

# A European Project on Health Problems, Mental Disorders and Cross-Cultural Aspects of Developing Effective Rehabilitation Procedures for Refugee and Immigrant Youth

Anita Sujoldžić<sup>1</sup>, Amelia De Lucia<sup>2</sup>, Reiner Buchegger<sup>3</sup>, Rifat Terzić<sup>4</sup>, Ibrahim Behluli<sup>5</sup> and Zyri Bajrami<sup>6</sup>

<sup>1</sup> Institute for Anthropological Research, Zagreb, Croatia

<sup>2</sup> University of Bari, Italy

<sup>3</sup> Johannes Kepler University of Linz, Linz, Austria

<sup>4</sup> University of Tuzla, Tuzla, Bosnia and Herzegovina

<sup>5</sup> University of Prishtina, Prishtina, Kosovo

<sup>6</sup> University of Tirana, Tirana, Albania

## ABSTRACT

*The present paper describes the conceptual framework, rationale and methods of an international comparative study on risk and protective factors of adolescent health and well-being, with particular focus on youth with immigrant (or refugee) experience. This is a comprehensive study on the quality of life and health outcomes of adolescent youth that looks at group-specific differences within different socio-cultural contexts across six European countries, including those of post-conflict communities. The research project combines both quantitative and qualitative methods, using a common set-up across all countries involved with the goal of collecting data on 3,500 adolescents that are strictly comparable to allow cross-country analyses. It is particularly aimed at increasing the understanding of acculturation processes of a particularly sensitive population of adolescent refugees and immigrants and of the influence that the interaction of contextual and developmental factors has on their mental health and psychological well-being.*

**Key words:** adolescents, acculturation, psychosocial health

### *Dimensions of the problem*

For more than a decade the region of the South-Eastern Europe has been under the pressure of large-scale forced population movements resulting in refugee problems within each of the SEE countries, as well as in other countries in Europe. The successive type of war, concerning all of the countries of former Yugoslavia, has led to the current situation, with many countries being immersed into problems concerning the prolonged exile of refugees or displaced persons (still over 1 million in 2002 in the Balkan region)<sup>1</sup> in various domains of life, including social and health problems. The need of enhancing the knowledge of better ways of addressing the forced migrants' health, particularly that of adolescents who will shape its near future, appears to be among the primary issues of concern within the region. Adolescents are agents of change in their societies, and the extent to which we effectively meet their rights to development during this vulnerable period of rapid change and transition, has important implications for the present and the future generations.

Although these populations are continuously addressed in programs that are concerned with their specific diseases and health problems, there is no real understanding that their mental health status is closely linked to their cross-cultural experiences, intercultural/interethnic relationships and overall humane acceptance and tolerance. The social experience of being a refugee having to develop practical coping strategies is closely connected to processes of identification in multiethnic contexts and situations where ethnic identity becomes a central issue. Therefore, the social relations of refugees with the host society are critical both to their social integration and to their mental well-being. By focusing on adolescent well-being, this project aims at identifying actions and policies throughout two EU

(Austria and Italy) and four SEE (Albania, Bosnia and Herzegovina, Croatia and Kosovo) countries which would facilitate the socio-cultural integration of adolescent refugees in terms of developing intercultural identity, and promote multi-cultural tolerant attitudes in host societies.

As outlined by Keller<sup>2</sup>, the main stages of the refugee experience include: perception of a threat; deciding to flee; the period of extreme danger and flight; reaching safety; camp behavior; repatriation; settlement or resettlement; the early and late stages of resettlement; adjustment and acculturation; and finally, residual stages and changes in behavior caused by the experience. Thus, in terms of mental health consequences, to the stresses and traumas inflicted on refugees before escape, during flight, and in refugee camps, one must add the difficulties and fears that face the refugees during resettlement and the acculturation process<sup>3-5</sup>. After three to four years of exile integrative processes in favorable conditions of the new environment considerably accelerate and most refugees have made a personal adjustment and have accepted their situation. However, delayed reaction to earlier traumas and reactions to the situations accepted often emerge now, but these later periods have received the least study, particularly from longitudinal viewpoint<sup>4</sup>. Keilson<sup>6</sup> has observed that there are numerous consequences of the initial stressful events and termed this chain of increasing adversities »sequential traumatization«, indicating that the phase after the traumatization is more important for the future well-being of the individual than the traumatization itself, particularly for children and adolescents who are the most sensitive to the negative experience of acculturation during their self-identity development. The individual's self-identity and ethnic identity have been demonstrated in the litera-

ture to be highly influential on one's behavior and thus to be directly related to the personality and state of mental health. Achieving a sense of identity is a fundamental task for adolescents, as the clear sense of personal identity constitutes an aspect of optimal psychological functioning<sup>7</sup>. In culturally different adolescents, the possibility of obtaining a positive identity outcome may be affected by prejudice, discrimination, socio-economic reality, institutional barriers and developmental factors.

