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Refugee Children and Resettlement in the United States

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Refugee Children and Resettlement in the United States

Rachel Kerber

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ABSTRACT

The number of displaced people worldwide has dramatically increased in the last few years, so it is imperative that we study how their experiences affect refugees in the long-term. With a particular focus on children, I reviewed the literature to learn about the stressors that refugees often face during displacement, migration, and resettlement in a new country, and the impact that these stressors may have on their mental health. I investigated how psychosocial support services and certain best practices can ease the refugee family's transition to a new country upon resettlement. In addition, I interned at HIAS, a resettlement agency, to gain firsthand experience with the resettlement procedure in the United States and the process of starting a resettlement program in a new area. In the second half of my thesis, I describe my experiences interning in this field and how the political context of resettlement changed with the results of the 2016 U.S. presidential election.

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Introduction

In recent years, the topic of refugees and resettlement has become more publicized and politicized than it has been in decades. Images of groups trudging across Europe and bodies washing up on the shores of the Mediterranean Sea have elicited sympathy from the public and a desire to do something to relieve this crisis. Meanwhile, terrorist attacks in Europe and the Middle East have also caused some to view the refugee population with suspicion and speak out against plans to resettle displaced people in their area. With 65.3 million displaced people worldwide and 21.3 million refugees currently living outside of their country of origin, however, it is clear that this crisis will not disappear anytime soon (UNHCR, 2017c).

I begin this thesis with an explanation of some general concepts concerning refugees, as well as an overview of the current refugee crisis. My literature review then continues with a discussion of the types of difficulties refugees often face on their journeys, with particular attention paid to those that are relevant to children or specific to today. I then explain basic information about refugee resettlement and explore issues that come up during this phase. From there, I describe the mental health concerns that often arise with refugee populations, particularly children. I then finish my literature review with recommendations for best practices for mental health clinicians working with displaced people.

In the fall, I began interning at HIAS, one of the nine resettlement agencies contracted by the State Department to work with refugees upon their arrival in the United States. My focus in this internship was assisting with a new project to resettle Syrian refugees in Westchester County with the support of some local community organizations. This internship allowed me to learn firsthand about the specifics of the United States Refugee Admissions

Program (USRAP) and the process for starting resettlement in a new location. This internship coincided with the 2016 presidential campaign and election, in which refugees, and particularly their resettlement in the United States, became a major topic of conversation. In this section of the thesis, I describe the process for resettlement in the United States, my work with HIAS, and the impact of the presidential election on our efforts and refugee resettlement in general.

Literature Review: Experiences of Refugees in Displacement & Resettlement

Refugee Protections, Historical Background, and the Role of the UN

The United Nations' 1951 Refugee Convention is the fundamental document for international policy and practice relating to refugees. Although there were certainly refugees before this, the Convention was written in the aftermath of World War II when there were millions of displaced people living in Europe (United Nations [UN], 1951). In fact, the Convention originally limited its purview to refugees in Europe who were fleeing events that occurred before January 1951; this clause was removed with the 1967 protocol, eliminating the geographic and time restriction (UN, 1967). The 1951 Convention also builds on the ideas put forth in the 1948 Universal Declaration of Human Rights (UN, 1951). The 1951 Convention is the foundation on which most refugee policy is based.

The definition of a refugee in the 1951 Convention has since served as the guideline for determining who qualifies for refugee status and the protections associated with it. The exact definition of a refugee is as follows: an individual "owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country" (UN, 1951). The Convention also clarifies that stateless people may qualify as refugees if they are outside their country of former residence, while dual nationals must provide evidence that they would be persecuted in both countries in which they are citizens (UN, 1951). There are also some exceptions to this definition, namely that a person who has persecuted others or committed crimes against humanity may not be granted refugee status (UN, 1951). If individuals voluntarily return to their country of origin, they may lose refugee status as this

theoretically indicates that they no longer fear persecution (UN, 1951). The 1951 Convention lays out the criteria for an individual to be considered a refugee.

The 1951 Convention also describes some specific protections for refugees. First is the principle of non-discrimination, meaning that countries should not refuse refugee status to a person on the basis of their race, religion, or country of origin (UN, 1951). The principle of non-penalization affirms the right of asylum, so that a person should not be penalized if they enter a country without legal status, as long as they are escaping persecution and wish to claim asylum (UN, 1951). Finally, the most important protection for refugees is the principle of non-refoulement, which states that a person cannot be returned against their will to a place where they fear for their life or freedom (UN, 1951). Refugees should be granted rights similar to citizens of the country to which they have fled (UN, 1951). Examples of these include the right to purchase goods, access to a court of law, and freedom of movement within the territory (UN, 1951). Refugees should be expelled only if they are a threat to national security or public order and then should still be granted due process under the law (UN, 1951). The 1951 Convention includes guidelines for the treatment of refugees.

The United Nations refugee definition is not without controversy. Although it cites five specific grounds for establishing a claim of persecution, the definition is actually quite broad.¹ For example, there is no specific explanation of “persecution”, so that definition is then left to individual governments to determine (Valtonen, 2008). The United Nations High Commissioner for Refugees (UNHCR), the UN agency responsible for working with refugees, may grant refugee status to an individual, but each country can then interpret the

¹ As a reminder, the five categories are: race, religion, nationality, membership in a particular social group, or political opinion (UN, 1951).

definition differently and decide whether it accepts the UNHCR designation of refugee status (Türk & Dowd, 2014). The official definition can also be problematic because it does not necessarily include all individuals who genuinely fear persecution; for example, claiming refugee status can be difficult if an individual's fear does not fall neatly into one of the five categories in the definition (Elie, 2014; Kerwin, 2012; Türk & Dowd, 2014). While some have argued for expansion so that it covers all people who find their basic needs are not met in their homelands, others argue that the refugee definition should be kept as is because it was only meant to include the neediest individuals (Gibney, 2014). In addition, the distinction between “forced” and “voluntary” migrants is used to determine which groups are allowed to stay in a territory or given certain rights (Valtonen, 2008). There is often a value judgment inherent in this differentiation, where forced migrants are seen as deserving of protection that voluntary migrants are not, causing these two groups to be pitted against each other (Gibney, 2014). It is important to note, however, that voluntary and involuntary migration are not truly distinct categories. There is no clear-cut way to determine who is a forced migrant, as there are generally multiple factors that prompt migration; even “involuntary” migrants usually still make choices on when and how they leave (Turton, 2003). It may be more accurate to frame the concept of voluntary/involuntary as a continuum, though even this is problematic; a spectrum that categorizes migrants as either reactive or proactive ignores the agency of those on the reactive end (Turton, 2003; Valtonen, 2008). Determining who is and is not a refugee is not as simple as it may seem in the 1951 Convention definition.

UNHCR was created by the UN General Assembly in 1950 with a specific mandate to work with governments to ensure protection of refugees and help find durable solutions for

their future (Loescher, 2014). It was originally planned to be a temporary organization, but the refugee situation was never resolved and therefore it became a permanent fixture (Loescher, 2014). At first, the agency was restricted to an advisory role, but UNHCR began offering material support to refugees in the 1960's (Loescher, 2014). Since then, its role has shifted depending on the needs of the era, and now UNHCR is the primary organization providing assistance to refugees worldwide (Loescher, 2014). UNHCR may also monitor compliance to its standards and even challenge governmental policies in international courts (Loescher, 2014). Despite all this, the agency is somewhat restricted in its activities because it is dependent on voluntary contributions (Loescher, 2014). Currently, 86% of UNHCR funding comes from individual governments or the European Union (UNHCR, 2017a). A few countries in the global North, including the United States, provide the bulk of its funding, so the agency has sometimes been accused of prioritizing its funders' interests over those of the refugees under its mandate (Loescher, 2014). UNHCR has consistently been an advocate for refugees, but is often limited in what it can do.

In the decades since the 1951 Convention, experience has shown that the document unfortunately leaves room for certain protection gaps. The countries who sign on to the Convention are expected to meet certain standards, namely that refugees in their territory will be granted the protections described previously (UN, 1951). Currently, there are 148 countries that are party to either the 1951 Convention or the 1967 Protocol, but there is great variation in how they implement refugee policy (Türk & Dowd, 2014). Individual governments may adapt the refugee definition or interpret it to meet their needs. As of 2011, 40% of the refugees under the UNHCR mandate were hosted by countries that are not party to the Convention and therefore not obligated to follow its guidelines (Türk & Dowd, 2014).

UNHCR advocates for countries to join and follow the Convention, but there are still significant disparities (Türk & Dowd, 2014). The Convention gives individual governments the freedom to take some national security measures against particular people during a time of war (UN, 1951). As with the refugee definition, this clause is vague, so countries can determine with some flexibility what they consider a legitimate measure to protect national security. The protection gaps in the 1951 Convention have limited the effectiveness of its reach.

There are three generally accepted durable solutions for refugees, which are outcomes that will ideally allow them to move forward with their lives rather than remain in the limbo of displacement. These are voluntary repatriation to their homeland, local integration in the country of asylum, or resettlement in a third, safe country (Long, 2014). The durable solutions, however, have also generated controversy. Although the goal was to prevent protracted refugee situations from persisting, these three solutions have not been entirely successful in this respect (Long, 2014).² Historically, the preferred solution of each era, which is often supported by UNHCR, has been based more on the interests of governments, rather than what would be best for the refugees (Chimni, 2004). Currently, voluntary repatriation is often viewed as the best option, but it is only viable if the conditions change enough in the home country to remove the fear of persecution, which can be hard to assess (Chimni, 2004; Gibney, 2014; Long, 2014). This option has also been criticized as simply a way to push the issue of displaced people back into the origin state (Long, 2014). Most refugees end up in neighboring countries, which can strain the resources of those nations

² In 2009, the UNHCR Executive Committee adopted the definition that a protracted refugee situation must involve a population of at least 25,000 people displaced for more than 5 years (Milner, 2014).

(Gibney, 2014). This pressure is compounded if there are multiple conflicts in that region and if the host country is poor (Gibney, 2014). Large numbers of refugees can make the solution of local integration impossible, as countries are reluctant to incorporate them when they feel that it will negatively impact their nationals (Long, 2014). The unequal distribution of refugees across the world creates a demand for burden sharing, so that the countries nearest the conflicts do not shoulder the entire responsibility for caring for the people they displace (Gibney, 2014). One solution is for wealthier countries to give aid to the host nations, so that they can support the refugee population without taking resources away from their citizens (Gibney, 2014). This, however, can be construed as those nations just paying to get out of their obligation, prioritizing a policy of containment over humanitarian concerns (Agier, 2010; Gibney, 2014). Rather than accepting the refugees into their territory and risking objections from their own populace, they provide aid to keep the displaced group in the host country (Agier, 2010). A more recent criticism is that all three durable solutions presume that a sedentary life is normal and desired by all people; they focus on finding one particular place for refugees to settle, rather than considering that some may instead want the freedom to move around (Chatty, 2016). Long (2014) argues that the goal should be to end forced movement, while preserving freedom of movement. Over time, it has become clear that the three durable solutions do not work as well in practice.

In the case of refugee resettlement, there is a question of how to allocate refugees to different countries (Gibney, 2014). Resettling refugees in countries that are better off economically alleviates the pressure on host countries, but is problematic if individuals have no input in where they end up (Gibney, 2014). In addition, there will likely never be enough resettlement slots for all refugees (Long, 2014). Souter (2014), building on ideas put forth by

Michael Walzer in *Spheres of Justice*, proposes that countries should take on more responsibility if their actions contributed to the situation that created the refugees, a form of reparations for past harm. This includes military action, such as that of the United States in Iraq and Afghanistan, supporting a totalitarian or oppressive regime, or even economic policies (Souter, 2014). Again, however, resettlement practice is focused on fixing people to a specific place, rather than letting them migrate freely (Chatty, 2016). Refugee resettlement is a good option for some refugees, but it is not a durable solution that will work for all displaced people.

Research on refugees and their experiences have gone through different phrases over the years. In the modern era, the aftermath of both world wars sparked significant academic interest in refugee movements, although the focus was primarily on Europe (Elie, 2014). Refugees are sometimes thought of as a recent issue, but it is important to acknowledge that forced movement has a long history, including the removal of the Moors and Jews from Spain during the Inquisition and the expulsion of Huguenots from 17th century France (Elie, 2014). The establishment of UNHCR as an organization dedicated to assisting and advocating for refugees distinguishes the current era from past periods (Elie, 2014). The academic field of refugee and forced migration studies was formally established in the 1980's, although there was certainly research with refugee populations before that (Fiddian-Qasmiyeh, Loescher, Long & Sigona, 2014). The end of the Cold War led to a new round of refugee research, because mass displacement often occurred with the fall of communism in Eastern Europe (Elie, 2014). Refugee and forced migration studies have adapted over time, depending on the context of the era.

Finally, there are important ethical considerations when researching or writing about refugee populations. Barbara Harrell-Bond, an established expert in the field, has asserted that research should be used to advocate for refugees and their agency; essentially, it is unethical to study refugee populations if one does not plan to use the results of such study to help them (Fiddian-Qasmiyeh et al., 2014). More recently, there has also been recognition of the absence of the refugees' voices in the literature about them, but it is important that they are included (Elie, 2014; Malkki, 1996). Harrell-Bond argues that refugees are not passive, like they are often depicted, but humanitarian aid risks creating dependency; those that adapt well to their circumstances or show resilience tend to be ignored in the literature (Chatty, 2016; Fiddian-Qasmiyeh et al., 2014). Humanitarian organizations often depict refugees as helpless and ignore their perspectives; they tend to enlist refugee "experts" or aid workers to talk about them, rather than having an actual refugee serve as a representative (Malkki, 1996; Rajaram, 2002). Even more concerning, Lisa Malkki (1996) describes interactions with aid workers who told her they usually considered the refugees that they worked with to be "unreliable informants;" essentially, they could not be trusted to speak about themselves, but instead needed trained professionals to speak the truth for them. Literature about refugees often does not include the refugees themselves, which is incredibly problematic.

Research and writing about refugees should also consider the political context of their situations (Fiddian-Qasmiyeh et al., 2014). Refugees are sometimes discussed in general terms and without information about the historical context that led to their displacement (Malkki, 1996; Rajaram, 2002). This becomes evident when considering the images of refugees that are most often seen in literature and the media (Malkki, 1996). They are either shown in a huge group where the individuals blend together to become a faceless mass;

alternatively, there are pictures of women and children only, because they conveniently embody the helplessness that refugees are expected to display (Malkki, 1996). These images tend to be accompanied only by a short caption, or no description at all, so the viewer is left without the necessary information to understand how they became refugees; instead, they are expected to simply feel bad for these people and maybe donate a few dollars to the organizations helping them (Malkki, 1996). Finally, researchers should not limit their focus to only those individuals who have been granted official refugee status, as many individuals may not qualify but still reasonably be considered refugees; their experiences are also worth exploring (Elie, 2014). Too often, writing and research about refugees ignores the greater context of their lives.

