolescent refugee mental health. *Journal of American Academy of Child and Adolescent Psychiatry*, 43(1), 24–36.
- Matthews, J. (2008). Schooling and settlement: Refugee education in Australia. *International Studies in Sociology of Education*, 18(1), 31–45.
- Miller, K.E., Kulkarni, M., & Kushner, H. (2006). Beyond trauma-focused psychiatric epidemiology: Bridging research and practice with war-affected populations. *American Journal of Orthopsychiatry*, 76, 409–422.
- Mitchell, J., Kaplan, I., & Crowe, L. (2006). Two cultures: One life. *Community Development Journal*, 42(3), 282–298.
- Muldoon, O., & Cairns, E. (1999). Learning to cope: Children, young people and war. In E. Frydenberg (Ed.), *Learning to cope* (pp. 333–337). Oxford: Oxford University Press.
- Noh, S., Beiser, M., Kaspar, V., Hou, F., & Rummens, J. (1999). Perceived racial discrimination, depression, and coping: A study of Southeast Asian refugees in Canada. *Journal of Health and Social Behavior*, 40, 193–207.
- Olsson, C.A., Bond, L., Burns, J.M., Vella-Brodrick, D.A., & Sawyer, S.M. (2003). Adolescent resilience: A concept analysis. *Journal of Adolescence*, 26, 1–11.
- O’Shea, B., Hodes, M., Down, G., & Bramley, J. (2000). A school based mental health service for distressed refugee children. *Clinical Child Psychology and Psychiatry*, 5, 189–201.
- Paardekooper, B., de Jong, J.T.V.M., & Hermans, J.M.A. (1999). The psychological impact of war and the refugee situation on South Sudanese children in refugee camps in Northern Uganda: An exploratory study. *Journal of Child Psychology and Psychiatry*, 40(4), 529–536.
- Papadopoulos, R.K. (2002). Refugees, home and trauma. In R.K. Papadopoulos (Ed.), *Therapeutic care for refugees. No place like home* (pp. 9–39). London: Karnac, Tavistock Clinic Series.
- Park-Taylor, J., Walsh, M.E., & Ventura, A.B. (2007). Creating healthy acculturation pathways: Integrating theory and research to inform counselors’ work with immigrant children. *Professional School Counseling*, 11(1), 25–34.
- Patel, V., Flisher, A.J., Hetrick, S.E., & McGorry, P.D. (2007). Mental health of young people: A global public-health challenge. *Lancet*, 369, 1302–1313.
- Porter, M., & Haslam, N. (2005). Predisplacement and post-displacement factors associated with mental health of refugees and internally displaced persons: A meta-analysis. *Journal of American Medical Association*, 294(5), 602–612.
- Ramirez, M., & Matthews, J. (2008). Living in the NOW: Young people from refugee backgrounds pursuing respect, risk and fun. *Journal of Youth Studies*, 11(1), 83–92.
- Rousseau, C., Benoit, M., Gauthier, M., Lacroix, L., Alain, N., Rojas, M.V., ... Bourassa, D. (2007). Classroom drama therapy program for immigrant and refugee adolescents: A pilot study. *Clinical Child Psychology and Psychiatry*, 12(3), 451–465.

- Rousseau, C., & Drapeau, A. (2003). Are refugee children an at-risk group? A longitudinal study of Cambodian adolescents. *Journal of Refugee Studies*, 16(1), 67–81.
- Rousseau, C., Drapeau, A., Lacroix, L., Bagilishya, D., & Heusch, N. (2005). Evaluation of a classroom program of creative expression workshops for refugee and immigrant children. *Journal of Child Psychology and Psychiatry*, 46(2), 180–185.
- Rousseau, C., & Guzder, J. (2008). School-based prevention programs for refugee children. *Child and Adolescent Psychiatric Clinics of North America*, 17, 533–549.
- Rutter, M. (1985). Resilience in the face of adversity: Protective factors and resistance to psychiatric disorder. *British Journal of Psychiatry*, 147, 598–611.
- Rutter, M. (1987). Psychosocial resilience and protective mechanisms. *American Journal of Orthopsychiatry*, 57(3), 316–331.
- Rutter, M. (1999). Resilience concepts and findings: Implications for family therapy. *Journal of Family Therapy*, 21, 119–144.
- Rutter, M. (2002). Nature, nurture, and development: From evangelism through science toward policy and practice. *Child Development*, 73(1), 1–21.
- Rutter, M. (2007). Commentary: Resilience, competence, and coping. *Journal of Child Abuse & Neglect*, 31, 205–209.
- Silove, D. (1999). The psychosocial effects of torture, mass human rights violations and refugee trauma: Towards an integrated conceptual framework. *Journal of Nervous Mental Disorders*, 187, 200–207.
- Silove, D., Austin, P., & Steel, Z. (2007). No refuge from terror: The impact of detention on the mental health of trauma-affected refugees seeking asylum in Australia. *Transcultural Psychiatry*, 44, 359–394.
- Silove, D., Steel, Z., McGorry, P., & Mohan, P. (1998). Trauma exposure, postmigration stressors, and symptoms of anxiety, depression and post-traumatic stress in Tamil asylum-seekers: comparison with refugees and immigrants. *Acta Psychiatrica Scandinavica*, 97(3), 175–81.
- Sourander, A. (1998). Behavior problems and traumatic events of unaccompanied refugee minors. *Child Abuse & Neglect*, 22(7), 719–727.
- Steel, Z., Silove, D., Phan, T., & Bauman, A. (2002). Long-term effect of psychological trauma on the mental health of Vietnamese refugees resettled in Australia: A population-based study. *Lancet*, 360, 1056–1062.
- Stein, M. (2006). Research review: Young people leaving care. *Child & Family Social Work*, 11, 273–279.
- Summerfield, D. (2001). The invention of post-traumatic stress disorder and the social usefulness of a psychiatric category. *British Medical Journal*, 322, 95–98.
- Thomas, T., & Lau, W. (2002). *Psychological wellbeing of child and adolescent refugee and asylum seeker: Overview of major research findings of the past ten years*. Sydney, Australia: Human Rights and Equal Opportunity Commission, National Inquiry into Children in Immigration Detention. Retrieved February 22, 2010, from http://www.human_rights.gov.au/human_rights/children_detention/psy_review.html
- Tousignant, M., Habimana, E., Biron, C., Malo, C., Sidoli-LeBlanc, E., & Bendris, N. (1999). The Quebec adolescent refugee project: Psychopathology and family variables in a sample from 35 nations. *Journal of American Academy of Child and Adolescent Psychiatry*, 38(11), 1426–1432.
- Waniganayake, M., (2001). From playing with guns to playing with rice: The challenges of working with refugee children. *Childhood Education*, 77(5), 289–294.
- Wilson, J.P., & Drozdek, D. (2007). Are we lost in translations? Unanswered questions on trauma, culture and posttraumatic syndromes and recommendations for future research. In B. Drozdek & J.P. Wilson (Eds.), *Voices of trauma: Treating survivors across cultures* (pp. 367–386). New York: Springer.
- United Nations High Commissioner for Refugees. (2009). *The 2007 Global Report*. Geneva, Switzerland: Author.
- Valsiner, J. (2000). *Culture and human development: An introduction*. London: Sage.

