IMPACT OF FAMILY LOSS AND SEPARATION ON REFUGEE YOUTH

IMPLICATIONS FOR POLICY AND PROGRAMS: SCOPING REVIEW

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Refugee youth separated from their families comprise a socially vulnerable population. The barriers in accessing social and healthcare services escalates their trauma. This review maps the extent, volume and attributes of the existing literature around the impacts of separation on refugee youth in terms of their mental health and wellbeing.

A systematic search strategy and PRISMA-ScR model was adopted to review 112 peer-reviewed articles from three major databases and open source journals to find 32 eligible articles. Charted data was analyzed through reflexive Thematic Analysis to answer research questions on pattern, impacts, policy supports and potential solutions for unaccompanied refugee youths.

About 92% of the research focused on separated refugee youth, whereas 8% focused on guardians. Majority of the research on this topic was conducted in EU countries, the remainder being from Canada, USA, UK, and Australia. Most of the youth participants in the research were male. Themes included prevalence of mental health issues (e.g. PTSD, Depression, and Anxiety, etc.), their predictors (e.g. stress, number of traumatic experiences, etc.) and effective interventions. Effective interventions included psychotherapy, art therapy and cognitive behavioural therapy. Without intervention, mental health issues persisted or got worse over time. Social empowerment opportunities, material resources and guardian support skills served as protective factors to youth mental health.

The review identified the extent of current research and scope for further research. The next step is to collect data from refugee youth with lived experience and their service providers (through a co-design approach) to develop a 'Service Toolkit' and advocacy materials for policy implications.

Les jeunes réfugiés séparés de leur famille constituent une population socialement vulnérable. Les obstacles à l'accès aux services sociaux et de santé aggravent leur traumatisme. Cette étude cartographie l'étendue, le volume et les caractéristiques de la littérature existante concernant les impacts de la séparation sur les jeunes réfugiés en termes de santé mentale et de bien-être.

Une stratégie de recherche systématique et le modèle PRISMA-ScR ont été adoptés pour examiner 112 articles évalués par des pairs provenant de trois grandes bases de données et de revues à code source libre afin de trouver 32 articles admissibles. Les données cartographiées ont été analysées par le biais d'une analyse thématique réflexive afin de répondre aux questions de recherche sur les modèles, les impacts, les soutiens politiques et les solutions potentielles pour les jeunes réfugiés non accompagnés.

Environ 92 % des recherches ont porté sur les jeunes réfugiés isolés, tandis que 8 % ont porté sur les tuteurs. La majorité des recherches sur ce sujet ont été menées dans des pays de l'UE, le reste provenant du Canada, des États-Unis, du Royaume-Uni et de l'Australie. La plupart des jeunes participants à la recherche étaient des hommes. Les thèmes comprenaient la prévalence des problèmes de santé mentale (par exemple, le syndrome de stress post-traumatique, la dépression et l'anxiété, etc.), leurs indicateurs (par exemple, le stress, le nombre d'expériences traumatisantes, etc.) et les interventions efficaces. Les interventions efficaces comprenaient la psychothérapie, l'art-thérapie et la thérapie cognitivo-comportementale. Sans intervention, les problèmes de santé mentale persistaient ou s'aggravaient avec le temps. Les possibilités d'autonomisation sociale, les ressources matérielles et les compétences des tuteurs ont servi de facteurs de protection de la santé mentale des jeunes.

L'examen a permis d'identifier l'étendue des recherches actuelles et les possibilités de recherches supplémentaires. L'étape suivante consiste à recueillir des données auprès de jeunes réfugiés ayant vécu une expérience et de leurs prestataires de services (par le biais d'une approche de conception collaborative) afin d'élaborer une « boîte à outils de services » et des documents de sensibilisation aux implications politiques.