Although this thesis, out of necessity, generalizes some aspects of refugee displacement and resettlement, I want to stress that each individual encounters different obstacles and experiences. There is no singular “refugee experience,” but by exploring the issues that often arise, I hope to offer some insight into how best to work with refugees who have been resettled in the United States.

The Current Refugee Crisis

The worldwide refugee population is currently at its highest point since the end of World War II (UNHCR, 2017a). As mentioned previously, there are 65.3 million displaced people worldwide; that includes 21.3 million refugees outside their countries of origin, over half of whom are children (UNHCR, 2017a). In 2015, only 107,000 displaced people were resettled, which is less than 1% of all refugees (UNHCR, 2017a). The refugee population tends to be concentrated in certain regions of the world. Countries in the Middle East and North African (MENA) region host 39% of all refugees, while the rest of Africa has 29%

(UNHCR, 2017a). As of June 2016, the six countries hosting the most were Turkey, Pakistan, Lebanon, Iran, Ethiopia, and Jordan (UNHCR, 2017a). Protracted situations, in which large numbers of refugees remain in limbo for 5 years or more, also contribute to the crisis (Milner, 2014). As new conflicts develop and create refugees, past crises may not yet be resolved (Milner, 2014). At the end of 2015, the average duration of displacement was 26 years; UNHCR estimates that there are 6.7 million refugees in protracted situations (UNHCR, 2016). It is clear then that there are presently huge numbers of displaced people around the world.

The Syrian Civil War, now entering its seventh year, has been a major contributor to the refugee crisis (UNHCR, 2017c). In fact, 53% of the world's refugees come from just three countries: Syria (over 5 million as of April 5, 2017), Afghanistan (2.7 million), and Somalia (1.1 million); 2.3 million of those Syrian refugees are children (UNHCR, n.d.; UNHCR, 2017a; United Nations International Children's Emergency Fund [UNICEF], 2017). UNHCR estimates that there are 13.5 million in need of aid inside Syria, including 6.3 million internally displaced persons (IDPs) (UNHCR, 2017c; UNICEF, 2017). The Syrian Civil War has displaced much of the Syrian population.

Contributing to the refugee crisis is the fact that there is no immediate end in sight for the Syrian Civil War. The UN High Commissioner for Refugees, Filippo Grandi, lamented recently that the crisis will continue, and likely worsen, if there no international action is taken (UNHCR, 2017c). The conflict, however, involves multiple parties with competing interests, making an easy resolution unlikely (Khalil & Munif, 2017). After four decades of totalitarian rule by the Assad family, protests broke out in Syria in early 2011 (Khalil & Munif, 2017). The regime responded violently to this peaceful resistance, killing and

arresting protesters (Khalil & Munif, 2017). In the summer of 2011, the Free Syrian Army formed in response to the regime's militarization and the Syrian Civil War began (Khalil & Munif, 2017). The rise of global jihadists like ISIS and other groups further complicate the situation, as there are no clear-cut "sides" in this conflict (Khalil & Munif, 2017). Although some media coverage portrays the opposition groups as being in alliance with the jihadists, ISIS has been more focused on gaining territory than overthrowing Assad (Khalil & Munif, 2017). The Syrian regime has used the presence of ISIS to its advantage, pushing the argument that it is the only group that can reasonably defeat them (Khalil & Munif, 2017). The situation is further complicated by the role of international allies; while Russia and Iran have supported the Assad regime, the United States has offered limited support to the opposition, restricting it to groups that have no jihadist ties (Khalil & Munif, 2017; O'Hanlon, 2016). Although this is only a brief summary of the Syrian conflict, it is hopefully clear why the civil war has displaced so many people and that it is unlikely to resolve peacefully anytime soon.

The majority of Syrian refugees have fled to the neighboring countries of Turkey, Lebanon, Jordan, Iraq, and Egypt (UN, 2017). Syrians began fleeing their homeland in 2011, and large groups have remained in those countries since (UN, 2017). By December 2012, there were estimated to be 500,000 Syrian refugees in the neighboring countries; that number was up to 4 million by July 2015 and currently sits at over 5 million (UN, 2017; UNHCR, n.d.). As of the end of March 2017, Turkey hosts the most displaced Syrians with 2.97 million, including 1.25 million children (UNHCR, n.d.; UNICEF, 2017). Lebanon has over 1 million Syrians, which is equivalent to 20% of its population (UNHCR, n.d.; UNHCR, 2016). Although there are refugee camps in Iraq, Jordan, and Turkey, only 10% of all the

Syrian refugees in the region live in camps; there are high rates of poverty among displaced Syrians in these areas, including more than 70% of those in Lebanon (UN, 2017; UNHCR, n.d.). Conditions for Syrian refugees in these countries vary depending on the governments' resources and policies. The uncertain political situation in Turkey, including the attempted coup in 2016, has affected the refugees living in the country (UNICEF, 2017). Likewise, the substantial number living in Lebanon has caused tensions with the locals, who feel that their country's resources are already stretched too far (UNICEF, 2017). The impact of Syrian displacement has been greatest on the countries right next door.

Although most displaced Syrians are in those neighboring countries, many refugees from Syria and elsewhere have journeyed to Europe. Some traveled overland, while others have made the harrowing journey across the Mediterranean Sea, with more than 1 million people crossing in 2015 alone (Baker, 2016a). Previously, most sailed from Turkey to Greece, a trip as narrow as 5 miles at some points. In March 2016, the European Union signed a deal with Turkey, however, which allowed Greece to return any people entering its territory back to Turkey; this deal effectively cut off the shorter route (Baker, 2016a; Connor & Krogstad, 2016). The other common passage, from Libya to Italy, is much longer and more dangerous; 5,098 people died crossing that way in 2016, making it the deadliest year yet for that route (Baker, 2016a; International Organization for Migration [IOM], 2017). It is important to note that these figures are essentially minimums, because they include only the deaths recorded by government authorities, UN agencies, and NGOs; when boats capsize, it is often impossible to determine how many people were on them and therefore how many people have been lost (IOM, 2017). The boats and rafts used tend to be in poor condition and filled well beyond capacity; the smugglers who organize these journeys presume that search-

and-rescue operations to find the boats and rescue their passengers, rather than expecting the vessels to survive the journey to Sicily (Baker, 2016a). Huge numbers of people continue to cross the Mediterranean Sea to reach Europe, a journey that carries significant risks.

The large numbers of refugees have strained the asylum process in European countries. Before the end of the 20th century, Europe had relatively small numbers of voluntary immigrants (Bank, 2014). There is a basic divide between member states and those not in the European Union, because there are EU-wide asylum policies (Bank, 2014). Despite attempts to harmonize their regulations, however, laws and protections are not equal in every EU country (Bank, 2014). The Dublin II Regulation, enacted in 2003, originally called for refugees to apply for asylum in the first EU country they enter (de Wenden, 2015). In 2013, as a result of the present crisis, it was replaced by a new regulation that no longer required refugees to apply in the first country; this was meant to ease the pressure on border nations like Greece and Italy that were receiving overwhelming numbers of refugees, and would allow them to move on to countries, like Germany, where they may prefer to settle permanently (de Wenden, 2015). Some nations have changed their policies as a result of political pressure or security concerns. Poor reception conditions and restricted access in certain territories are two major concerns cited by UNHCR for refugees in Europe (UNHCR, 2017b). Some states, like Bulgaria, have closed their borders entirely, while others put guards on the frontier to redirect people to a different country (de Wenden, 2015). Although Chancellor Angela Merkel had previously said there was no limit to the number of refugees that her country would accept, the policy changed in mid-2016 so that some people were being turned back at the Austrian border (Faiola, 2016). As more and more people enter Europe, countries have revised their asylum policies in response.

The number of refugees entering Europe peaked in summer 2015, when 1.3 million arrived, including thousands coming through Greece and Italy every day during certain months (Connor & Krogstad, 2016). After the deal between the European Union and Turkey was signed in March 2016, the number of refugees entering Europe via the Mediterranean route decreased dramatically; in summer 2016, there were instead about 100 arrivals per day in Greece and close to 500 per day in Italy (Connor & Krogstad, 2016). This, however, has meant that thousands of refugees are stuck in Greece; 66,400 are there waiting to be resettled elsewhere, but only 6,500 had been relocated as of December 2016 (Baker, 2016b). While the numbers of refugees entering Europe has decreased since its peak in 2015, there are still groups arriving daily.

Despite the decreased numbers of arrivals recently, most European countries have an enormous backlog of asylum applications. Since January 2015, Norway, Switzerland and the EU member nations have received in total more than 2 million asylum applications; 2015 had the highest number of applicants since Eurostat started tracking this statistic in 1985 (Connor & Krogstad, 2016). There have been over 1 million pending applications since November 2015, even as countries hire more staff to deal with the logjam (Connor & Krogstad, 2016). Germany alone had 430,000 outstanding cases as of the end of 2016 (Dearden, 2017). Syrians, Iraqis, and Afghans make up the majority of asylum seekers (UNHCR, 2017b). The success rate for their applications generally varies by the origin country. Syrians and Eritreans have the best chance with an approval rate over 90%, while Iranians and Afghans are closer to 50% (Connor & Krogstad, 2016). From January 2015 to June 2016, over 500,000 applications were rejected; those who are rejected may appeal, request a temporary extension, voluntarily leave, or be forcibly removed from the country (Connor & Krogstad,

2016). Although the EU member states are meant to have a uniform process for evaluating applications, the rates can vary greatly among them; for example, Iraqis have a 95% approval rate in Germany, but only 12% in Sweden (Connor & Krogstad, 2016). With the large number of refugees living in neighboring countries and applying for asylum in Europe, it is more important than ever to consider the types of experiences and concerns that they may face during displacement and migration.

Displacement and Migration

Every refugee has different experiences during their flight, but it is helpful to consider some of the general patterns. Although we tend to think of refugees living in camps, the fact is that most of them live outside of the formal camp structure (Bakewell, 2014). The public profile of the groups who run the camps, like UNHCR and other NGOs, tend to make refugees living under their mandate more visible than those who settle on their own (Agier, 2010; Bakewell, 2014). Bakewell (2014) argues that the focus on camps unfortunately obscures the reality of life for most of the world's refugees who choose not to or cannot live in them. Camps can be more beneficial to the host country than their residents, because they offer the government a level of control over where refugees live and a way to keep them separate from their own citizens (Bakewell, 2014). Likewise, it is easier for humanitarian organizations to distribute aid inside camps, because they know where to find those in need and can guarantee access to them (Bakewell, 2014). These organizations have significant power over the camp residents, controlling such basic necessities as food (Agier, 2010). Because UNHCR and the NGOs running them have so much experience in providing aid, they can quickly set up a camp and distribution system in an emergency (Agier, 2010). This standardization of assistance, however, means that they may be less likely to adapt their

practices to a particular situation, even if modifying them would be better for the camp's residents (Agier, 2010). Although humanitarian organizations offer material support to those living in camps, it is debatable whether the quality of life for refugees is generally better in encampment or for those who self-settle (Bakewell, 2014). Refugee camps may get the most attention, but they are not an ideal place for refugees.

Many refugees opt for self-settlement instead and live outside of camps (Bakewell, 2014). The number of refugees living in urban areas has increased in recent years, both due to the general rise in city living worldwide and as individuals choose to live outside the camp structure (Landau, 2014). Self-settlement can be a way to assert agency and escape the restrictions of camp life, but it is not always an option; some nations require refugees to live in camps, so self-settlement then carries the risk of living outside of the legal system (Bakewell, 2014). UNHCR estimates that half of the world's displaced people live in urban areas, although this group is harder to study because they are not as easily accessible as those who live in camps (Landau, 2014). For these individuals, local integration may be the most logical durable solution, but whether this is truly possible depends on the host nation (Hovil, 2014). More often than not, local integration is an informal process, as refugees are prohibited from gaining citizenship or legal resident status (Hovil, 2014). Some are able to achieve economic and social integration despite government policies; in turn, however, they may have to hide their refugee status and live without formal protection from the state or humanitarian agencies (Hovil, 2014). Although more refugees live outside of camps than in them, local integration is not always a realistic durable solution.

Focus on Displaced Children

Because half of the world's refugees are children, I also want to address what displacement and migration is like for the younger generations (Hart, 2014; National Child Traumatic Stress Network [NCTSN], 2003). Some, like Palestinians in Jordan and Somalis in the Dadaab camp in Kenya, are refugees from birth, because protracted conflicts have forced people into displacement for years and even decades (Hart, 2014). Before leaving home, children may experience trauma stemming from the conflict happening in their country (Ajdukovic & Ajdukovic, 1998; American Psychological Association [APA], 2010). Even if they do not directly witness violence, relatives may be killed or go missing, which can also be traumatic (Ajdukovic & Ajdukovic, 1998; APA, 2010). Conflict tends to interfere with local institutions, so that even before a child is displaced, their usual routine has been altered; they may no longer be able to go to school or even play outside (Ajdukovic & Ajdukovic, 1998; APA, 2010). The problems that cause people to flee their homes disrupt children's lives before they migrate.

Other stressors arise once the child and their family leave their home. The stress of displacement stems partly from the uncertainty involved; their families may need to leave home quickly without knowing where they are headed (NCTSN, 2003). It is not uncommon for certain members of the family to flee first and act as trailblazers for the rest; for example, the father may leave to find work in a stable environment before sending for his wife and children to join him (Bhabha, 2014). Families may also become separated during flight (NCTSN, 2003). Children who are not with their adult caregivers are at greater risk of being abused or neglected than those who travel with family (Felsman, 2001). While the 1951 Convention enshrines the right to family unity, government policies vary and relatives may

not be immediately able to join their family abroad (Bhabha, 2014). Past research has shown that parents have an enormous impact on their children's emotional and social development; being separated from a caregiver for a significant period of time may affect the relationship long after they are reunited (Bhabha, 2014; Felsman, 2001). The loss of their community and customary way of life is another factor that can affect a refugee child's development (Ajdukovic & Ajdukovic, 1998; APA, 2010). Both those living in camps and outside them may experience restricted access to basic resources, like food, which increases their risk of malnutrition or other health issues (APA, 2010; NCTSN, 2003). Access to education can vary greatly; those living outside of camps may be blocked from enrolling in the local schools, but camps do not always offer educational programs either (Ajdukovic & Ajdukovic, 1998; APA, 2010; NCTSN, 2003). Throughout their displacement and migration, various factors and events can disrupt a child's development.

