

BACKGROUND

Global Refugee Resettlement. More than 22.5 million refugees are currently displaced due to persecution, conflict, violence or human rights violations. Refugees below the age of 18 years old make up more than half of this population. Of the refugees resettled in the United States, more than 3,600 were living in Pennsylvania as of 2016, with about 875 in Philadelphia County. These families have come from many countries including Burma, Thailand, Syria, Afghanistan, and Iraq.

Refugee Adolescents. Forced displacement and resettlement have been shown to have long-lasting effects on youth. There are demonstrated disparities in the prevalence of mental health diagnoses in refugee adolescents resettled in the US when compared to the general population of US youth. Exposure to trauma at a young age has been linked to mental and emotional health problems that develop in adolescence and can continue into adulthood.

Wellness & Resilience. Some of the most important determinants of overall wellness in this population may be related to post-migration experiences and may be modifiable after resettlement. The relationship between resilience, the ability of an individual to overcome adversity, and protective factors that help modify risk and adversity, has been shown to be important in designing appropriate intervention and prevention strategies.

METHOD

Project Objectives

- Explore experience of adolescent refugees resettled in Philadelphia in grades 9 to 12.
- Identify resilience and protective factors in these youth.
- Identify utilization and gaps in resources to inform programs and policies.

Study Design

- Qualitative study: Cross-sectional, semi-structured interviews.
- Participants: Six key informant interviews with community center staff, refugee program directors, and adolescent trauma specialists. Future data analysis will include data from fourteen adolescent refugee interviews that have been conducted.
- Interview Guides: Based on the Student Resilience Survey (Sun & Stewart, 2007).

Data Analysis

- Qualitative thematic analysis of all interviews was conducted.
- Two independent coders, to decrease coder bias and enhance interpretation validity.
- NVivo 12 software was used to identify sub-themes and themes.

ACKNOWLEDGEMENTS

We would like to thank the following individuals: the key informants, adolescents, and families who shared their experiences and trusted us with their stories; Valerie Harteg (HIAS Pennsylvania), Naw Doh, Julie Zing, and Shira Walinsky (Southeast By Southeast Community Center), for the important work they do and for their support of our work; Dr. Rickie Brawer and Abigail Cabrera (Jefferson Center for Urban Health) for their support and guidance throughout this project.

RESULTS

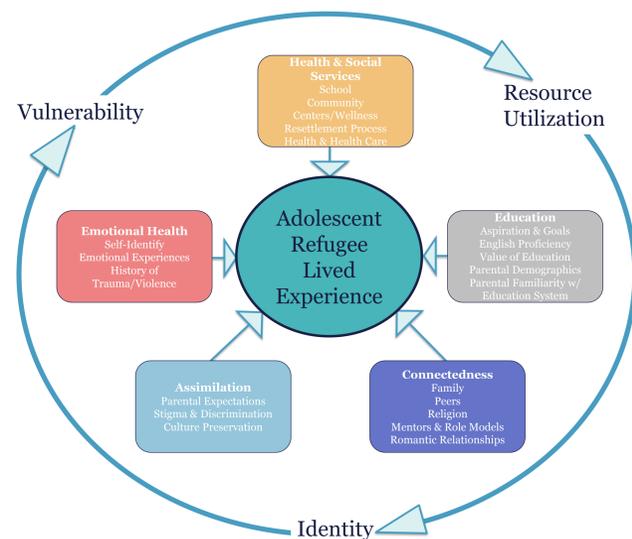


Figure 1. Explanatory Model: Adolescent Refugee Lived Experience

“For people who have been through trauma, trust is a huge challenge, and so there are lots of barriers to trust. I think the students who are open to trusting people and establishing relationships have been more successful because they are opening themselves up to support.”

CONNECTEDNESS

“Some of our students have had really interrupted schooling, and they’re in high school, and it’s super hard. They don’t have that practical language.” | “The students who really truly value their education and see education as a way to work through and move forward, but work through what they’ve gone through, they seem to do better and at least stay steady.”

EDUCATION

“The trauma that happens here can be just as bad, in different ways, as the trauma that has happened before. And bullying can be a huge issue, as well.” | “I think having a vision for yourself. Seeing the future for yourself or fighting to see a future for yourself, even if you don’t see it yet. Being open to that possibility enables people to bounce back.”

EMOTIONAL HEALTH

“I think home country, displaced, wherever they were at then; there was this build up of, ‘we’re leaving, we’re going, we’re getting away.’ And the expectations get really, really high. Then coming here and reality sets in, and, ‘oh, America it’s actually really hard to live here, and it’s a lot of work, and we can’t afford anything.’ I think that really contributes. I think that magnifies everything.”

ASSIMILATION

“Training...an awareness of what it means to not speak English as your first language, and what cultural things to consider, and what are some trauma informed approaches.” | “I think groups have been great; more activities that get kids together, talking about what they are going through, their heritage, what they need, their experiences, and have them talking to people and around people who support them.”

HEALTH & SOCIAL SERVICES

DISCUSSION

Key Informant Interview Themes

Thematic analysis of the data highlighted five main themes in the key informant responses, suggesting there may be specific elements related to these themes that impact the experience of adolescent refugees resettled in Philadelphia. Three overarching themes were also identified, suggesting an interactive relationship between the five main themes.

Vulnerability. The data revealed the importance of recognizing the deep, multi-layered vulnerability of these youth. Key informants described a lack of attention and specialized services, such as culturally competent and trauma-informed school and clinical staff, community center resource allocation, and better understanding of the day to day social, cultural, and emotional influences on these youth. Awareness and better understanding of these influences, which include, but go beyond pre-resettlement experiences, are critical to creating supportive and positive environments to help these youth thrive.

Resource Utilization. Key informants discussed educational, community, governmental, and clinical services that exist. In addition to a shortage of resources dedicated to refugee adolescents, the data showed there are gaps in utilization of existing resources that must be better understood. The data suggests that lack of access may be a key issue, and that services are more effective when brought to the youth, to their schools, and closer to their homes. Better understanding of utilization patterns and barriers to access is needed to properly serve this community.

Identity. Key informants described adolescence as a time of ongoing change and development. The data emphasized the elements that make adolescence challenging for refugee youth, mostly related to assimilation and familial or cultural expectations. Understanding the complexity of their developing identity, their challenges, their strengths, where they come from, how they feel about their current environment, is critical to understanding how to best support them in all aspects of their daily experience.

Implications & Future Directions

Focused programming and policies that account for and target the key themes outlined above may help build and foster resilience and improved overall wellness in these youth. From a public health perspective, the data suggests a need for further investigation and understanding of the experience of the adolescent refugee population. Data from the [adolescent cohort](#) interviews (Table 1) will be added to the key informant data to further develop this explanatory model of the lived experience of adolescent refugees resettled in Philadelphia.

| | Northeast Philadelphia (n=4) | Southeast Philadelphia (n=10) |
|---------------------|---------------------------------|----------------------------------|
| Sex (F:M) | 2:2 | 8:2 |
| Age | 16.5 | 16.8 |
| Grade | 10.25 | 10.6 |
| Birth Order | 1.25 | 2.1 |
| Siblings | 2.75 | 3.7 |
| Countries of Origin | Afghanistan (1), Syria (3) | Burma (6), Thailand (4) |
| Years in US | 3 | 6.2 |
| Community Center | 1.75 | 3.6 |
| Years | | |

Table 1. Refugee Adolescent Interview Demographics

Figure 2. Key Informant Interview Quotes and Themes