INTRODUCTION

Research on refugee youth who have experienced family loss and/or separation has been expanding in recent years, especially with an increase in refugee migration stemming from civil war, political conflict, gender-based violence, religious oppression, and seeking better life conditions (Ali, 2006). However, there is limited evidence on how loss, disappearance and separation from family members through war and forced migration affects their post-migration settlement and wellbeing (Denov & Bryan, 2014; Rousseau, Mekki-Berrada & Moreau, 2001; Fazel, Reed, Panter-Brick & Stein, 2012).

Globally, over half (51%) of refugees and displaced people are children under the age of 18, and approximately 35% of the refugee population are youth between the ages of 15 and 24 (United Nations High Commissioner for Refugees [UNHCR], 2016). The statistics from UNHCR show that a significant number of refugee youth undergo hardship and painful experiences such as family separation or losing/missing a family member. A study showed that 79% of Syrian refugee families in a refugee camp in Turkey have had a death in their family since the beginning of the war (CMAS, 2015). In many cases, family members disappear, go missing, or get separated during journeys of migration.

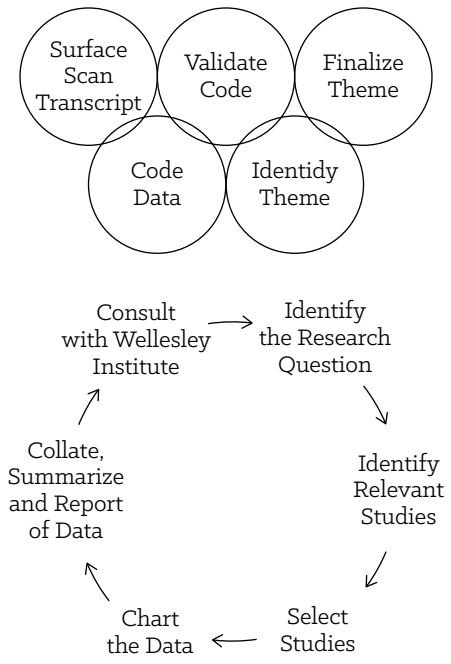
Research on Syrian refugees demonstrates that out of those Syrian refugees who arrived in Canada between 2015-2017, over 20,000 were under the age of 18 (Walker & Zuberi, 2019). Canada received 2011 minor refugee claimants in 2015, and 3400 in 2016, which shows a 69.1% increase in one year (Kalaichandran, 2017). There are limited clear statistics about refugee youth in Canada who have experienced some type of family loss and/or separation from family members. As such, there is a need for focussed research on refugee youth and exploration of literature to understand their needs, and factors that promote their wellbeing. The aim of this scoping review is to highlight the breadth and extent of the available evidence without critically analyzing it. This scoping review details the methodology, results and discussion.

METHODOLOGICAL FRAMEWORK OF THE SCOPING REVIEW ACTIVITIES

Arksey and O'malley's (2005) methodological framework was adopted for conducting this scoping review (Figure 1). A scoping review is a preliminary assessment of potential size and scope of available research literature and aims to identify nature and extent of research evidence (Grant & Booth, 2009). The research questions for the scoping review were formulated before co-designing the search strategy, which included the keywords as queries, databases, etc. Relevant journal articles were then searched and selected for final review, using the PRISMA-ScR model, by our immigrant insight scholar with support from the research team. Data was then charted,

which is the process of data extraction in scoping reviews. The qualitative data analysis software NVivo was used to collate, summarize, and code data by following the principles of the collaborative co-production design (Jennings, et al. 2018). After initial manifest scanning of charted data, codes were created and themes were validated through consultation with the researchers. Themes were then finalized by the collaborative meeting of the research team. Figure 1 shows the process:

FIGURE 1: METHODOLOGICAL FRAMEWORK OF THE SCOPING REVIEW



RESEARCH QUESTIONS FOR SCOPING REVIEW

1. What are the attributes (breadth, extent, nature, geography, etc.) of the research activities that were conducted on refugee youth who have experienced family loss and separation?