All of these factors affect children caught up in the current refugee crisis. Much of the Syrian Civil War has taken place in urban areas, where children have first-hand experience with sniper fire and missiles (UNHCR, 2013). There are nearly 3 million children under 5 in Syria; they have never experienced a time without war in their country (UNHCR, 2017). The United Nations documented more than 60 attacks on schools in Syria in 2016; because of these dangers, some children began missing school even before they fled their homeland (UNHCR, 2013; UNICEF, 2017). In the case of a family now resettled in Iowa, a tank was parked outside on their child's first day of school in 2011; they stopped sending their son to school when shooting began and the kids did not resume their education until they arrived in Jordan in 2013 (Shulman, 2016). Once they make it to another country, many Syrian refugee families experience poverty, particularly in places like Jordan where employment is restricted

or forbidden entirely (UNICEF, 2017). Statelessness is another major concern for these kids. As the Syrian Civil War continues, many children are born outside of the country to Syrian refugees, who are then unable to obtain birth documents for them; more than 1,000 children were born to Syrian parents in Greece in 2016 (Baker, 2016b). UNHCR has worked with host nations like Jordan and Lebanon to set up a process for registering these births (UNHCR, 2013; UNHCR, 2014). Syrian children face a number of stressors before they flee home, during migration, and after they arrive in a new country.

For the Syrian kids living in neighboring countries, access to education and psychosocial services are a primary concern of the humanitarian organizations working in the region, like UNICEF (UNHCR, 2013; UNHCR, 2014). For example, the current school enrollment rate for Syrian kids in Turkey is up to 50%, but that means there are still 380,000 children there out of school (UNICEF, 2017). To protect these children, UNICEF has been working to improve access to and quality of education and created child-friendly spaces that offer psychosocial support (UNICEF, 2017). Because the existing schools are not always equipped to take on thousands of new refugee students, UNICEF in some places has set up its own education centers, hired Syrian refugees to teach children, and organized double shifts at local schools (UNICEF, 2017). Parents in non-Arabic speaking countries, like Turkey and Greece, must also decide whether it is worth enrolling their children in the local schools, where they must learn a new language, or wait until they are resettled permanently (Baker, 2016b). Because some children were out of school for several years, UNICEF also organizes catch-up programs to help them eventually reenter the school system (UNICEF, 2017). UNICEF has established child-friendly spaces, like the Makani centers in Jordan, that offer psychosocial support to refugee kids, which can help them cope with stress and grief

over missing or dead relatives (UNHCR, 2013; UNHCR, 2015; UNICEF, 2017). Education and psychosocial support are of significant concern for today's refugee kids.

Resettlement

Resettlement to a new country is one of the three durable solutions for refugees. For those who cannot safely return and have no option to integrate into their country of asylum, resettlement may be the only viable solution for a stable future (Van Selm, 2014). A key aspect of resettlement is that refugees must be offered some permanent status with the option to naturalize later (Van Selm, 2014). There are currently 32 countries with resettlement operations (U.S. Dept. of State, Dept. of Homeland Security, & Dept. of Health & Human Services, 2017). The United States Refugee Admissions Program (USRAP) has always been the largest; the United States, Canada, and Australia together admit 90% of all resettled refugees (Van Selm, 2014). Resettlement numbers were higher during the Cold War when accepting refugees from Soviet countries was seen as a blow against Communism (Van Selm, 2014). Each country is free to set criteria for which refugees it will agree to admit, as well as how many (Van Selm, 2014). Although refugee resettlement is one of the three durable solutions, it is not an option available to everyone.

The current USRAP was established with the 1980 Refugee Act (Van Selm, 2014). For thirty years prior, there was relatively little refugee resettlement in the United States; this changed, however, when the Vietnam War and Cold War conflicts created large numbers of refugees (Martin, 2014). Although the United States previously only admitted those from communist countries, the 1980 legislation adopted a definition similar to that in the 1951 UN Convention (Martin, 2014). Rather than the legislation specifying a certain number of people to be resettled each year, this decision is under the purview of the president (Martin, 2014).

The US program divides refugee admissions into three broad categories: P1 for people individually referred by UNHCR or another qualified organization, P2 for group referrals of specific ethnic or religious groups who are presumed to be vulnerable, and P3 for those sponsored by family, though this is limited to certain nationalities (Van Selm, 2014). While Canada has both government-assisted and privately-sponsored resettlement, all refugees who come to the United States must pass through the State Department-run USRAP (Van Selm, 2014). The United States program is considered a public-private model, because the State Department contracts with private resettlement agencies to provide services to newly arrived refugees (US Department of State, n.d.). I will describe this model in more detail in the second section of this paper.

Integration into the Resettlement Country

Adjusting to the resettlement country is a significant task for refugees. The response varies by the individual, although some characteristics, like temperament and age, can help us predict how they will adjust (APA, 2010). For example, younger children tend to adapt more quickly to a new culture, because they learn the new language more easily and may not remember as much of their homeland (APA, 2010). While the actions of the refugees themselves play a role in how they adapt, this process also depends on the nature of the host culture and whether it tolerates and encourages a variety of cultural practices (Berry, 1991). Berry (1991) lays out four modes of acculturation, describing how people may embrace new practices or maintain their traditions in various ways. With separation, newly arrived individuals opt to remain apart from the host society, instead sticking with those of the same ethnic or cultural background (Berry, 1991). Marginalization stems from alienation, as the refugee is cut off from both the new culture and those that share their background,

identifying with neither (Berry, 1991). Assimilation is defined as the total embrace of the host culture, so the individual abandons practices that come from their original homeland (Berry, 1991). Finally, Berry (1991) describes integration as maintaining a mixture of the new and old practices. There is no one way to measure the degree of acculturation, although some suggested criteria are the language the individual usually speaks, how they choose to identify themselves, and the extent to which they participate in cultural practices (APA, 2010). It is important to note that there is consistent evidence that maintaining one's ethnic identity in no way impedes integration (Ager & Strang, 2008; NCTSN, 2003; Valtonen, 2008). Resettlement should not require refugees to abandon their cultural practices and traditions, but instead invite them to become stakeholders in their new community and homeland (NCTSN, 2003; Valtonen, 2008). Each individual will adapt to their new surroundings differently, but the response from the host community also plays a role.

The definition of successful refugee resettlement may vary, but most resettlement countries offer services to assist in this process. Although integration is a widely-used term, there is no set definition or evaluative criteria (Ager & Strang, 2008). Ager and Strang (2008) propose a basic framework of four domains that may be used to assess successful integration, based on their literature review and fieldwork in UK settlement settings. The first domain corresponds to areas of activity in the public arena, like employment, education, and housing (Ager & Strang, 2008). In the United States, for example, resettlement case managers assist refugees in finding jobs, because USRAP emphasizes early self-sufficiency as an important step for resettlement success (Van Selm, 2014). These activities can be both markers of resettlement success and the means through which refugees are able to integrate further into their new home; for example, successfully completing one's education may then lead to a

good job. Although these sectors tend to get the most attention, the authors stress that there are other equally important domains (Ager & Strang, 2008). Integration may also be evaluated based on how refugees access citizenship and their rights in the new country (Ager & Strang, 2008). Social connections, both within-group and with members of other communities, are another crucial component to cultural adjustment; again, success in this area is partly dependent on the host community being willing to accommodate the new arrivals (Ager & Strang, 2008; Valtonen, 2008). Finally, there are the structural barriers which the resettlement country is generally expected to help reduce, like language and cultural learning (Ager & Strang, 2008). In the United States, resettlement case managers provide cultural orientation to clients and enroll them in English Language Learning (ELL) courses (US Department of State, 2017). These domains clearly inform one another, so that success in learning English will likely improve one's chances of gaining employment (Ager & Strang, 2008). Successful integration can take a number of different forms.

Resettlement Stressors

Resettlement in a new country often leads to additional stress for refugees. Although the practicalities of starting life in a new place may be similar to what other immigrants face, the experience can be quite different for refugees (Valtonen, 2008). They have been forced to flee their homelands and may not have had control over where they ended up; some hold out hope that they will be able to return home and therefore may be reluctant to embrace their current surroundings (Valtonen, 2008). They may worry about family and friends that are still in their homeland, and feel guilty that they were able to move to a safe place while their loved ones are still in danger (Kanter & Einhorn, 2016b). They may know very little about the place to which they are resettled, learning about the culture only after they arrive

(NCTSN, 2003). Refugees often have to learn a new language in order to participate in schools or the workforce (APA, 2010). For children, starting school can be quite stressful, particularly if their education was disrupted for long periods of time during their displacement (APA, 2010). They may be unaccustomed to the school routine, or may never have been in an educational setting like that in their new country (APA, 2010). At the same time they are learning about their new home, refugees may grieve the loss of their community and their connection with their homeland (NCTSN, 2003). Although refugees may no longer experience war when they are resettled, other stresses usually arise.

Resettlement can also lead to tension within the family. Each member of the family will react differently to their new surroundings. Often, the children adapt more quickly, which can cause their parents to worry that they are forgetting where they came from (APA, 2010; Athey & Ahearn, 1991; NCTSN, 2003). Kids also tend to master the language faster, so they may be responsible for translating for their parents (APA, 2010; NCTSN, 2003). The adults in the family must adjust to new roles; for example, only one spouse may be able to find a job, so the other one has to take on more responsibilities at home (APA, 2010; Athey & Ahearn, 1991; NCTSN, 2003). Parents may find it difficult to help a child who is struggling to adjust because they are experiencing the same difficulties (NCTSN, 2003). If certain family members were separated during their journeys, they also need to get to know one another again; sometimes, separation can last for years, so a caregiver may now be raising a teenager who they last knew as a small child (APA, 2010). The family unit itself may experience resettlement stress as much as its individual members.

Research and other articles about newly arrived refugees illuminate some of these differing responses. One study with asylum-seekers in Montreal found that parents and

children described their experiences and struggles quite differently (Morantz, Rousseau, & Heymann, 2011). The younger children tended to express less hardship about being separated from extended family, while their parents maintained stronger transnational relationships (Morantz et al., 2011). The children had been quite successful at learning the language, while the adults struggled more with learning French and finding employment (Morantz et al., 2011). Both generations reported that they had made some new friends, although the adults mostly forged relationships with those who shared their native tongue; the children were generally able to befriend local kids at school (Morantz et al., 2011). A *New York Times* article about a Syrian family resettled in Canada provides similar examples of the generation gap (Einhorn & Kantor, 2016). The oldest daughter progresses quickly in English learning and wants to experience the same freedom as her classmates, including participating in an overnight class trip (Einhorn & Kantor, 2016). Her parents, however, worry that she will forget her Syrian identity and are uncomfortable when she questions some of their decisions (Einhorn & Kantor, 2016). These stresses may persist for years depending on the family dynamics, as was explored in one study of 18-to-25-year-olds from refugee families who were born in the United States or came as young children (Miller, Kushner, McCall, Martell, & Kulkarni, 2008). Although experiences differed among the four ethnic groups profiled, most participants remembered having been upset by their parents' distress when they were growing up (Miller et al., 2008). In some families, the parents avoided talking about painful experiences, but this did not improve the family dynamics; instead, their children felt emotionally wounded that they were kept in the dark and that it was harder for them to understand their parents (Miller et al., 2008). The literature provides examples of resettlement stress within families.

Depending on where they are resettled, race and religion can also add to the stress of resettlement. Refugees may end up in areas where there are few people that share their ethnic background; their customs may be wholly unfamiliar to their new neighbors (APA, 2010; NCTSN, 2003). Depending on their ethnic background, they may also face discrimination; Iranian participants in one study reported that they experienced a lot of prejudice after the hostage crisis in 1979 (Miller et al., 2008). Dina Nayeri, an Iranian refugee who came to the United States as a child in the 1980s, also describes the bullying and discrimination she faced upon arrival (Nayeri, 2017). She also noticed an expectation that she should be grateful for having been allowed to come to America; her family was expected to talk only about how unpleasant life in Iran was, so she felt like she could not discuss the happy memories from her youth with Americans (Nayeri, 2017). One study with Muslim asylum seekers in the United Kingdom found that their religious identity added to their resettlement stress (Fiddian-Qasmiyeh & Qasmiyeh, 2010). The respondents felt that they were highly visible as Muslims, particularly the women who covered their heads or dressed modestly, and expressed concerns about being singled out on public transportation (Fiddian-Qasmiyeh & Qasmiyeh, 2010). Even those who were not observant felt they were under more scrutiny, because Islam had become politicized in their society (Fiddian-Qasmiyeh & Qasmiyeh, 2010). Faith and ethnicity can affect a refugee's adjustment in resettlement.

Mental Health Concerns for Refugee Children

The stress of displacement, flight, and resettlement can affect a child's development and mental health in many ways. Previously, research tended to focus on the effects of trauma and conditions that may arise as a result of it (Hart, 2014). Many have investigated the rates of post-traumatic stress disorder (PTSD) and other mental disorders in refugee

children, with the objective of identifying treatments that could help ameliorate these issues (Hart, 2014). More recently, however, the field has shifted to a resilience-based approach with the recognition that individual experiences and cultural variations may make clinical criteria less applicable for different populations (Hart, 2014). No matter the theoretical approach, it is crucial that contextual factors, like the family structure, are included in mental health research with refugee children; literature has consistently shown that a child's surroundings greatly impact their development (Betancourt & Khan, 2008). In this section, I explore both trauma-focused and resilience-based literature with the goal of providing a broad overview of common mental health concerns for refugee kids.

Impact of Traumatic Experiences

Some refugee children who have experienced trauma show negative symptoms stemming from their experiences. Athey and Ahearn (1991) define trauma as an event perceived as a direct threat to one or another's life, or an experience that is terrifying, overwhelming, and outside the range of normal life experience. Although the term usually brings to mind war and direct violence, one should also consider secondary traumas that may arise during displacement, such as the loss of one's community and the poverty that refugees often experience (APA, 2010). Experiences of conflict and trauma may exacerbate existing psychological conditions (NCTSN, 2003). Mental health can also interact with physical health in various ways. With limited medical care, a physical injury may not be treated right away and becomes a long-term, chronic condition; if this limits the individual's ability to get around, it can affect their mental health as well (NCTSN, 2003). Psychological issues may also manifest as somatic symptoms, so an anxious child may complain of stomach pain or headaches (NCTSN, 2003). The effects of trauma are a concern for many refugee kids.

Research has generally supported the claim that rates of PTSD and some other clinical disorders are higher in refugee children than in the general population. The review by Bronstein & Montgomery (2011) found that PTSD prevalence in refugee populations ranged from 19 to 54%, depending on the study; this range is quite large, but is consistently higher than rates in the general population, and similar to other populations who have experienced trauma. This review found that the prevalence of depression ranged from 3 to 30%; the upper end of that range is also higher than in the general population (Bronstein & Montgomery, 2011). Among other symptoms, anxiety, sleep difficulties, behavior changes, and psychological numbing have been found in refugee children (APA, 2010; NCTSN, 2003). In one study with Croatian children displaced by war in the early 1990s, mothers reported their children had eating disturbances, nightmares, general fearfulness, and difficulty with separation (Ajdukovic & Ajdukovic, 1998). Research has indicated that symptoms of PTSD and other disorders are not uncommon with refugee children.