While children and adolescents have been long recognized as one of the central priorities of international protection measures in conditions of political violence and exile, a comprehensive review of literature on war-affected and displaced children<sup>8</sup> indicates that emergency interventions during most of the past century have been mainly based on the bio-medical model with basic survival needs receiving overall priority. Psychological and emotional well-being as well as social and economic matters have been generally of peripheral concern and the care of psychological impacts of violence has been primarily focused on the category of Post Traumatic Stress Disorder (PTSD). However, as biomedical model has been increasingly shown to be insensitive to the subjective interpretation of human experience, during the most recent conflicts of the last decade different approaches to the study of the effects on children of violence have been applied using a combination of cognitive, psycho-dynamic and attachment theories and therapy centered mainly on the individual<sup>9</sup>. Recent psychiatric research on adolescence has been directed away from classical deduction and theorizing on normal development toward empirical longitudinal research of healthy populations and the relationship between multiple variables that contribute to healthy and normal human development, showing that a high variability

and complexity of healthy functioning and coping behavior clearly depends on cultural rules, social values and expectations, professional orientations, personal differences and socio-political climate<sup>10</sup>. Increasingly, social relations are seen as key contributors to individual health and illness while much greater stress is given to relational factors in child development and everyday experiences patterned by cultural meanings, and the children's responses to adversity, grief and healing process are seen as inseparable from the reference to the social, cultural and moral context they inhabit<sup>8,9</sup>. The findings from these recent studies reveal the importance of investigating potential mediating variables such as past trauma, health status, loss of one's previous social role and social support network, and resettlement experiences as well as the need to examine the acculturation-mental health relationship within the social contexts of both family and society, rather than in isolation. They also imply the need for new research methods and methodologies that are child-centered, and provide psychosocial data that are sensitive to cultural context.

#### *Objectives of the study*

The general objective of the research is to strengthen the understanding of psychological risk and protective factors of socio-cultural integration of adolescent refugees and displaced persons who face particular challenges: those common to most adolescents and those experienced after traumatic events by newcomers to a country, related to their physical and psychosocial health, their educational opportunities, their cultural traditions and their legal rights. The main goal of the project is to contribute to the implementation of more efficient preventive mental health rehabilitation programs for these particularly vulnerable victims of post-conflict and post-trauma communities of

Southern-Eastern Europe, directed at facilitating their normal development through strengthening coping capacities, sensitive to the developmental task of this stage of life involving the process of their individuation into healthy personalities. The consideration of both intra-personal and inter-personal factors of adolescent integration, as well as its broader ideological, cultural and socioeconomic context in particular countries, will help to detect mechanisms and processes that can counterbalance health hazards of sequential traumatization<sup>5</sup>. On an even broader level, promoting awareness in host countries of the need for conducting culturally sensitive research with refugee adolescents will not only help to improve treatment to the refugee population but also to adolescent host population, which due to the social and economic impact of the post-conflict, political and economic transition is also affected by high-risk behavior, such as proliferation of substance and drug abuse and associated increasing rates of HIV/AIDS infection, as well as increased juvenile crime.

The *specific objectives* refer to the development of a risk factor screening survey as a mechanism to identify adolescents who may benefit from medical or mental health service; the collection of empirical data on the most salient problems connected to psychosocial adjustment and experience of adolescent refugees in six countries as compared to matched host population; the comparison of the results obtained in different host countries characterized by differences in the history of relations between host-refugee groups, degree of cultural similarity and different official policies that may affect the acculturation experience and contribute to »sequential traumatization« processes; the elaboration of recommendations for practitioners and policy makers of participant countries on health promotion, prevention and treatment of adolescent refugees.

### *Theoretical framework*

The proposed research project is grounded on the theoretical framework of involuntary migration outlined by Hansen and Oliver Smith<sup>11</sup> which emphasizes the migration and resettlement primarily as a form of social action and multidimensional process with multifaceted results rather than a passive reaction to events and is conditioned by historically shaped social, economic and political forces both spatially and temporally. Moreover, the difficulty of migration is not only experienced by the migrants but also by the local native population, who must learn to accommodate the migrants and to adapt to individuals from a different culture.