2. What were the methodologies used in the research conducted on the separated refugee youth?

3. What are the key themes from the research conducted on the separated refugee youth?

SEARCH STRATEGY

The search for articles, to review, took place in March-April 2019 using three electronic databases (EBSCO, Elsevier and Springer) and open source publications adopting a snow-ball approach from the bibliographies of retrieved articles. The initial search was conducted to identify the appropriate 'queries' for title and abstract. Subsequently, a list of keywords was indexed to search the required articles (e.g. "refugee youth", "separated refugee youth", "family loss", "refugee", "unaccompanied minors", "impact on health", "unaccompanied refugee minors", "separated minors", "asylum seekers", "minor refugees", "refugee mental health", "social services to refugee youth", "psychotherapy", and "refugee journey", etc.). Later on, the list of queries was extended, up to four phases, to include more articles for review till exhaustion of the yield and researchers' saturation (e.g. "family separation", "unaccompanied minors", "family separation and asylum", "family loss and youth", etc.). Due to a large return, the search items were confined to peer reviewed journal articles published between 2009 and 2019.

A total of 112 articles were found to be relevant to the research of interest. In order to synthesize evidence and assess the scope of literature on the selected topic, the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Scoping Review (PRISMA-ScR) model (Tricco et al., 2018) was used to screen the articles, with the following inclusion and exclusion criteria:

Inclusion of articles that focused on:

- Refugee youth between the ages of 16 and 24;
- Guardians or foster parents of refugee youth;
- Comparing refugee youth who experienced family loss or separation and youth who did not experience family loss and separation;
- Comparing unaccompanied and accompanied refugee youth who experienced family loss or separation.

Exclusion of articles that focused on:

- Service providers or professionals working with separated refugee youth;
- Refugee youth who did not experience family loss or separation;
- Medical, human rights, legal or financial issues;
- Articles that focused on forced family separation due to parent detention or separated refugee youth living in detention or camp facility.

Thirty-two articles matched all inclusion and exclusion criteria, including six articles which were added at the consultation phase with the broader researcher team of a partner agency. Figure 2 shows the flow diagram of the article search process.