Research on today's refugee populations suggests that they face similar mental health concerns. Many Syrian kids have seen conflict firsthand and endured the destruction of their homes or communities (UNHCR, 2015). Research with refugees living in Turkey found that nearly half of the children had clinical levels of anxiety and withdrawal (UNHCR, 2015). One psychiatrist who has worked in refugee camps in Turkey and Jordan reported that the young children who had lost a parent or sibling seemed to be the most affected; although not all had actually witnessed the death, the separation alone had a major impact on them (Almoshmash, 2015). He also noted symptoms of sadness, anxiety, hyper-vigilance, social withdrawal, and flashbacks to trauma (Almoshmash, 2015). A study of 8,000 displaced Syrians in Jordan found persistent fear, anger, lack of interest in activities, hopelessness, and

problems with basic functioning (James, Sovcik, Garoff, & Abbasi, 2014). The adults in this study cited the wellbeing and future of their children as the greatest source of their stress (James et al., 2014). The child participants reported that their distress stemmed both from direct exposure to war and the challenges of life in Jordan (James et al., 2014). Like other refugee populations, some Syrian children today show effects of the trauma they have witnessed.

In the past, the common theory was that there is a linear relationship between traumatic events and a person's reaction, so that an individual who experienced multiple traumas would always be more affected than someone who had witnessed only one event (Hart, 2014). It is true that the stressors of flight, migration, and resettlement tend to have a cumulative effect, so that someone who has a high rate of exposure to trauma is more at risk of showing symptoms (APA, 2010; Bronstein & Montgomery, 2011). Research, however, increasingly shows that the correlation between trauma and response is not straightforward; studies that use war exposure as the sole predictor of mental health outcomes generally find a significant level of unexplained variance in such models (Hart, 2014; Miller & Rasmussen, 2010). The individual response also depends on age, temperament, and other traits, but this relationship is not linear either (APA, 2010; Athey & Ahearn, 1991). For example, young children may be more at risk when they are separated from their parents because this can disrupt the attachment relationship; in middle childhood, however, kids may have more difficulty with being cut off from their peers and community (APA, 2010). Temperament is also believed to be influential; there is little known about its specific effects, but there is some evidence that creativity and intelligence are protective factors (APA, 2010). In general,

research has shown that there is no clear-cut way to predict how an individual will react to trauma.

It is important to be cautious when applying mental health diagnoses to refugees. Generally, psychiatric disorders are diagnosed based on the presence of symptoms or clusters of specific behaviors (Hodes, 2002). While these diagnostic criteria have been validated in the general population, these studies are often limited to kids living in Western countries (Hodes, 2002). Clinicians should ensure that any measure used to diagnose refugee children has been assessed for cross-cultural validity; for example, clinical cutoffs for one population may not be the same as for another group (APA, 2010; NCTSN, 2003). Likewise, parenting practices also vary across cultures, so one should be careful to avoid characterizing a child's development as abnormal simply because it does not resemble Western norms (NCTSN, 2003). The focus on PTSD has been especially criticized for the assumption that there is a universal response to trauma (APA, 2010). Another limitation is that studies often include participants from various backgrounds who likely have encountered different issues during migration; their findings may not be generalizable to other groups (Bronstein & Montgomery, 2011). With all this said, one recommendation is to proceed with caution when diagnosing mental health conditions in refugee children. Rather than focusing on the diagnosis and pathologizing the behavior, it may be better instead to just identify the symptoms that interfere with a child's development; the specific label is less important than helping the child function well in their environment (Hodes, 2002; NCTSN, 2003). Focusing on mental health diagnoses, while ignoring individual and cultural differences, is a major risk when working with refugee kids.

Resilience-Focused Approach

The resilience-based perspective instead focuses on how children and adults are able to overcome challenges, reflecting a shift in perspective from victimhood to agency (Hart, 2014). It is important when studying resilience not to minimize the effects of conflict and to recognize that even resilient children may experience long-term effects from trauma (Betancourt & Khan, 2008). Betancourt & Khan (2008) describe resilience as the attainment of desirable social outcomes and emotional adjustment despite exposure to considerable risk. Although many refugee kids face hardships on their journey, one should not assume a negative impact of forced migration (Hart, 2014). Even living in a war zone does not automatically mean a child will experience overwhelming stress (Athey & Ahearn, 1991). Resilience is often framed as a unique quality possessed only by certain individuals, but more recent research suggests that it is instead the result of protective factors and processes that help insulate children from the effects of their experiences (Betancourt & Khan, 2008). The danger in focusing entirely on trauma is that such a perspective emphasizes risk factors while ignoring the benefits of protective factors (Betancourt & Khan, 2008). There are three general categories that are believed to impact resilience and can become either risk or protective factors: the characteristics of the individual, the characteristics of their family, and the larger social environment (APA, 2010; Betancourt & Khan, 2008). Increasingly, research has focused on exploring how exactly these protective factors work in hopes to improve mental health treatment and programs for children (Betancourt & Khan, 2008; Bronstein & Montgomery, 2011). The resilience-based focus represents an important change in how we talk about mental health and what affects it.

Although resilience should not be seen as a quality possessed by only certain people, individual traits can affect one's ability to cope with trauma. In a study of Colombian child soldiers, Cortes and Buchanan found that a sense of agency, belief in hope and the future, and a connection to spirituality helped the participants cope better with their experiences (Betancourt & Khan, 2008). Coping strategies may also take different forms (Valtonen, 2008). They may be emotion-focused, so that the individual concentrates on managing their own feelings and distress, rather than trying to change the situation (Valtonen, 2008). Some cope through social support, leaning on others or their community to help them make it through (Valtonen, 2008). Finally, there is problem-focused coping in which the individual works to change their situation (Valtonen, 2008). No one mode of coping is best, because efficacy depends on the individual and the context (Valtonen, 2008). Individual characters certainly mediate the way a person copes with trauma.

Influence of Family and the Community

There is significant evidence in the literature that a parent's mental health has an enormous influence over their child's functioning (APA, 2010). The presence of family and caregivers is an important protective factor (Athey & Ahearn, 1991). Anna Freud's research with English children during World War II found that those who stayed with their parents in London generally coped better than children who were separated from family and sent to the countryside, even though the London kids were directly exposed to bombing (Athey & Ahearn, 1991; Betancourt & Khan, 2008; Felsman, 2001). For refugees, separation from family members can have an even larger effect than it did for the children escaping the London blitz, because they may not know where their relatives are and have no way to contact them (Felsman, 2001). A lack of family support can also become a risk factor (APA,

2010; Hodes, 2002). In some cases, the parents struggle to deal with the effects of their trauma and are not emotionally available to help their children cope (Athey & Ahearn, 1991; NCTSN, 2003). Caregivers who experience stress and struggle with their own mental health may be more likely to abuse their children; a study of Syrian refugees living in Jordan found that parents who were exposed to trauma and showed symptoms of it were more likely to practice poor parenting, including abuse and neglect (APA, 2010; James et al., 2014). One study with displaced Croatians found a positive correlation between the mother's post-traumatic stress reactions and the number of adjustment difficulties her child exhibited (Ajdukovic & Ajdukovic, 1998). Another study in Sweden compared a group of Iraqi refugee children to a control group of refugee kids from Egypt, Syria, and Morocco; all the Iraqi children had at least one parent who had experienced torture (Daud, af Klinteberg, & Rydelius, 2008). None of the children in the control group met for PTSD, while 31 of the 40 children who had traumatized parents showed symptoms of the disorder (Daud et al., 2008). The health of the family plays a key role in the health of the child.

The loss of one's community can be a risk factor, particularly when the family cannot provide a strong support system (Hodes, 2002). Children who have been resettled in a third country may struggle with a shifting identity while adjusting to their new community (Betancourt & Khan, 2008). There is a demonstrated relationship between racial discrimination, psychological distress, and low self-esteem; therefore, perceived discrimination in the resettlement community can be a risk factor for refugee children (APA, 2010; NCTSN, 2003). A positive racial identity, however, has been shown to boost self-esteem, so a tolerant environment could instead serve as a protective factor (APA, 2010). There is also evidence that maintaining a connection to one's cultural traditions can be

protective (NCTSN, 2003). Like family, the community can have a positive or negative impact on the child's functioning.

Mental Health Treatment

There is not much empirical data available on which mental health treatments are most effective when working with refugee children (APA, 2010). Nevertheless, there are many clinical programs currently in use that can provide some insight (APA, 2010). Cognitive behavioral therapy (CBT) has been shown to be effective with traumatized populations, helping them to address feelings of helplessness, fear, and anxiety (APA, 2010; NCTSN, 2003; NCTSN, 2005). Exposure therapy, in which the client revisits an experience through drawing or storytelling, may help with symptoms of PTSD (APA, 2010). Expressive art therapies can be particularly beneficial to younger children or those who are still learning the local language (APA, 2010; NCTSN, 2005). Some individual therapies show potential for helping refugee children.

Family-based interventions are also a promising area for children (NCTSN, 2003; Valtonen, 2008). As has been discussed, there is much evidence that the mental health of parents and the functioning of the family affect a child's own wellbeing (APA, 2010). Therapy involving the whole family can help relatives understand one another better (APA, 2010). A shared experience may be remembered differently by each family member, so it can be helpful for the parents to hear their kids recount past events from their perspectives (APA, 2010). These programs can also be useful for the clinician to get a better understanding of the child's home life and determine an appropriate treatment plan (APA, 2010). An example of a successful family-focused intervention was the CAFES program for Bosnian refugee families in Chicago (Weine et al., 2004). Research indicated this population was in need of mental

health services, but participation was low; because the family unit is generally at the center of Bosnian culture, they decided to create a family-focused intervention (Weine et al., 2004). The CAFES program consisted of group sessions, usually seven families per group, in which leaders facilitated conversations about topics like defining the family and using community resources (Weine et al., 2004). Holding group sessions helped participants network with other families and foster a sense of community (Weine et al., 2004). The groups were led by Bosnian refugees who were trained and supervised, so that the facilitators had a deeper understanding of the participants' cultural background (Weine et al., 2004). Follow-up data points indicated the program was successful in improving access to and engagement with services (Weine et al., 2004; NCTSN, 2005). Even programs that work only with parents can help their children. One program for internally displaced families in Bosnia and Herzegovina organized semi-structured group meetings for mothers to participate in therapeutic discussions (NCTSN, 2005). Although there was no direct intervention with the children, they were rated as having fewer problems at the post data point than kids in the control group, and showed greater positive physical changes (NCTSN, 2005). Psychoeducational programs for parents can also help them understand their children and learn to support them at home (NCTSN, 2005). Working with families can greatly help the children involved.

Establishing mental health programs in schools is an excellent way to reach refugee children (APA, 2010). In many cultures, there is a stigma attached to mental health treatment, so clients may be reluctant to go to a therapist's office (APA, 2010; NCTSN, 2003). Refugee parents may also be unfamiliar with the healthcare system, and therefore unable to find help for their kids even when they want to do so (NCTSN, 2003). School can offer a stable environment in which children are already comfortable (APA, 2010; NCTSN, 2003).

Involving parents in a school-based intervention can forge connections between the family and education system, which will be beneficial if any problems arise at school (NCTSN, 2003). With training, teachers can be a resource to identify children who are experiencing difficulty and refer them to the school's psychosocial support staff (APA, 2010; Hodes, 2002). Of course, school may be a challenging and stressful experience for some, but supportive educators can help their students adjust (APA, 2010). The Haven Project in Liverpool is an example of a comprehensive school program (Dutton, 2012). The project model is non-pathologizing, so staffers emphasize the strengths of the child and work to identify protective factors (Dutton, 2012). The project began by examining each school and its attitude toward refugees to identify potential barriers; the researchers then developed a protocol for staff to refer kids to services (Dutton, 2012). The project team invites parents to school for a general meeting about their children, rather than focusing only on psychological concerns; this allows school officials to learn more about the family's background and establish a personal relationship with the parents (Dutton, 2012). After this meeting, the Haven Project team writes a narrative account of the family's experiences and potential concerns, which is then given to the school with the parents' permission (Dutton, 2012). School-based programs are not limited to resettlement countries, but can also be implemented in countries of asylum or refugee camps. One review found that there were quite a few school-based studies in humanitarian settings, including controlled clinical trials in Armenia, Bosnia and Herzegovina, and Lebanon; the outcome of these studies showed improvement in symptoms of PTSD and depression (Tol et al., 2011). School-based intervention may be an effective way to reach refugee kids.

Improving Mental Health Care for Refugee Children

Psychosocial Support in Crisis Settings

After exploring some potential mental health concerns that arise for refugee children, I now want to focus on ways to improve mental health care for displaced kids. A review of the literature found that mental health care is increasingly part of humanitarian responses, but there is little information on what types of treatment work best (Tol et al., 2011). The most common activities are basic counseling for individuals, facilitation of community support for vulnerable people, provision of child-friendly spaces, community-initiated social support, and basic counseling for groups and families (Tol et al., 2011). For children specifically, organized play activities can be enormously beneficial to their mental health, since they may be out of school with little to occupy their time (Felsman, 2001). Creative play has been shown to be an important part of child development; structured play activities can have the added benefit of getting groups of children together, contributing to their social development as well (Felsman, 2001). Staffers can design activities using materials they have on hand, like plastic bottles or even rocks; there is no need for manufactured toys (Felsman, 2001). One controlled clinical trial with children in Palestine showed that structured social activities improved scores for internalizing and externalizing problems (Tol et al., 2011). Psychosocial support is increasingly becoming a focus in humanitarian settings.

These psychosocial interventions target the refugee population at various levels. Non-specialized support programs are one option that can benefit everyone; they provide basic mental health care to the general population, whether or not they show signs of mental illness (Tol et al., 2011). There are also specialized services, usually reserved for individuals who have expressed mental health symptoms (Tol et al., 2011). An example of such a program is

narrative exposure therapy for war-affected populations, which research indicates can help decrease PTSD and depression symptoms (Tol et al., 2011). Because there are likely not enough resources to provide everyone with specialized care, it is best to design generalized services that focus on resilience and can be beneficial to the entire community; organizations can then supplement these programs with more intensive care for those who need it (Miller & Rasmussen, 2010). Research indicates that providing both generalized and specialized care is the best solution for mental health care in emergency conditions.