Within this general framework, recognizing the need for interdisciplinary approach and cross-cultural studies, the project integrates psychological, psychodynamic and anthropological theories and methods including the Social Identity Theory, Berry's<sup>12</sup> acculturation strategy and stress models and psychodynamic interpretation<sup>7</sup> paying particular attention to the relationship between the acculturation process and stress.

According to Berry's<sup>12</sup> conceptual framework for understanding the acculturation strategies, five immigrant acculturation orientations can be identified in this process of bi-directional change between immigrant and host society: integration, assimilation, separation, marginalization and individualism. This model proposes that during intergroup contact, the interaction of immigrant and host community acculturation orientations can produce relational outcomes which can be consensual, problematic or conflictual, and which include intercultural communication, interethnic stereotyping, discrimination and acculturative stress<sup>13</sup>. According to this multidimensional concept of acculturation, the relation between acculturation and mental health is likely to be medi-

ated by a variety of variables including the nature of the migration (e.g., forced versus voluntary), the receptiveness of the host society, and degree of similarity between culture of origin and the new culture<sup>12,13</sup>.

The ethnic identity also represents a complex and multidimensional concept involving attitudes, values or behavior in relation to an ethnic group. An ethnic group plays an important role in self-identification and can be defined<sup>14</sup> as part of an individual's self-concept that drives from his or her knowledge of membership in a social group (or groups).

The possible effects of acculturation and ethnic identity on adolescent health and well-being will be assessed within the transactional model of health based on the dynamic interplay of the different factors and mechanisms (social and intra-individual) and situational specificity/pervasiveness of the symptoms which constitute a holistic view of the child and his/her environment<sup>10</sup>. The transactional model assumes that biological, emotional, cognitive, linguistic and representational factors are interrelated and that they constitute a mutually interacting system. The environment of an individual is seen as being composed of several coexisting layers: macrosystem (cultural beliefs and values), exosystem (community, school, peers, neighborhood) and microsystem (family and close friends)<sup>10,15</sup>. The factors (permanent or transient) that have an influence on children (risk and protective, resilience and vulnerability factors) and influence either positive or negative health outcomes are classified as belonging to these different levels. The microsystem is usually the level with the most powerful influence on the child's resilience and when this level fails to provide protection, the other levels, such as the exosystem (support services by the community), have a key role<sup>16</sup>.

The concept of resilience reflects the individual variations in the response to risk and is used to refer to the children who, under circumstances of some adversity, develop normally and remain mentally healthy, not only by avoiding stress, but also by encountering stress at a time and in a way that allows self-confidence and social competence to increase<sup>10</sup>.

According to Rutter<sup>10</sup>, the same factor may be either protective or risk factor, depending on the situation and it is the process of which the factor is one part that determines the function. Its effect is related to a sequence of characteristics, events, experiences and behaviors that define successive steps by which an outcome becomes prominent. An important determinant of this path is the interaction between the child and the environment, which creates a dynamic reciprocal and progressive system (Sroufe, 1997). In a negative chain reaction, each stage of the path may promote further dysfunction and help to accumulate new risk factors, while in a positive chain reaction it leads to normal and healthy adaptation.

#### *Study design and methods*

The target population consists of adolescents who are between 15 and 18 years of age in 2003 and who immigrated to a region under investigation between 1990 and 2000. The samples in the countries of resettlement will include families who are in exile for more than three years; have already decided to resettle and have found their own arrangements of accommodation outside refugee collective centers; have at least one child over 12 years to account for intergenerational differences in acculturation rate as possible causes of family conflict; and are of different ethnicity while a matched sample of the native adolescents and their families will be used for comparison. The total sample drawn from all participating countries will amount to 3,000–3,500 ado-

lescents with a minimum sample per country of 400 youth.

In view of the complexity of refugee experience and adolescent development in general, and the most important structural and cultural variables influencing mental health of adolescent refugees the approach adopted by the project integrates both quantitative and qualitative methods including a survey, in-depth interviews and qualitative analyses of existing information on socio-cultural conditions and quality of life of adolescent refugees and prevalence of their psycho-social and mental problems in particular countries. This approach will enable us to study both collective and individual components related to psychosocial well-being of adolescents through both social and cultural variations of self-identification and the psychodynamics of individual development. Applying the method of triangulation will enable getting data from a variety of sources at the same time, and to check the validity and representativeness of the information collected.

The intensive review of existing information including statistical data, results of scientific research and other relevant documents is aimed at assessing both structural and socio-cultural context in each country in terms of the dynamics between health, political, social and economic systems which operates at both the macro-level and the individual level. It is aimed at gathering basic demographic, socioeconomic, legal and political data in each country as well as data about health and social care of immigrants including the prevalence, frequency, distribution and extent of adverse health and other consequences associated with the target population of young immigrants.