FIGURE 2: PRISMA-SCR DATA FLOW FOR THE ARTICLES SCREENING AND SELECTION

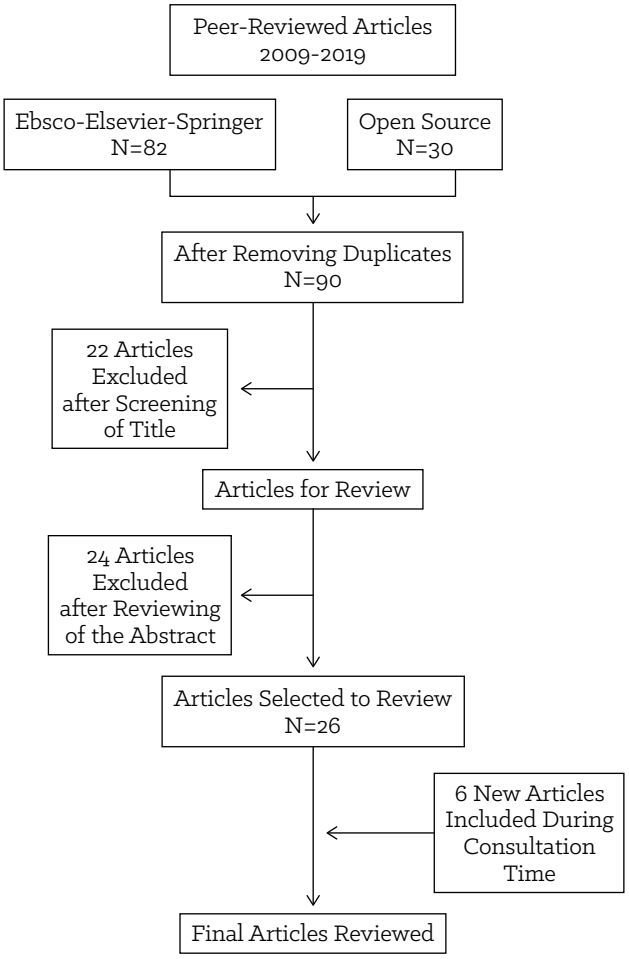


FIGURE 3: RESEARCH PARTICIPANTS IN THE REVIEWED ARTICLES

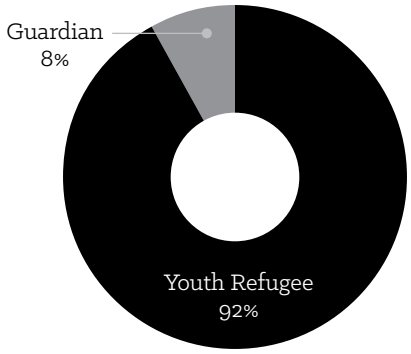


FIGURE 4: RESEARCH PARTICIPANTS BY GENDER IN THE REVIEWED ARTICLES

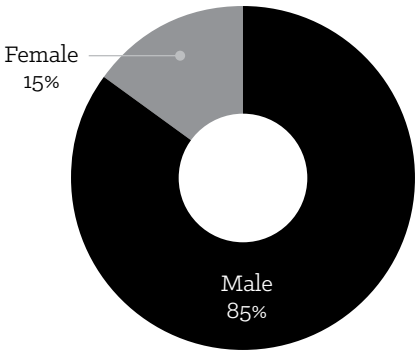
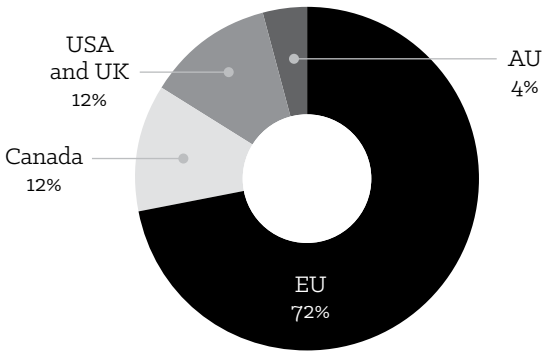


FIGURE 5: GEOGRAPHICAL LOCATION OF THE RESEARCH IN THE REVIEWED ARTICLES



RESULTS

Articles were charted in detail based on aim or focus of the article, methodology (including sampling and data collection strategy), level of evidence, reflexivity, addressing ethical issues, data analysis process, and relevance of the results. Articles were then analyzed thematically to answer the research questions.

Regarding the first question (attributes of the research activities that were conducted on refugee youth who have experienced family loss and separation), results showed that 92% of the selected articles focused on refugees' separation or loss experience, while 8% articles focused on the guardianship of refugee youth (Figure 3).

The reviewed articles included 85.1% male (N=5,194) and 14.9% female (Fig 4), with ages ranged from 9 to 23 years. Two studies compared between refugee youth separated and non-separated from family (Suárez-Orozco, Kim, & Bang, 2011; Huemer, et al., 2013).

By geography, 71.9% (n=23) of the reviewed studies were conducted in European countries, 12.5% (n=4) in Canada, 12.5% (n=4) in the USA & UK, and 3.1% (n=1) in Australia (Figure 5).

Three items (methods type, level of evidence and data collection tools) were selected to sort research methodology in order to answer the second research question (research methodologies used). The majority (68%) of the reviewed articles used quantitative research methods; while 16%, 12%, and 4% of

TABLE 1: UNDERSTANDING THE JOURNEY OF REFUGEE YOUTH

Reasons for Leaving Home Country	Journey Experience
Escape Violence and Death	Irregular and Highly Unpredictable
FamilyConflict	Prompted Short Lived Friendship
Financially Help Family	
Powerlessness	Pervasive Feeling of Mistrust Towards Smugglers

the reviewed article used qualitative, mixed design and case study methods respectively. About 92% of the reviewed articles provided level six evidence (descriptive qualitative and quantitative design); whereas 8% of the articles provided level three evidence using quasi-experimental design.