The literature also provides recommendations on how to improve psychosocial support services during humanitarian crises. First, these programs should be embedded in emergency preparedness plans from the start, rather than instituted after a crisis begins (Van Ommeren, Hanna, Weissbecker, & Ventevogel, 2015). Health care professionals should be educated about mental health care, so that they know how to manage conditions in emergency settings (Van Ommeren et al., 2015). Interventions tend to emphasize PTSD and internalizing problems, but clinicians should broaden their focus to other symptoms that are common in refugee populations (Tol et al., 2011). Psychosocial care in these settings is often trauma-focused, but providers should also keep in mind how daily stressors, like overcrowding or limited access to food, affect mental health; such concerns tend to be more immediate than war exposure, and therefore are likely to have a larger effect on an individual's health (Miller & Rasmussen, 2010). There should also be coordination across sectors, like mental and physical health care, so that workers know what programs are available and what services their clients may already be getting (Van Ommeren et al., 2015). Mental health care in emergency settings is important and can be implemented well.

Role of Empirical Research

There is also a general need for reliable, empirical data about refugee experiences and concerns. Both in humanitarian settings and resettlement countries, research is sometimes focused on interventions that are not often implemented outside of the lab, while the most commonly used programs have not been thoroughly researched (Tol et al., 2011). Fostering collaboration between researchers, practitioners, and the target communities is a crucial step for learning what types of treatments are most beneficial (Hubbard & Miller, 2004; NCTSN, 2003; NCTSN, 2005; Tol et al., 2011). Research should evaluate both the program design and implementation, identifying obstacles that the target population may face in accessing care (Hubbard & Miller, 2004). It is not always practical or ethical to implement a randomized controlled trial, so researchers should embrace innovative research designs to study these populations (Tol et al., 2011). Whenever possible, there should be baseline and follow-up data collection, ideally with some quantitative measures, although those must be checked for cultural validity (APA, 2010; Hubbard & Miller, 2004). Research on refugee population tends to be cross-sectional, meaning that a group is studied at just one point in time (APA, 2010). There is a dearth of longitudinal research, which could give insight into the long-term effects and outcomes of refugee experiences (APA, 2010; NCTSN, 2003). Finally, the scientific community should ensure that clinicians are aware of the interventions that have been empirically evaluated and shown to be effective (NCTSN, 2005). Expanding research with refugees can provide information about what type of care actually works.

It can be very difficult, however, to include refugees in research, whether they are displaced or have settled in a new place. Refugee camps are often controlled by local governments or humanitarian agencies, so researchers must first get approval from them

before they can conduct studies there (Harrell-Bond & Voutira, 2007). The camps may be in hard-to-reach areas or close to conflicts, so even researchers who have approval may find it difficult to access them (Harrell-Bond & Voutira, 2007). Because of these restrictions, there is less information on how refugee adults and children cope with life in the camps (NCTSN, 2003). Even UNHCR, the lead agency working with refugees, has been apprehensive about research at times (Harrell-Bond & Voutira, 2007). In the 1980s, for example, a sociologist running an assistance program in Kenya applied to the government to study a method for providers to coordinate their work but was denied; he later discovered that officials from UNHCR had given a negative recommendation, so the government rejected his application (Harrell-Bond & Voutira, 2007). Researchers often depend on other organizations for funding, but those funders may then restrict how and where research is disseminated (Harrell-Bond & Voutira, 2007). Humanitarian organizations have a vested interest in showing that the refugees they assist truly need their help, so they may balk at results indicating that their programs are ineffective or could be improved (Sigona, 2014). The experiences of refugees who demonstrate adaptability or resilience in such circumstances tend to be ignored in favor of the stereotypical image of helplessness (Chatty, 2016). Agier (2010) describes humanitarian organizations as having a culture of templates, meaning that logistical knowledge is passed along by staff on how to run camps in a general context. The emphasis, however, tends to be on how to streamline the process for the aid workers, rather than focusing on what most benefits the residents at each individual camp (Agier, 2010). Getting access is a major barrier to conducting research with refugees in camps.

One recent study of Syrian refugees in Turkey found that it may be feasible to conduct research with refugee kids and parents (Cartwright, El-Khani, Subryan, & Calam,

2015). This study recruited caregivers from NGO-run schools near camps on the Turkish border with Syria; they asked parents to complete an emotional distress scale and a strengths and difficulties questionnaire, either on their own or with the help of a researcher (Cartwright et al., 2015). Of the parents who agreed to participate, there was a 74% return rate; for both questionnaires, more than half had complete data (Cartwright et al., 2015). Although this is just one small study, it is evidence that research can be implemented with refugees, despite the challenges.

Other ethical concerns arise when researching refugees, including the need to hear from them directly. As discussed previously, there is no singular refugee “voice,” although media reports often lump all refugees together without regard for their background or experiences (Sigona, 2014). Some organizations have begun to encourage more aesthetic outlets of expression, like storytelling or participatory photography (Chatty, 2016). Researchers should always consider the context of their situation, and that culture and identity cannot be separated from place (Chatty, 2014). Participatory research is one method that helps ensure the perspective of the refugee population is included in the research (Harrell-Bond & Voutira, 2007). When refugees write about experiences or conduct research themselves, they move from the typical role of the passive subject to an active participant (Chatty, 2016). Ensuring informed consent is a major concern for refugee populations, particularly if there is a language barrier; one must guarantee that every research participant fully understands the study, including all potential risks and benefits (NCTSN, 2003). Researchers must also make sure that their participants understand the study is voluntary, and that they will still receive assistance even if they decline participation (NCTSN, 2003). Finally, there must be a commitment to share any findings with the community or refugee

organizations; those who participate in the research should benefit from it if the treatment proves to be effective (Harrell-Bond & Voutira, 2007; NCTSN, 2003). Researchers working with refugees must consider various ethical issues that may not be as pertinent with other study populations.

Culturally-Informed and Community-Based Care

Considering the stresses of displacement and resettlement that have been previously discussed, it is enormously important that refugee kids have access to competent mental health services. I have previously discussed the importance of being trauma-informed and resilience-focused, but culturally-informed care can also be enormously beneficial to refugee clients (NCTSN, 2003; NCTSN, 2005). Cultural competence has varied definitions, but it usually requires that the provider is aware of their own cultural biases, familiar with some other cultural practices, and, perhaps most importantly, open to incorporating those practices into their work (APA, 2010). Although culturally-informed care may work better if the clinician has some knowledge of their client's background, they should take care not to rely on stereotypes (Kirmayer, 2012). A willingness to understand and respect a person's beliefs is much more useful than reading books about a particular group's cultural practices (Kirmayer, 2012; Valtonen, 2008). Providers must recognize that they, like everyone, are shaped by their background; they should determine whether their goals for the clients are based on their specific cultural beliefs, rather than what the client cares about (APA, 2010; Valtonen, 2008). Clinicians must be aware of the power dynamic that can form, particularly if they are from a historically powerful cultural group and the client belongs to a marginalized community (Kirmayer, 2012). Refugees may feel that they lack agency, because many aspects of their lives have been out of their control for years; service providers

must take care that their clients feel comfortable speaking freely and are aware that they ultimately choose what treatment they want (NCTSN, 2003; UNHCR, 2015). Culturally-informed care can be crucial to ensure adequate mental health treatment for refugees.

Culturally-informed care should include both an awareness of cultural differences and a willingness to adjust one's services accordingly. Refugees may not have had reliable access to mental health care for long periods of time, if ever, so providers should clearly describe their services and what they entail (Miller & Rasco, 2004; Valtonen, 2008). Clinicians must recognize that psychological constructs commonly embraced in their country may be unfamiliar to those from other backgrounds (APA, 2010). For example, clients who have no experience with therapy may interpret the provider's neutrality as a lack of sympathy or even collusion with those who inflicted trauma on them; service providers may need to alter this practice to better serve the population (NCTSN, 2003; Valtonen, 2008). Clinicians should acknowledge the stress that comes with resettlement, rather than focusing solely on experiences of displacement and migration (NCTSN, 2005). Somatization of psychiatric symptoms is common in some cultures, so providers should consider whether physical symptoms may actually be linked to a mental health concern (NCTSN, 2003; UNHCR, 2015). One element of culturally-informed care is being open to incorporating traditional healing methods that may be more familiar to the client; this includes acknowledging their religious or spiritual beliefs, particularly as they relate to mental health (Leiper de Monchy, 1991; Miller & Rasco, 2004). Although the provider may not personally ascribe to these beliefs, they should take care to avoid "psychological imperialism," insisting that their default method of treatment is best for every population (Miller & Rasco, 2004). A willingness to embrace a client's cultural practices can also help strengthen the provider-

client relationship (APA, 2010). When working with children, clinicians must remember that parenting practices vary by culture (Korbin, 1991). For example, spanking is common in some places, but frowned upon or even criminalized in others. Rather than condemning caregivers as neglectful or abusive, providers should meet with them and thoughtfully discuss these issues, explaining what is and is not acceptable in the society without judging their fitness as parents (Korbin, 1991). Clinicians must be willing to adjust their programs for their clients.

A community-based approach may offer a better way to reach refugee populations. Clients may be unfamiliar with the health care system and services offered in their new community (Leiper de Monchy, 1991; Miller & Rasco, 2004). Forging relationships with local organizations can help improve access to programs, because they can reach community members who might benefit from but be unaware that services exist (APA, 2010; Leiper de Monchy, 1991; NCTSN, 2005; Valtonen, 2008). It may be more convenient to offer services at these community organizations, rather than asking clients to come to a therapist's office (Miller & Rasco, 2004; NCTSN, 2003; UNHCR, 2015). Clinicians should also consult with community members on their primary concerns and organize interventions accordingly (Miller & Rasco, 2004). If an individual is anxious about finding a job, focusing solely on their past trauma may not be productive; the client may need to address their financial concerns first before they are open to discussing other issues (Miller & Rasco, 2004; NCTSN, 2003). Providers could also reduce barriers to access by offering child care, so that parents do not have to worry about finding their own when coming in for services (NCTSN, 2003; Valtonen, 2008). Working with community organizations can increase accessibility for refugees.

Another suggestion for culturally-competent programs is to include members of the community in their staff (Leiper de Monchy, 1991; Valtonen, 2008). Language barriers can be a major obstacle in mental health care, so bilingual employees can help in this regard; using interpreters is not ideal, because it can create distance between provider and client (Leiper de Monchy, 1991). Ideally, service providers should hire clinicians that are familiar with or members of the community with which they work (NCTSN, 2005). If they cannot find bicultural professionals, however, they could train community members and pair them with clinicians to assist with services (NCTSN, 2003; NCTSN, 2005). The CAFES program is an example of this option; the family group meetings were led by refugees who had been trained by the program staff (Weine et al., 2004). Service providers should also encourage community members to enter the mental health field, so that it will be easier in the future to find staff with knowledge of the culture (APA, 2010). Including community members in service settings can help clinicians better serve their clients.

In this literature review, I have provided an overview of the types of experiences that refugees, particularly children, encounter when they flee their home and migrate to a new place. I also addressed various mental health concerns that are common among refugees, and how service providers can work to better serve their clients. In the following section, I will take a closer look at refugee resettlement in the United States today, based on my experiences interning at a resettlement agency.

FIELDWORK: REFUGEE RESETTLEMENT PROCESS IN THE UNITED STATES TODAY

How Refugees Come to the United States

As part of my internship at a refugee resettlement agency, I became familiar with the intensive process that refugees face before being resettled in the United States. I will describe my internship in the next section, but here I plan to explore the resettlement process in detail. In the fiscal year 2016, nearly 85,000 refugees were admitted to the United States; 10,000 of those slots were designated for Syrian refugees, and President Obama's plan was to admit a similar number of Syrians the following year (U.S. Dept. of State, et al., 2017). This was a change from the ceiling of 70,000 in fiscal year 2015, which was increased in part because of the large number of refugees worldwide (U.S. Dept. of State, et al., 2017). President Obama set the ceiling for fiscal year 2017 at 110,000 refugees, although that number has been challenged by the new presidential administration (U.S. Dept. of State, et al., 2017). The chart below breaks down the number of refugees admitted and expected from each region of the world (U.S. Dept. of State, et al., 2017).

**REFUGEE ADMISSIONS IN FY 2015 AND FY 2016
PROPOSED REFUGEE ADMISSIONS BY REGION FOR FY 2017²**

REGION	FY 2015 ACTUAL ARRIVALS	FY 2016 CEILING	FY 2016 PROJECTED ARRIVALS	PROPOSED FY2017 CEILING
Africa	22,472	25,000	27,500	35,000
East Asia	18,469	13,000	14,000	12,000
Europe and Central Asia	2,363	4,000	4,000	4,000
Latin America/Caribbean	2,050	3,000	1,500	5,000
Near East/South Asia	24,579	34,000	38,000	40,000
Regional Subtotal	69,933	79,000	85,000	96,000
Unallocated Reserve		6,000		14,000
Total	69,933	85,000	85,000	110,000

All refugees who come to the U.S. enter through the United States Refugee Admissions Program (USRAP) (U.S. Dept. of State, 2017). A refugee's journey to resettlement in the United States typically begins with a refugee status determination interview with UNHCR or another qualified NGO (U.S. Dept. of State, n.d.b). From this interview, UNHCR officials determine whether the individual qualifies for refugee status under the 1951 Convention definition (U.S. Dept. of State, 2017). Less than 1% of the world's refugees will be referred for resettlement, so the United States prioritizes those that are deemed most vulnerable (U.S. Dept. of State, 2017). Vulnerability is assessed on a case-by-case basis, but it often means those individuals are persecuted in their country of asylum or unable to integrate locally (U.S. Dept. of State, 2017). The United States does not restrict refugee admissions to particular origin countries, and does not require English language skills or a particular educational background (U.S. Dept. of State, 2017). If the refugee individual or family appears to be a good candidate for resettlement to the United States, they will be referred to the U.S. Department of State, who then takes charge of processing and reviewing their case (U.S. Dept. of State, n.d.b). There are some categories of individuals who can enter USRAP without first getting a refugee status determination (U.S. Dept. of State, n.d.b). Priority 2 group referrals are for individuals of specific nationalities or ethnic groups who are determined to be more vulnerable; they may apply for resettlement in their country of origin (U.S. Dept. of State et al., 2017). An example of those who fall under Priority 2 is religious minorities from Iran (U.S. Dept. of State et al., 2017). Individuals in the Priority 3 category must have an immediate family member who previously came to the U.S. as a refugee or were granted asylum (U.S. Dept. of State et al., 2017). USRAP processes and screens all refugees who may be resettled in the United States.