The self-administered questionnaires encompass a variety of psycho-social indicators at the level of community and microsystem, including a wide range of potential protective and risk factors as well

as individual resilience or vulnerability traits. The questionnaires for immigrants and for the members of different host communities are conceptually as identical as possible, and they contain a set of items common for both groups, and some items which are unique to the particular group. It has been designed using measures of similar large-scale surveys conducted on adolescent populations<sup>16–18</sup> found to have high reliability with these populations<sup>19,20</sup>. Risk factors have been defined as variables or hazards, the presence of which in the life of an individual increases the probability that this individual, rather than someone else from general population, will develop a disorder. Protective factors are those factors that mediate or moderate the effect of exposure to risk factors, either by exerting positive effects in opposition to the negative effects of risk factors or by buffering their negative effects through interactive processes. The differential outcomes of the interaction between risk factors and protective factors measured by the survey include composite indices of general health status, psychological distress psychological well-being, resilience, risk behavior, academic performance and multi-cultural competence.

To provide a comprehensive description of the factors affecting adolescent integration in different socio-cultural contexts as well as potential health consequences of the acculturation process, in addition to self-administered survey for secondary school adolescents, in-depth interviews are applied to a selected sample of both immigrant and host adolescents and one of their parents to elicit more detailed information on potential risk and protective factors. They are appropriate methods to use when investigating sensitive issues, and provide access to experiences and situations that they may be unable to capture using other methods.

### *Cross-cultural perspective*

The general hypothesis of the research is that the sociocultural context and socio-economic conditions in different countries representing the macrosystem of the transactional model with varying degrees of cultural and linguistic familiarity and contact history for refugees and different ethnic attitudes and official policies will influence very differently the process of psychosocial adjustment of adolescent refugees and potential effects on their mental health. Higher degree of cultural similarity and linguistic competence, positive intercultural attitudes and experiences as well as better socio-economic conditions and favorable immigrant policies are expected to lead to lower acculturative stress, higher self-esteem and sociocultural competence and better coping strategies of refugee adolescents. Although host countries have the responsibility not only to receive refugees but also to facilitate their adjustment by implementing various interventions primarily in public health and education that would provide a supportive social structure and bolster the protective factors of adolescent coping at the level of community and society, the cross-cultural aspects involved are too many to be easily defined. As the determination of structural and cultural variables affecting refugee mental health requires a broad social-anthropological perspective which would encompass not only the understanding of the refugee experience itself, but also socio-cultural factors relating to both country of origin and

country of resettlement the proposed project represents a comprehensive interdisciplinary cross-cultural study in six countries.

The six host countries involved include two EU countries with long immigration experience and four countries that are also countries of origin of substantial number of refugees with no previous experience with large-scale immigration. This international networking will enable the analyses of the effects of the macrosystem on immigrant adolescent development and adaptation. Though the perspective of the research is predominantly shaped by the experiences and interests of the countries involved through cross cultural networking activities it will enable the transfer of good practice related to integration policies and concerns of immigrant youth in other countries. All the results of within and between country analyses will support theoretical development within the field and will be used for recommendations for policy makers and practitioners in different areas including health and mental health, education and social services.

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*A. Sujoldžić*

*Institute for Anthropological Research, Amruševa 8, 10000 Zagreb, Croatia*

## **PSIHIČKO ZDRAVLJE I INTERKULTURNI UTJECAJI U RAZVOJU USPJEŠNIJIH REHABILITACIJSKIH POSTUPAKA ZA IZBJEGLICE I IMIGRANTE**

### **SAŽETAK**

U radu se iznosi temeljni teorijski okvir i metodologija međunarodne komparativne studije o rizičnim i protektivnim faktorima zdravlja i psihosocijalnog dobrostanja adolescenata s izbjegličkim i doseljeničkim iskustvom. Studija obuhvaća kvalitetu života i zdravlje adolescenata srednjoškolske dobi u šest evropskih zemalja. U okviru projekta se primjenjuju kvantitativne i kvalitativne metode istraživanja s ciljem prikupljanja podataka o ukupno 3500 adolescenata koji će poslužiti za analizu interkulturnih utjecaja. Projekt je usmjeren na podatke koji će doprinijeti boljem razumijevanju akulturacijskih procesa osobito osjetljive populacije adolescenata kroz analizu utjecaja interakcije kontekstualnih i razvojnih faktora na njihovo mentalno zdravlje i psihološko dobro stanje.