Researchers used valid, reliable, and recognized measurement tools in the field of psychological assessment to work on the assessment of mental health and psychological variables. For instance, the Post-Traumatic Stress Disorder (PTSD) symptom screening questionnaire was used in 47.6% of selected papers (Demott, Jakobsen, Wentzel-larsen, & Heir, 2017); Vervliet et al., 2014; Jakobsen, 2018; Jakobsen et al., 2017; Jensen et al., 2014; Müller et al., 2019; Seglem et al., 2011; Unterhitzenberger & Rosner, 2016; Oppedal & Idsoe, 2015; Stotz et al., 2015). The Psycholinguistic Scale was used to assess trauma among refugee youths (Huemer et al., 2016). Other well-known psychological assessment tools were used in approximately 38% of the reviewed articles to measure anxiety and depression (Jakobsen, 2018; Jakobsen et al., 2017; Jensen et al., 2014; Vervliet, Meyer Demott, et al., 2014; Smid, Lensvelt-Mulders, Knipscheer, Gersons, & Kleber, 2011; Seglem et al., 2011). Additionally, 23.8% of selected articles focused on stress and adjustment (Huemer et al., 2011; Jakobsen, 2018; DeMott et al., 2017; Smid et al., 2011; Vervliet, Meyer Demott, et al., 2014).

A thematic reflective strategy was adopted to gather information around the third research question. After extraction, data was charted, coded and validated based on the main concepts. The results were synthesized thematically by identifying prominent or recurring themes, summarized, and organized under thematic headings (understanding the reason and experience of the journey as well as the impacts and interventions).

THEME 1: UNDERSTANDING THE JOURNEY: REASONS AND EXPERIENCE

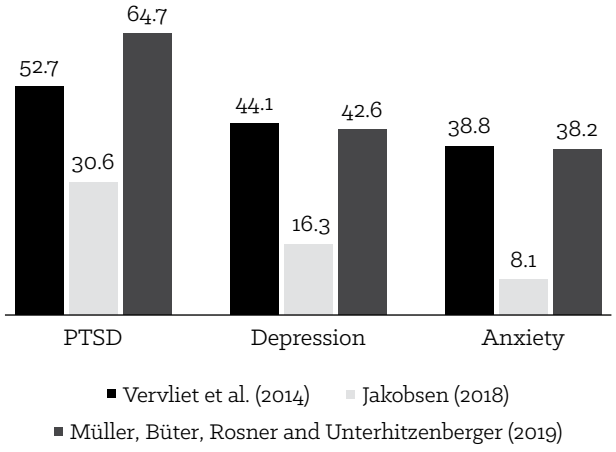
Nardone & Correa-Velez (2016) used semi-structured interviews and found that self-protection from violence and the desire to find a "better life" were the key reasons for youth to leave their country. Youth commented that the journey was irregular and highly unpredictable. The minors were exposed to extreme levels of vulnerability that created the need to remain invisible. The journey prompted short-lived friendships with other asylum seekers, and created a pervasive feeling of mistrust towards smugglers and other people they met along the way.

THEME 2: IMPACT ON THE REFUGEE YOUTH

ISSUES AND PREVALENCE OF ISSUES

Studies identified the consistent prevalence of mental health issues (PTSD, depression, and anxiety) among refugee youth who experienced family loss or separation. PTSD was the most prevalent mental health concern followed by depression and anxiety (Figure 6). Vervliet et al. (2014) mentioned that the prevalence of PTSD, depression, and anxiety among unaccompanied minors was 52.7%, 44.1% and 38.3% respectively; while Jakobsen (2018) found the prevalence to be 30.6%, 16.3%, and 8.1% respectively; and Müller et al. (2019) estimated the prevalence to be 64.7%, 42.6% and 38.2% respectively.