The security screening for refugees is incredibly thorough and takes at least 18 months on average to complete (U.S. Dept. of State, n.d.b). Refugees are vetted more than any other group that enters the United States; Syrians have an enhanced review that involves the Fraud Detection and National Security Directorate (United States Citizenship & Immigration Services [USCIS], 2015; U.S. Dept. of State, 2017). All cases referred to the United States are processed by one of the nine Resettlement Support Centers (RSC) around the world, which are funded by the Bureau of Population, Refugees, and Migration (PRM) within the State Department (U.S. Dept. of State, n.d.b). A case can consist of the principal applicant, their spouse, and any unmarried children under 21 years of age (U.S. Dept. of State, 2017). The RSC begins to gather biographic and biometric data that will be used to screen the refugees for security concerns (USCIS, 2015; U.S. Dept. of State, 2017). The screening is jointly run by the U.S. Departments of State and Homeland Security, but other government security agencies, including the Federal Bureau of Investigation (FBI) and National Counterterrorism Center, also participate (U.S. Dept. of State, n.d.b). Security screening for refugees is a long process with many steps.

Officers from U.S. Citizenship and Immigration Services (USCIS), a division of Homeland Security, review the initial results of the screening and conduct in-person interviews with all adult applicants in their country of asylum (U.S. Dept. of State, n.d.b; U.S. Dept. of State, 2017). These officers are educated about refugee law, fraud detection, security protocols, and the countries of origin for their interviewees (Kerwin, 2012; USCIS, 2015). The USCIS interviewers verify biographical information, take fingerprints, and get details on the refugees' personal history and any other pertinent details (U.S. Dept. of State, 2017). This information is used to determine whether the individual is eligible for

resettlement under the U.S. criteria; if so, their case moves on and the security screening continues (U.S. Dept. of State, 2017). An interagency check screens all biographical data, including name and date of birth, for applicants within certain age ranges (USCIS, 2015). Fingerprints are reviewed in databases run by the FBI, Homeland Security, and the Department of Defense, which check criminal records, immigration violations, and terrorist watch lists (U.S. Dept. of State, n.d.b). When new information arises, such as a new name or alternative spelling, this information is checked in the databases again and another interview is conducted (USCIS, 2015; U.S. Dept. of State, n.d.b). If any inconsistencies are found, the case will be put on hold until they can be resolved (U.S. Dept. of State, n.d.b). If there is any doubt that the individual could be a threat, the Department of Homeland Security will not approve their case (U.S. Dept. of State, 2017).

While it is important to thoroughly screen refugees referred to the United States, the current system has been criticized for being too broad in who is denied admission. The terrorism-related grounds of inadmissibility (TRIG) are guidelines that determine which individuals fit the definition of refugee but cannot be resettled in the United States due to security concerns (Kerwin, 2012). The current definition, established in the 2001 Patriot Act and 2005 Real ID Act, states that an individual is barred if they committed an act that they knew or should have known gave material support to a terrorist organization or activity (Kerwin, 2012). Critics, however, have noted that the definition of terrorist activity applied in these cases is so broad that it could potentially include any armed force by a non-state actor directed at anyone (Kerwin, 2012). The current interpretation of the law does not consider the individual's intent in providing support or the type of regime opposed; therefore, material support given under duress or to combat a repressive government would still be exclusionary

(Kerwin, 2012). Another issue is that the security screening apparatus is ill-equipped to deal with individuals who have the same or a similar name as someone on a watch list (Kerwin, 2012). This particularly affects those from places that have poor documentation, and clearing them can take six months to a year during which they must remain in the host country (Kerwin, 2012). All clearances have expiration dates, so if the refugee is delayed in their departure or one part of the process takes longer than expected, they may have to redo previous screening steps (Kerwin, 2012). These security concerns can also prevent relatives from being approved, thereby holding up the entire family (Kerwin, 2012). The current security screening procedure sometimes unfairly rejects individuals who do not reasonably pose a threat to national security.

A Syrian man resettled in the United States recently published an illuminating account of his experiences (Hassoun, 2017). Mostafa Hassoun had never left Syria before the civil war began; he fled to Turkey with his parents and siblings in 2011, and applied for resettlement there in 2013 (Hassoun, 2017). He had five interviews over 15 months, either in-person or over the phone, with UNHCR and U.S. agencies (Hassoun, 2017). At his first interview with the UN, officials recorded his height and weight, took photos, and fingerprinted him (Hassoun, 2017). His family was interviewed both individually and together; he was asked questions about his religion, politics, and his involvement in the Syrian uprising (Hassoun, 2017). The information gathered was checked against other sources; in a subsequent interview, he was asked the same questions but usually with follow-ups based on information he had previously given or that was discovered in the agency checks (Hassoun, 2017). As Hassoun puts it, by the time he finished the security screening process, the officials in charge of his case file probably knew more about him than his own

family (Hassoun, 2017). Although this is just one case, it provides an illustration of how extreme refugee security vetting already is.

Once a case passes all security checks, the refugee applicants will be approved for resettlement (U.S. Dept. of State, n.d.b). Before they can travel, however, they must pass a health screening, which confirms that they have no communicable diseases that could put the American population at risk (U.S. Dept. of State, 2017). Refugees also complete a brief cultural orientation overseas to help them prepare for life in the U.S. (U.S. Dept. of State, n.d.b; U.S. Dept. of State, 2017). Finally, the case is matched with a resettlement agency who will work with the refugee upon their arrival in the United States (U.S. Dept. of State, n.d.b). Once the resettlement agency assures the case, the International Organization for Migration (IOM) books their travel (U.S. Dept. of State, n.d.a). All refugees take out a loan through IOM to pay for their flights; repayment typically begins 6 months after their arrival (U.S. Dept. of State, 2017). Upon arrival, Customs and Border Patrol will verify the refugee's identity by matching fingerprints to those previously collected by Homeland Security (USCIS, 2015). A representative from the resettlement agency meets the refugee individual or family at the airport, beginning their participation in the Reception and Placement program (U.S. Dept. of State, 2017). After completing the security and health screenings, refugees finally arrive in the United States.

There are nine resettlement agencies in the U.S. who contract with the State Department to provide specific services to clients starting their new lives in America.³ Each

³ The nine resettlement agencies are Church World Service (CWS), Episcopal Migration Ministries (EMM), Ethiopian Community Development Council (ECDC), HIAS, International Rescue Committee (IRC), Lutheran Immigration and Refugee Services (LIRS), United States Conference of Catholic Bishops (USCCB), and World Relief (WR) (Refugee Processing Center, n.d.).

agency has affiliates located across the United States; altogether, there are approximately 315 local affiliates, serving 180 communities (U.S. Dept. of State, 2017). Each week, the nine agencies meet to allocate refugee cases who have just been approved (U.S. Dept. of State, n.d.a). Based on the needs of the refugee family and the resources of the resettlement agencies, they are allocated to the organization that is best equipped to assist them (U.S. Dept. of State, 2017). If they have a close relative already living in the United States, they will likely be resettled in the same area (U.S. Dept. of State, n.d.a). There is an established process for determining where refugees are resettled.

American faith-based organizations have a long history of providing refugee assistance (Eby, Iverson, Smyers, & Kekic, 2011). Faith organizations were active in advocating for the reorganization of the refugee program, which was formalized in the 1980 Refugee Act with the creation of USRAP (Eby et al., 2011). Although six of the nine agencies have religious affiliations, proselytizing is strictly prohibited; agencies do not work only with refugees who share their faith (Eby et al., 2011). Faith-based organizations often partner with local religious institutions, so they can be particularly well-equipped to help refugee clients connect with their new community (Eby et al., 2011). These resettlement agencies may reach out to the local organizations to gather donations, recruit volunteers, and establish a social support network; secular resettlement agencies sometimes tap into these networks too (Eby et al., 2011). Because many religions have a tradition of service to others, this can help forge a connection between refugees and volunteers, even when they have different beliefs (Eby et al., 2011). Faith-based organizations are a key part of the resettlement structure in the United States.

The Reception and Placement (R&P) program provides families with a case manager who provides certain services during their first 90 days in the United States. R&P is funded by the State Department which gives money to the resettlement agency to cover the cost of their labor (U.S. Dept. of State, n.d.a). The cooperative agreement, the contract that each resettlement agency signs with the State Department, details exactly what services must be provided and when they must be done (U.S. Dept. of State, n.d.a). Before the refugee even arrives, the resettlement agency must find a residence for them and furnish it with basic essential items; for example, the cooperative agreement requires that there must be as many of each utensil as there are members of the family (Shulman, 2016; U.S. Dept. of State, n.d.a). The State Department's Bureau of Population, Refugees, and Migration gives the resettlement agency a one-time sum of \$1125 per refugee to cover some of their initial expenses, like first month's rent (U.S. Dept. of State, n.d.a). Within the first 30 days of arrival, the case manager must ensure that the family registers for Social Security numbers, signs up for public benefits, enrolls in Medicaid, and that the children register for school (U.S. Dept. of State et al., 2017). The cultural orientation that began overseas continues after arrival; the resettlement agency is required to give lessons on topics like U.S. laws, health care, and education (Goldstein, 2017; U.S. Dept. of State et al., 2017). The emphasis of the R&P program is on early self-sufficiency, so the case manager also works with their clients to find employment; they are legally allowed to begin working as soon as they arrive. If needed, resettlement staff enroll the refugees in English language courses too (U.S. Dept. of State, n.d.a; U.S. Dept. of State et al., 2017). Resettlement workers may take their clients to the grocery store or on public transportation to help them become familiar with their

neighborhood (Goldstein, 2017). The R&P program requires that refugees and their case managers accomplish quite a bit in those first three months.

From my internship experience and discussions with people working in refugee resettlement, I have noticed some shortcomings of the R&P program. The one-time payment of \$1125 per individual does not go very far when one considers major expenses like rent. Although refugees are eligible for public benefits and case managers assist their clients in signing up for them, that additional money may still not be enough to live on. While I understand that the State Department does not have unlimited resources, the short duration of the R&P program makes it difficult to achieve the stated objective of self-sufficiency. For someone who has just arrived in the United States and may not speak English fluently or at all, 90 days is an incredibly short time to find a job that can support their family. There are additional programs, like the Targeted Assistance Grant (TAG), that focus on employment and fund services that last beyond the R&P period, but not all refugees qualify for them. Because R&P is so short, refugees are encouraged to start working as soon as possible. For many, particular those who have less education or are not fluent in English, this means taking a low-paying, entry-level job. They may still be able to attend English classes at night or on weekends, but working full-time will limit the time they have to spend on learning the language. This emphasis on self-sufficiency can come at the cost of ensuring long-term success and integration into the community (Kerwin, 2012). A longer R&P period could allow newly arrived refugees to spend a significant amount of time focusing primarily on language learning; mastery of English could then make it easier for them to find a well-paying job. In general, the current R&P program cannot adequately adapt to the needs of different groups and individuals (Kerwin, 2012). While the State Department emphasizes

self-sufficiency in its approach, the limitations of the R&P program mean that this goal can be difficult to accomplish.

HIAS New York and Westchester County Resettlement

To supplement my research for this thesis and gain some direct experience with the topic, I began interning with HIAS New York, an affiliate of one of the refugee resettlement agencies, in the fall of 2016. My tasks were primarily related to HIAS New York's project to resettle refugees in Westchester County, a brand-new site. I will go into detail about my work later, but I first want to give some background on HIAS. HIAS was founded in 1881 as the Hebrew Immigrant Aid Society, making it the oldest refugee resettlement agency in the world (HIAS, n.d.). When it began, the objective was to help Jews fleeing the pogroms in Russia and Eastern Europe by providing meals, clothing, and dorm space in a shelter (HIAS, n.d.). HIAS opened an office on Ellis Island in 1904 where they offered translation services, tracked down relatives of detainees, and argued against deportations (HIAS, n.d.). In 1975, the State Department asked HIAS to assist with resettling Vietnamese, Cambodian, and Laotian refugees, although this was not the first time they worked with non-Jewish groups (HIAS, n.d.). In the early 2000s, HIAS expanded its resettlement program to work with refugees of all backgrounds (HIAS, n.d.). In 2002, they opened a center in Kenya to help refugees there; they currently have operations in ten countries, offering legal services, psychosocial care, and livelihood support (HIAS, n.d.). HIAS has a long history of working with refugees in the United States.

HIAS New York, where I interned, is the local affiliate for HIAS Inc. in New York City. Because of the high cost of living in New York City, refugees are usually only resettled there if they have a relative living in the area who can help support them. Likewise, there was

previously no resettlement in Westchester County, which is located immediately north of New York City, because housing is expensive. In the summer of 2015, however, members of the Westchester community came together to ask what they could do in response to the worldwide refugee crisis. They advocated for the local affiliates to begin resettling in Westchester County. HIAS NY held a number of meetings in the area to educate the community about USRAP and gauge their interest in volunteering with refugees. In response to this outpouring of community support, HIAS New York created a host organization model in which they work with volunteer from community groups. Partnering with local organizations allows HIAS NY to tap into existing support networks and supplement their basic R&P services, thus making resettlement in Westchester a viable option.

In the summer of 2016, HIAS NY applied to the State Department to open a sub-office in Westchester County and begin resettlement. As part of the cooperative agreement, a resettlement agency cannot just decide to open an office and bring refugees to a new community. Instead, they must apply to the State Department to verify that they have the resources to support resettlement services, and that refugees can become self-sufficient living in the area. Because of the Obama administration's commitment to increase the number of Syrian refugees, the community's specific interest in this population, and the expertise of its staff, HIAS NY applied specifically to resettle Syrian refugees. The Westchester resettlement project formally began with an application to the State Department last summer.

I began my internship with HIAS NY in October while they were awaiting approval from the State Department. During this initial period, our focus was mainly on reaching out to and coordinating with the community institutions that planned to become host organizations. The HIAS NY model requires that each group organize its volunteers into

certain committees with responsibilities like finding housing, gathering donated furniture, and researching employment options. Within each host organization, there is a core group of 10 to 12 volunteers who work directly with the family in their home; members of this core group coordinate with HIAS NY to provide services like transportation to appointments and English language tutoring. Host organizations can consist of a single congregation or institution, or multiple groups that join forces in a consortium. All host organizations, however, were asked to commit to working with the family for at least six months to a year. While waiting for State Department approval, HIAS NY staff also reached out to local stakeholders, like mayors and school superintendents, to inform them of our plans, answer their questions about resettlement, and inquire about local resources that could benefit our clients. While waiting for State Department approval, HIAS NY worked with community members to prepare for resettlement.