FIGURE 6: PREVALENCE OF COMMON MENTAL HEALTH ISSUES



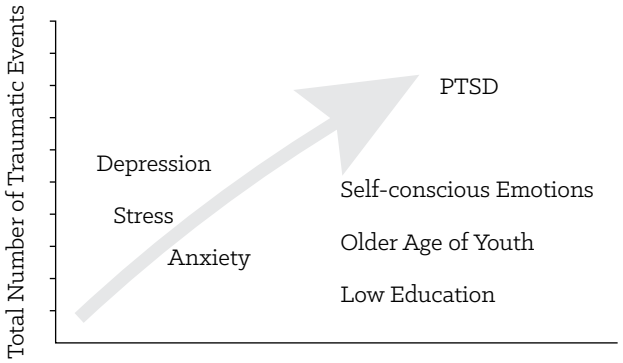
Oppedal & Idsoe (2015) found that 79% of the study participants suffered from depression after war-related trauma. Seglem et al. (2011) also confirmed that depression is high among unaccompanied refugee minors. Müller et al. (2019) found that unaccompanied refugee minors (URM) are more vulnerable than accompanied refugee minors (ARM) regarding the prevalence and severity of PTSD, depression, and anxiety. Psychological stress was identified as another mental health issue. URMs experienced higher numbers of traumatic events (Jakobsen, 2018; Müller et al., 2019; Vervliet et al., 2014) and high level of stress (Jakobsen, 2018; Huemer et al., 2013): and need higher levels of support on arrival to the host country (Vervliet et al., 2014).

PREDICTORS OF MENTAL HEALTH

The articles explored the relationship between the mental health of refugee youth and predicting psychological variables. Articles found that the number of traumatic events experienced by the youth, the level of psychological stress, and demographic characteristics all contributed to the mental health and wellbeing of the youth (Müller, Büter et al., 2019; Stotz et al., 2015).

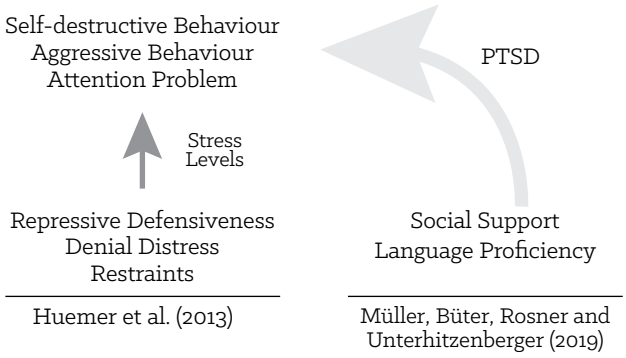
The total number of traumatic experiences as well as increased levels of daily stressors and psychological distress were found to be the most significant predictors of PTSD, depression, and anxiety (Müller et al., 2019; Smid et al., 2011) (Figure 7). Stotz, Elbert, Müller, & Schauer, (2015) concluded that feelings of guilt and shame as well as trauma symptoms were all associated with the number of traumatic events that participants had experienced. Post-traumatic guilt and shame were both correlated with PTSD symptom severity. In terms of demographics, it was found that unaccompanied female refugee minors reported higher levels of depression compared to males (Seglem, Oppedal Raeder, 2011). In a study completed (Suárez-Orozco et al., 2011), youth who had undergone prolonged separation from their mothers reported the highest levels of anxiety and depression, compared to separation from the father.

FIGURE 7: IDENTIFIED PREDICTORS FOR PTSD



Several articles discussed the impact of increased stress levels on the youth. Müller et al. (2019) concluded that lower levels of individual resources, lower levels of social support in the host country, and poorer language proficiency were associated with higher levels of psychological distress (Figure 8). Placement in a low-support care facility was associated with higher levels of psychological distress. Those who were placed in a reception centre for adults had higher levels of psychological distress symptoms both after 15 months and 26 months compared with the remaining participants who were placed in reception centres for youth. Refusal of asylum was highly associated with higher levels of psychological distress (Jakobsen, Ashley, Demott, & Wentzel-larsen, 2017). Huemer et al. (2013) found there was a correlation between the functional repression of negative emotions and impulses in order achieve acceptance from others with high levels of stress and decreased happiness levels among traumatized refugee youth. Increased levels of stress was manifested in problematic behaviour, self destruction and attention problems (Huemer et al., 2013).