In December 2016, HIAS New York received approval from the State Department to open its Westchester sub-office and begin resettlement. At this time, all potential host organizations were asked to submit a letter of intent outlining their capacity to assist refugees. These applications included information on the number of volunteers, organization of the group, and areas of expertise for its members. Once HIAS NY was satisfied that a group would be able to fulfill their commitment as a host organization, they sent out approval notifications and began scheduling trainings for the group members. We conducted a general orientation for each host organization that included all potential volunteers. In this orientation, we described USRAP, explained the security screening process, and reviewed the host organization model. To supplement this orientation, we also created a guide for all volunteers that detailed the responsibilities of each committee. The core group of volunteers

was required to attend an additional three-hour training in which we discussed their roles and responsibilities in greater detail. Once all training was complete, core volunteers were required to submit applications and pass background checks before the host organization would be deemed ready to accept a refugee case. As part of the HIAS New York model, members of the host organizations were required to undergo extensive training.

Although the host organization model is new for HIAS NY, there are similar programs elsewhere that can provide insight into this system. Canada allows private citizens to sponsor refugees, providing financial and practical support for one year (Kantor & Einhorn, 2016a). The *New York Times* has published a series of articles about this program, providing examples of both the advantages and difficulties of such an arrangement. One benefit of enlisting volunteers is that the families are immediately in contact with friendly community members; as I discussed in the previous section on resettlement, a welcoming community can help refugees adjust to their new homeland. Nevertheless, issues of cultural differences will arise. In the case of the Canadian families, an invitation to go trick-or-treating for Halloween helped the sponsors appreciate that their traditions may need to be explained to the newcomers (Einhorn & Kantor, 2016). The sponsors did not initially realize that the mother had concerns about the significance of Halloween; after a discussion, however, she felt better about it and allowed her kids to go trick-or-treating (Einhorn & Kantor, 2016). As the volunteer in this situation recognized, the goal was to introduce the family to Canadian customs without imposing these practices on them (Einhorn & Kantor, 2016). The experiences of the Canadian sponsors can provide insight into the challenges that arise when host organizations work with refugees.

In creating our host organization model, HIAS NY has tried to anticipate some of the issues that the volunteers may face and address them in advance. Like the Canadian sponsors, the host organizations have agreed to work with the families for a period of one year, although many hope to maintain a personal relationship with the refugees after that. In our trainings, we emphasize that volunteers should be aware and respectful of potential cultural differences. Formal cultural orientation is a requirement of the R&P program, but the expectation is that volunteers will offer informal lessons on American culture, while still respecting the family's right to make choices and maintain their own traditions. Volunteers are encouraged to learn about the customs of the refugee's home country and potentially even a few phrases of their native language, but also warned not to rely on stereotypes. For example, we will likely be working with families from Muslim-majority countries, but volunteers should not automatically assume the refugees are religious; they may practice another faith or may not be observant at all. Although volunteers can research the religious centers in advance, they should check with the family about their interest in such activities before planning anything. The key is to follow the refugees' lead and not make assumptions based on their origin.

Financial concerns for both the Canadian refugees and their sponsors arise throughout the process. Before the refugees arrived, sponsors debated whether it was better for them to live close to the sponsors, or in a neighborhood with other Syrians that was more affordable; they worried that the family would have to move to a cheaper apartment after the year of support ended (Kantor & Einhorn, 2016a). The Canadian sponsors also had to determine how the monetary donations would be spent and how the sponsors would work together (Kantor & Einhorn, 2016a). In the case profiled in the article, the sponsored family had close relatives

still living in poverty in Lebanon, who asked them regularly whether they could come to Canada too (Kantor & Einhorn, 2016b). The sponsors had to decide whether they felt they could support additional relatives, or if it was best to just invest all their resources in the family already there (Kantor & Einhorn, 2016b). Managing expenses was an issue that surfaced even before the refugees came.

These financial matters become particularly relevant as the period of formal sponsorship came to an end. The Canadian system requires that sponsors provide support for one year; after that, it is up to the individual families and the volunteers to decide what they want their relationship to look like moving forward (Kantor & Einhorn, 2017). In the case of one family, the sponsors decided that they wanted to stay in their lives, but they would no longer financially support them (Kantor & Einhorn, 2017). They realized, however, that it would be difficult for the family to immediately take charge of all their finances; throughout the year, volunteers had accompanied the family to the bank to make deposits, rather than having them do such tasks on their own (Kantor & Einhorn, 2017). The sponsors had also enrolled the children in many activities, like ice hockey, which add up monetarily (Kantor & Einhorn, 2017). They wanted the refugees and their children to have all the benefits of a middle-class childhood that their own kids did, even if that was not financially feasible without sponsor support (Kantor & Einhorn, 2017). Being mindful of costs is one lesson from the Canadian sponsors.

HIAS NY emphasizes that volunteers should be aware of the financial issues from the beginning of the process. The R&P program in the United States emphasizes early self-sufficiency, so the HIAS NY model follows suit. At our meetings with the host organizations, we stress that they should look for housing only in affordable areas, rather

than in their own neighborhoods; the goal is that the family will be able to afford the rent once they start working. Likewise, host organizations are reminded to keep all expenses reasonable so that family will be able to maintain their lifestyle once they are on their own. Although the volunteers may be used to shopping at expensive grocery stores, they should take the refugees to more affordable shops and help them maintain a budget. The goal of the HIAS New York host organization model is to be mindful of and encourage self-sufficiency throughout the process, so that our clients do not face the same issues as the Canadians when the sponsorship period ends.

Concerns about self-sufficiency are not limited to matters of money. In the *New York Times* articles, the Canadian sponsors eventually realized that the amount of volunteer support they provided may have created a situation of dependency (Kantor & Einhorn, 2017). The sponsors became an intimate part of the family's lives, much more so than a professional caseworker does (Einhorn & Kantor, 2016). As Kantor and Einhorn put it (2016b), "the grandmotherly group had become the [family's] funders, chauffeurs, tutors, and all-around tacticians." Because the parents did not speak English, the volunteers took on some parental responsibilities, like speaking to teachers (Einhorn & Kantor, 2016). They realized, however, that the level of help that they provided was not sustainable forever (Kantor & Einhorn, 2017). At some point, they needed to trust the parents to make sure their children made it to school and appointments on time (Kantor & Einhorn, 2017). By driving the family everywhere instead of riding the bus with them, the sponsors fostered dependency that could hurt them in the long-term (Kantor & Einhorn, 2017). The volunteers also acknowledged that their own desires may have hindered their goal to help the family become self-sufficient (Kantor & Einhorn, 2017). Many of the sponsors are retirees, so they could spend hours a

day with the family, taking them wherever they needed to go; they also appreciated having a newfound purpose (Kantor & Einhorn, 2017). Although they had good intentions, the Canadian sponsors may have done too much for their families, rather than teaching them to do things themselves.

In the HIAS NY model, volunteers are expected to encourage self-sufficiency for the refugee family. Like the Canadian sponsors, members of HIAS NY host organizations may become liaisons with the children's schools, but we stress that volunteers should foster relationships between the parents and the school, rather than handling all communication themselves. If the adults do not speak English, volunteers should work with HIAS NY to ensure that interpreters are available for appointments like parent-teacher conferences; the parents are then able to speak for themselves, rather than relying on volunteers to advocate for them. The host organization members are expected to show the refugees how to ride the bus and accompany them on it, rather than driving them everywhere. Volunteers are expected to be mindful of the family's needs and wishes, ahead of their own. Although the group that works directly with the family is limited to 12 people, some host organizations have dozens more volunteers who have signed up to work on one of their committees. These volunteers may spend hours finding housing or researching employment opportunities for the refugee family, and yet never get to meet them. Although the host organization may eventually hold a large event at which the family can meet everyone, HIAS NY staff remind them at the trainings that this is not a promise we can make in advance. Ultimately, it is up to the family whether and when they are comfortable meeting the volunteers. In general, we emphasize that our clients ultimately make their own choices about their lives; volunteers and resettlement agency staff can give advice but cannot decide for them. Through our training

and host organization model, HIAS NY has tried to ensure that volunteers know what to expect when working with refugee families.

When the new presidential administration came to power in January 2017, the status of USRAP was in doubt. While HIAS New York remains committed to plans for Westchester resettlement and collaboration with host organizations, the political context has shifted regularly. In the next section, I will discuss the changing public perception of refugees and recent events that affect resettlement in the United States.

Current Political Context and Recent Events

In recent years, the public perception of refugees has shifted away from a humanitarian focus toward security concerns. This is not an entirely new phenomenon, as refugees in past conflicts have also been viewed with suspicion. A 1948 poll in the aftermath of World War II found that 57% of Americans would not approve of any plan to resettle 10,000 European refugees in their state (Desilver, 2015). After South Vietnam collapsed in 1975, 49% of respondents to a Harris poll said they opposed allowing 130,000 Vietnamese, Cambodians, and Laotians evacuated by American forces into the U.S. (Desilver, 2015). The 9/11 terrorist attacks spawned a new era of securitization of migration with speculation that there was a direct link between terrorism and lenient immigration controls (Hammerstad, 2014). After 9/11, asylum procedures received a lot of public attention, even though all of the attackers came on tourist visas (Hammerstad, 2014). After such a tragedy, there was understandable anxiety about how to prevent something similar from happening again (Hammerstad, 2014). Restricting immigration may seem like the obvious answer, since a potential terrorist cannot commit an attack in the United States if they cannot get here; addressing the external factors and political issues that lead individuals to commit terrorism

is much harder to accomplish. The economic downturn in 2008 also increased worries that allowing more immigrants would take jobs away from citizens (Hammerstad, 2014). In the case of refugees, however, it is hard to make an economic argument against accepting people who have faced persecution; couching resistance to them in security terms is more palatable (Hammerstad, 2014). The securitization perspective on refugee resettlement tends to be more motivated by economic anxieties or political strategy than a genuine concern about the security risks of admitting refugees.

Some countries have made use of the exclusion clause in the 1951 Convention, which allows governments to take additional measures to protect their own security. For example, they may keep an asylum seeker in detention while their case is under review; some places have even deported asylum seekers before they have a chance to prove their claim of persecution (Hammerstad, 2014). After signing a friendship agreement with Libya in 2008, in which it pledged a \$5 billion investment in Libyan infrastructure, the Italian navy started forcibly returning boat migrants to Libya without processing any asylum claims (Human Rights Watch [HRW], 2009). This violated the basic principle of non-refoulement, because Libya had no asylum procedures and a well-documented history of mistreating migrants (HRW, 2009). The security-focused approach to migration has gained prominence in the early 21st century, threatening the rights and safety of refugees.

The large numbers of asylum seekers arriving in Europe the past few years have made some Europeans uneasy (Hammerstad, 2014; Ignatieff, Keeley, Ribble, & McCammon, 2016). After the fall of the Soviet Union, there was concern in Western Europe that their economies would not be able to survive an influx of Eastern Europeans; similarly now, some of the apprehension is about whether there are enough resources to sustain asylum seekers

and locals (Hammerstad, 2014). There have also been fears that terrorists are posing as refugees when they enter Europe (Ignatieff et al., 2016). Some of the individuals who carried out the attacks in Paris and Brussels used fake Syrian passports in Greece, but they were born in Europe and were French or Belgian citizens (Dearden, 2016). There have also been reports linking asylum seekers to a rise in crime, even though there is no evidence that the two are related (Hammerstad, 2014). At the 2016 General Assembly, Ben Emmerson, a UN investigator, announced there is little proof that terrorist groups use refugee flows to sneak into Europe; likewise, there is no evidence that asylum seekers are prone to being radicalized (Dearden, 2016). Furthermore, he emphasized that the public focus on refugees as potential criminals can be used by extremists to reinforce their belief that Muslims cannot live safely in Western countries (Dearden, 2016). The focus on security concerns has surged in popularity in some European countries as they receive many asylum seekers.

The securitization approach has gained traction in the United States as well. In a *Time* article about a Syrian family resettled in Iowa, several townspeople noted their security concerns. A local hotel manager expressed that people deserve a safe haven “as long as they’re not a person that blows up my church” (Shulman, 2016). One volunteer working with the family says that her sister is a Trump supporter and asked if she was scared to be around them, yet she also donated clothes for the refugees (Shulman, 2016). A *New York Times* story described what happened when the mayor of Rutland, a small town in Vermont, announced plans to resettle 100 refugees there in 2017 (Bidgood, 2017). This plan was partly motivated by economic concerns, because the small town has lost much of its population; the hope was that new refugees could replace some of the workforce that left, hopefully preventing the remaining employers from leaving town (Bidgood, 2017). When plans were announced,

however, an opposition group formed called Rutland First; an online petition against resettlement referred to refugees as “the same people who hate us” (Bidgood, 2017). This claim belies the fact, that according to a Cato Institute report, no person accepted to the United States as a refugee since the Refugee Act of 1980 has been implicated in a major terrorist attack (Levenson, 2017). Although there is no factual basis for the security concerns, some in the United States are apprehensive about resettling refugees in their communities, particularly those from Muslim countries.

The new presidential administration tends to emphasize those security fears, whether or not there is any evidence to support them. In December 2015, the Trump campaign issued a press release that called for a “total and complete shutdown of Muslims entering the United States” (Diamond, 2015). The press release referenced an online poll from a controversial website that claimed 25% of Muslims living in the U.S. believed violence against Americans was justified if part of jihad, but the reliability of this statistic is questionable (Diamond, 2015). Corey Lewandowski, the campaign manager at the time, clarified that it would apply to all Muslims entering the country, including tourists and those on immigrant visas (Diamond, 2015). The then-candidate had previously advocated for surveillance of mosques and said he was open to creating a Muslim registry (Diamond, 2015). Trump indicated that the ban would continue until security procedures were reviewed and he was confident that no potential terrorist could enter the U.S. (Diamond, 2015). The Republican candidate made clear early on that he viewed all Muslims coming to the United States, including refugees, with suspicion.

Early in his first term, the new President issued an executive order that was in line with his earlier comments on Muslims. One week after his inauguration, Trump signed an

order that halted all refugee admissions for 120 days, except on a case-by-case basis if officials from the State Department and Homeland Security determined it was in the national interest (Executive Order No. 13769, 2017). This order also blocked the entry of all nationals from seven Muslim-majority countries for 90 days (Executive Order No. 13769, 2017). Although these countries were not named in the order, the administration announced later that they were Iran, Iraq, Libya, Somalia, Sudan, Syria, and Yemen (Shear & Cooper, 2017). Syrian refugees were specifically singled out in the order, which stated that their entry was suspended indefinitely until changes were made to USRAP to ensure that admitting them was in the national interest (Executive Order No. 13769, 2017). The stated purpose of the order was to prevent the United States from admitting people that do not support the Constitution or prioritize violent ideologies above American law (Executive Order No. 13769, 2017). It specifically cited 9/11, claiming that State Department policy prevented consular officers from adequately checking the attackers' visa applications, and that a number of foreign-born individuals had been implicated in terrorism since then (Executive Order No. 13769, 2017). This reasoning contradicted the fact that none of the 9/11 attackers came to the U.S. as refugees or were from any of the countries included in the ban (Shear & Cooper, 2017). During the pause in refugee admissions and entry of individuals from those countries, officials from government agencies like the Homeland Security and the State Department would be tasked with reviewing security and visa application procedures to ensure that they were adequate (Executive Order No. 13769, 2017). The executive order also reduced the number of refugees to be admitted in fiscal year 2017 to 50,000, claiming that it would be detrimental to the interests of the United States to admit the 110,000 originally planned by President Obama (Executive Order No. 13769, 2017). Once refugee admissions restarted

after 120 days, religious minorities were to be prioritized to the extent permitted by law; comments from the president to the Christian Broadcasting Network indicated that this exception was primarily included to help Christian refugees from Muslim countries (Executive Order No. 13769, 2017; Morello, 2017; Shear & Cooper, 2017). Former New York City Mayor Rudy Giuliani publicly claimed that the new president had asked him how to legally institute a Muslim ban, indicating that this order was an offshoot of his original plan (Calamur, 2017). The January 27 executive order fulfilled some of the ideas put forth by Trump during his presidential campaign.

The executive order was met with immediate protests. The International Rescue Committee condemned it in a public statement shortly after it was signed as “harmful and hasty” (Morello, 2017; Shear & Cooper, 2017). It was not immediately clear if the order would apply to those who were in flight when it was signed, but reports soon emerged of individuals being detained at U.S. airports and even deported, despite having valid visas (Calamur, 2017; Morello, 2017). There were stories about refugees stranded in third countries who were en route to the United States, and Iraqis who had worked with the American military being barred from flights (Calamur, 2017). In response to these detentions, there were large protests at airports across the country, including JFK in New York City and LAX in Los Angeles; immigration lawyers stationed themselves in airport cafes, so that they could quickly step in to represent detained travelers (Grinberg & McLaughlin, 2017; Liptak, 2017). Two days after the order was issued, 10,000 people gathered at Battery Park City in New York to march in protest (Grinberg & McLaughlin, 2017). Initially, it was unclear whether the order applied to legal permanent residents, also known as green card holders, who were from the seven named countries (Calamur, 2017).

After stories emerged of green card holders being detained, the Secretary of Homeland Security issued a clarification two days after the order was signed saying that they would be exempt (Calamur, 2017). While the president had claimed it was more difficult for Christian refugees to gain entry to the United States, a report from the Pew Research Center found there were almost as many Christian refugees as Muslims admitted in 2016; in addition, many more Muslims than Christians have been displaced by the Syrian Civil War and the rise of ISIS (Morello, 2017; Shear & Cooper, 2017). In a poll conducted by the *Washington Post* in 2015, 78% of Americans said they supported equal consideration for refugees regardless of religion, indicating that this particular provision was not in line with the majority view (Morello, 2017). There was an enormous public outcry against the January 27 executive order.

This order also faced legal challenges. The American Civil Liberties Union (ACLU) filed the first suit on behalf of two Iraqis who were detained at JFK airport (Calamur, 2017). In the first few days after the executive order was signed, judges in Alexandria, Boston, New York City, and Seattle ruled against detaining people at airports, though they did not initially comment on the legality of the order itself; some rulings also ordered that detainees should be granted legal counsel (Burns, 2017a; Calamur, 2017). The Governor and Attorney General of Washington state filed a lawsuit the following Monday to get the executive order blocked, saying that it was an attack on the Muslim faith and would hurt businesses and people in their state (Burns, 2017a). The Council on American-Islamic Relations (CAIR) filed a lawsuit in Virginia on behalf of 27 Muslims residing in the United States, including American citizens and individuals who could potentially be blocked if they left the country (Burns, 2017a). HIAS, the agency at which I am interning, initiated its own legal challenge filed by the

ACLU in Maryland on behalf of HIAS and other plaintiffs (HIAS, 2017). Critics of the executive order found early success in the judicial process.

A week after the executive order was signed, Judge James Robart in Seattle ruled to block key parts of it, including the ban on entry of refugees and nationals from the seven countries (Liptak, 2017). The federal appeals court then unanimously voted to reject the administration's request that the ban be reinstated, meaning that it would remain on hold until a higher court ruled on the matter (Liptak, 2017). While the administration's lawyers claimed the court had no authority to check the president's power on immigration matters, the court rejected this argument, saying that the judiciary can rule on constitutional challenges to executive actions (Liptak, 2017). The decision also stated that the executive order did not improve national security, and there was a good chance the initial challenge would succeed on the basis that the order violated due process for green card holders, visa holders, and refugees (Liptak, 2017). The appeals court ruling in Seattle officially put the executive order on pause.

Although the president told reporters that he thought his administration would prevail on appeal, he later issued a new executive order to replace the previous one (Executive Order No. 13780, 2017; Liptak, 2017). This order, signed on March 6, was similar to the first one but with some key differences, likely made to improve its chances of holding up in court (Executive Order No. 13780, 2017; Savage, 2017). The effective date for the order was ten days after it was issued, presumably to avoid the chaos at airports that arose after the January 27 executive order (Executive Order No. 13780, 2017). It kept the 120 day pause on all refugee admissions, with allowances for case-by-case exceptions, and again reduced the ceiling to 50,000 (Executive Order No. 13780, 2017). This order explicitly stated that it did

not apply to legal permanent residents or dual nationals traveling on the passport of a country not banned; the initial order had included dual citizens, although there were some reports that citizens of the United Kingdom were exempt (Calamur, 2017; Executive Order No. 13780, 2017). In fact, any individual who had a valid visa issued before January 27, even those from the banned countries, could come to the United States, assuming that their visa was still valid at the date of their entry (Executive Order No. 13780, 2017). The president removed Iraq from the list of banned countries, saying that their government is an American ally and had already taken steps to improve their documentation; Iraqis nationals, however, would still be subject to more scrutiny than citizens of other nations (Executive Order No. 13780, 2017). The justification for the order was also revised, since the previous one focused on the 9/11 attacks (Executive Order No. 13780, 2017). The new order cited the cases of two Iraqis and a Somali native who came through USRAP and were later convicted of terrorist-related crimes; it also stated that there are 300 individuals who entered as refugees and are now under investigation by the FBI, although the administration has provided no further support for this claim (Executive Order No. 13780, 2017). The clause about prioritizing religious minorities, which was mentioned in some legal challenges, was removed; the first section of the order, however, also argues that it was not discrimination because it included religious minorities from anywhere, and therefore could have referred to Muslims from non-Muslim-majority countries (Executive Order No. 13780, 2017). The March 6 executive order made some key changes but largely kept the restrictions on USRAP.

Despite the modifications in this executive order, there were further legal challenges to it. The national director of the ACLU declared that it was still essentially discrimination against Muslims under the pretext of national security (Savage, 2017). The general consensus

was that the changes would make this order harder to block, especially because it no longer excluded individuals with valid visas (Savage, 2017). Plaintiffs would need to demonstrate immediate and irreparable harm, but with only a 90-day pause on issuing new visas to individuals from the six countries, this would be more difficult (Savage, 2017). Nevertheless, a ruling by a federal judge in Hawaii on March 15 paused the ban on travel from the six countries and for refugees, as well as the reduction in the refugee ceiling; this blocked implementation of these provisions nationwide just hours before they were due to begin (Burns, 2017b). Judge Derrick Watson asserted that discrimination against Muslims still appeared to be the main objective of the order, even though the administration claimed this was not the case; a federal judge in Maryland also concluded that it was likely a Muslim ban, although his ruling only covered the travel ban and not the halt to refugee admissions (Burns, 2017b; Robbins, 2017). As with the initial challenges, comments from administration officials, including the president, were cited as evidence that the order was discriminatory (Burns, 2017b; Savage, 2017). After the ruling was released, the president criticized it as politically motivated and stated the new executive order was meant to be a “watered-down version of the first one” (Burns, 2017b). The March 6 executive order again faced legal challenges and was blocked in court.

It remains to be seen whether the executive order will be on hold long-term or if the administration will pursue, and potentially win, an appeal. Nevertheless, it is important to note that these executive orders have already had a significant impact on resettlement agencies (Robbins, 2017). These organizations largely depend on money from the State Department, but this is not a guaranteed source of funding (Robbins, 2017). They receive \$950 per refugee to help cover administrative costs, but that only comes through if there are

arrivals (Robbins, 2017). The president's proposed budget includes a 30% decrease in funding for the State Department, although it is unclear how this would affect the resettlement program (Robbins, 2017). Many resettlement agencies had increased staffing in preparation for the higher ceiling announced by President Obama, but now have had to lay off employees due to the uncertainty about USRAP (Robbins, 2017). Church World Service, for example, fired 560 of the 600 employees at its Resettlement Support Center in Kenya, while World Relief closed five offices in the United States; in some cases, those laid-off workers were once refugees themselves (Robbins, 2017). Although the legal rulings mean that refugee admissions will continue for the time being, resettlement agencies cannot just rehire those workers because USRAP and therefore the funding to pay them may be stopped again (Robbins, 2017). The legal challenges have blocked some provisions of the executive order, but there have already been consequences for refugee resettlement agencies.

Looking Ahead

In this final section, I want to push back against the current prioritization of security concerns over the needs of refugees and look to the future of resettlement in the United States. Focusing solely on security tends to strip forced migrants of their humanity (Hammerstad, 2014). The 1951 Convention lays out some basic safeguards for refugees, but even those who are party to the Convention do not face real consequences if they ignore it; its success depends on countries recognizing forced migrants as such and therefore deserving of certain protections (Hammerstad, 2014). The securitization approach tends to blur the distinction between forced, economic, and other migrants, making them all objects of suspicion (Hammerstad, 2014). The 1951 Convention states that an individual's right to asylum should not be restricted if they arrive without legal status, but this guideline is not

always followed (Hammerstad, 2014). Although the securitization approach typically prioritizes the state's interest in security, Hammerstad (2014) argues that there could be an inclusive approach which concerns itself with the security of all people, not just citizens of a particular nation. Policies created with this perspective in mind would recognize that refugees are not a threat, but instead worthy of protection like everyone else (Hammerstad, 2014). Admitting refugees and maintaining national security are not mutually exclusive.

Considering the huge numbers of displaced persons in the world right now, it is crucial that the United States continues to be a leader in refugee resettlement. The Syrian civil war is ongoing with no immediate signs of resolution; furthermore, if Assad wins out over the opposition, it will not be safe for many Syrian refugees to return home (O'Hanlon, 2016). The United States has always accepted the largest number of refugees of any country; in 2016, it took in 64% of all resettled refugees worldwide (U.S. Dept. of State et al., 2017). It is important to remember that the biggest asylum countries host many more refugees than the US accepts annually; there are nearly 3 million Syrian refugees in Turkey alone, but only 107,000 people total were resettled in 2015 (UNHCR, n.d.; UNHCR, 2016). The United States government could increase staffing in asylum countries to speed up the refugee admissions process without compromising national security (Ignatieff et al., 2016). The U.S. could also work with the governments of those host nations to ensure that refugees live in better conditions (Ignatieff et al., 2016). If the United States shuts down or dramatically reduces USRAP, then other nations will likely follow suit; this would leave millions of refugees in vulnerable situations worldwide, since local integration is not possible in many places. There would be little hope of convincing new countries to start their own resettlement

programs. Rather than scaling back admissions, the United States needs to maintain its role as world leader of refugee resettlement if there is any hope of easing the current crisis.

In addition to governmental concerns about security, public opinion in many places has turned against refugees. If USRAP and refugee admissions are going to continue and succeed, we need to convince our fellow citizens that resettlement is necessary and even beneficial. The *Welcoming Refugees* toolkit, available online at the Welcoming America website, provides guidance on how to talk about these issues. Although some of its tips center on the economic benefits of refugee resettlement, it is important to also remember the fundamental argument offered by Dina Nayeri in her article for *The Guardian*. It is a basic human obligation to help others, regardless of whether one gets anything out of that kind gesture; as she eloquently puts it, “a person’s life is never a bad investment, and so there are no creditors at the door, no debt to repay” (Nayeri, 2017). *Welcoming Refugees* gives guidance on how to reframe the conversation about refugee admissions (Welcoming Refugees, n.d.). It suggest that advocates should always incorporate emotion into their discussions, because that tends to be more motivating than relying only on logics and facts; it is also important to understand the audience’s worldview first and then craft one’s message accordingly (Welcoming Refugees, n.d.). People tend to think of refugees as living in camps halfway across the world, so advocates should remind them that there are refugees already living in the United States and possibly in their communities (Welcoming Refugees, n.d.). Stories about refugees one knows personally can be quite powerful, although they should only be shared with that individual’s consent (Welcoming Refugees, n.d.). Advocates may also talk about the history of the United States as a nation of immigrants, and that it was founded on the values of equality and freedom of religion (Welcoming Refugees, n.d.). For

those concerned that refugees will take too many jobs or become an economic burden, advocates can explain that areas tend to see an economic boost from resettlement; many immigrants start their own businesses and add jobs to the area (Welcoming Refugees, n.d.). If they have concerns about security or assimilation, then one could explain the security screening process; they could also be reminded that it is difficult to move to a new country and adjust to their customs, especially for refugees who may not have thought they would ever leave their homes (Welcoming Refugees, n.d.). The *Welcoming Refugees* toolkit offers some helpful tips on how to educate one's neighbors about refugees.

Finally, the Global Minds club at a Pittsburgh high school serves as an example of a small project that can have a positive impact on those involved. Freshman Peyton Klein was inspired to start the club when she noticed how a new classmate was struggling to communicate with their teacher (Born, 2017). Global Minds is a weekly after-school program designed to help the new English-language-learning (ELL) students and their English-fluent peers better understand and get to know one another (Born, 2017). Klein visited two ELL classrooms to get input from the students before starting her club (Born, 2017). The group is guided by an ELL teacher and discusses relevant topics like human rights, diversity, and international relations (Born, 2017). A recent meeting had 25 kids from seven different countries; one student from Saudi Arabia said that the club has helped her adjust to life in her new community (Born, 2017). Global Minds provides an opportunity for students of different backgrounds to get to know one another; discussing international relations and similar topics allows each student to bring in expertise from their own experiences, even if they are new to the community. While this is just one program in one city, it is a model for other projects that could foster connections between refugees and their neighbors.

Knowing everything that refugees may go through during displacement and migration, it is essential that we advocate for them and refugee resettlement in the United States. With the number of displaced people in the world at its highest point since World War II, it is clear that this refugee crisis is not going away anytime soon. Although resettlement is an option available only to a small percentage of refugees, it is crucial that we support those individuals who come to the United States by welcoming them into our communities and ensuring that they get the support they need to succeed in their new lives. We must not let misguided concerns about national security win out over the needs of human beings.

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