FIGURE 8: INTERACTIVE MECHANISM OF HOW PREDICTORS INFLUENCE MENTAL HEALTH



MENTAL HEALTH OUTCOME IN THE ABSENCE OF INTERVENTION

Mental health prognosis was analyzed in the reviewed articles. Of the twenty-six papers, 6 (23%) evaluated the mental health indicators (depression, anxiety, PTSD and stress) among separated youth refugees after they arrived in their host country. Most of the research findings confirmed that mental health remained static or got worse after spending time in the host country without intervention (Vervliet et al., 2014; Jakobsen et al., 2017; Suárez-Orozco et al., 2011; Jensen et al., 2014; Smid et al. 2011). Jensen, Skårdalsmo, & Fjermestad (2014) found that there was a small and non-significant change in the PTSD symptom scales between arrival and two years after arrival. For instance, there was a significant number of minors who remained above the clinical score for PTSD after two years (59.6% in PTSD, 50% for HSCL-37A). Also, the number of stressful life events significantly increased two years after arrival. Additionally, Jakobsen, Ashley, Demott, & Wentzel-larsen (2017) concluded that young asylum seekers reported high levels of psychological distress on arrival and symptom levels stayed relatively unchanged over time. Suárez-Orozco et al. (2011) provided evidence that anxiety and depression symptoms persisted in separated refugee youth five years after arrival. These symptoms significantly decreased after five years, in situations where there was reunification with parents. Findings by Smid et al. (2011) show that 16% of refugee minors disclosed late onset PTSD symptoms correlated with traumatic events, low education and older age of minors. Severe traumatic events had a pre-

dictable effect on late onset PTSD, and were impacted by the level of anxiety and depression on the arrival time. This result showed that late PTSD onset is common amongst separated refugee youth; and both depression and anxiety could be an early prediction sign.

THEME 3: INTERVENTIONS FOR ALLEVIATING THE IMPACT OF TRAUMA ON THE REFUGEE YOUTH

MENTAL HEALTH AND PSYCHOTHERAPY

Of the reviewed articles, there are three papers focused on psychotherapy and group intervention for separated refugee youth to reduce trauma symptoms. Demott et al., (2017) found that using a manualized group intervention of expressive arts had positive effects, reducing trauma symptoms among separated refugee minor boys. Manualized trauma-focused cognitive-behavioural therapy (CBT) was examined by Unterhitzenberger & Rosner (2016), and the results showed significant decrease in clinical PTSD symptoms. Moreover, by the end of the treatment, the results showed that the participants were considered to have recovered from PTSD. The treatment results remained successful and stable for six months after the end of the treatment. Unterhitzenberger et al., (2015) provide evidence about the effectiveness of trauma-focused CBT intervention. The result showed that the moderate to high baseline levels of post-traumatic stress symptoms were significantly clinically decreased on the post-test.

A qualitative study with 15 unaccompanied refugee youth by Majumder et al., (2015) discussed perceptions of two predominant mental health modalities: talk therapy and use of medication. Many of the respondents found engaging with talk therapy to be difficult for reasons associated with cultural perceptions of mental health and linguistic limitations. The youth deemed pharmacological treatments more acceptable.

PROTECTIVE FACTORS TOWARDS POSITIVE MENTAL HEALTH OUTCOMES

Research explored the role of social support in relation to mental health symptoms. Social support can play a critical role in reducing PTSD, depression and anxiety after stressful life events (SLE). (Sierau et al., 2019; Oppedal & Idsoe, 2015). Müller et al. (2019) concluded that higher levels of individual resources, social support in the host country, and language proficiency were associated with lower levels of psychological distress. Luster et al. (2010) explored the factors that contributed to the success of URMs. Youth considered taking advantage of opportunities for education and work to be successful. In addition, dealing with past trauma, seeking out mentors, adopting the host country culture, staying away from alcohol or 'distractions' and maintaining a good credit rating were considered by youth to be predictive of their success. Holen et al., (2019), demonstrated that quality of the guardian relationship with the youth impacted their well being, including their parenting skills, relationship with youth and supporting connection with biological family and others. Luster et al. (2010) also recognized a positive relationship with foster parents as predictive of well-being.

DISCUSSION

Several themes emerged throughout the research which require more in-depth exploration and explanation. It became apparent that the research focused predominantly on male youth, with 85% of those researched being male. This gender imbalance can be explained through exploring the gender roles and cultural values of the countries of origin of the separated refugee youth. According to Nardone & Correa-Velez's qualitative research (2015), it was the role of the first-born son to leave for better opportunities and obtain employment that would financially support their families. Often a parental death motivated the departure. The youth were expected to navigate getting visas for their family members and support their immigration. The male youth, perceived to be less vulnerable, was chosen to make the often dangerous journey, with better prospects for earning a wage to support the family.

Within the research, a theme that became apparent was that the number of traumas experienced and exposure to psychological stressors compounded the impact of that trauma and the impact of the symptoms on the youth (Unterhitzenberger et al., 2015; Jackobson, 2019; Stotz et al., 2015; Tello et al., 2017). Many of the youth studied experienced enduring stressors throughout their lifetime caused by ongoing civil unrest and conflict, which predicted poorer mental health outcomes (Tello et al., 2017). Furthermore, traumatic journeys of migration, loss of family and stressors of settlement cumulatively impacted the mental health of the youth. Those experiencing ongoing traumatic stress, never build resilience to the repeated exposure, each event contributes to the further deterioration of their mental health (Stotz et al., 2015).

The literature demonstrated the probable negative impact of family loss and separation on the mental health of refugee youth and that, without intervention, mental health symptoms persisted (Jensen et al., 2014). It also demonstrated the hopefulness of culturally sensitive interventions to mitigate the impact. While the research is limited to a small sample size, manualized CBT showed promising results when utilizing cultural modifications as well as engaging caregivers in the treatment process (Unterhitzenberger & Rosner, 2016; Unterhitzenberger et al., 2015). Expressive arts were a promising intervention with refugee male youth between the ages

of 15-18 with a sample size of 145, supporting them to cope with symptoms of trauma, strengthen their life satisfaction and develop hope for the future (Demot et al., 2017). More research is required in testing the effectiveness of these therapeutic interventions.

CONCLUSION

Despite the fact that a plethora of research around the impact of family loss and separation on refugee youth was identified, most of the studies could not be considered for this scoping review due to the variance in focus, breadth, extent, and target group (e.g. children, unaccompanied minors or youth vs any refugee youth or their parents/caregivers or the service providers, etc.). The review identified the geography, demographic composition, and impact of the loss or separation depicted in the peer-reviewed articles. Mental health and therapeutic or social interventions were the key themes in these articles along with understanding of the reasons and experience of the journey of refugee youth. Researchers mentioned the prevalence, patterns, and predictors of mental health issues (i.e., PTSD, depression, and anxiety) among youth as well as effective social or therapeutic interventions to support. Severity of PTSD is a function of the frequency and severity of the traumatic experience and stress that was revealed in these studies. Articles also mentioned the pathways and mechanisms of action of how the defence mechanisms used by the vulnerable youth may increase stress or reduce the happiness in life, which in turn can result in attention disorders and forensic outcomes like aggressive behavior and self-destruction. Intervention, at both the personal or social level, alleviates the impacts. If trauma is not addressed substantively, PTSD can either be sustained or youth may show signs of late onset PTSD. A supportive society and experienced guardianship are also very crucial for healing the trauma. Considering this review is a scoping one, judging the quality of evidence was not attempted. Further research and critical reviews will address gaps in the current evidence.

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