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War-exposed newcomer adolescent immigrants facing daily life stressors in the United States



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ABSTRACT

For adolescents new to the United States, the experience of war and acculturative stressors may play complex roles during early stages of adjustment to a new culture and country. The overall purpose of this study was to deepen understanding of the experiences of adolescents who are new to the United States, also called “newcomers”, through the examination of pre-migration war exposure and post-migration acculturative stressors as predictors of psychosocial adjustment and academic achievement. The study sample included newcomer immigrant and refugee youth (N = 184) with an average of 3.5 years in the United States. Triangulated data were collected from youth, teachers, and official school records. Results indicated that the participants who were exposed to war (N = 57) experienced more self-reported and teacher-reported anxiety, more self-reported conduct problems, and had lower academic achievement than participants who had not been exposed to war. Acculturative stressors also predicted more self-reported anxiety, conduct problems, and lower academic achievement, but only for those adolescents without war exposure, suggesting that exposure to traumatic events like war may change newcomer adolescents' response to acculturative stressors. This may be related to the development of coping or growth that follows after trauma, which enable youth to navigate other life challenges. Understanding potential risk and resilience associated with war exposure among newly arrived students can assist clinicians, educators, and researchers in creating solutions to difficulties in psychosocial adjustment and academic performance.

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Introduction

The focus of this paper is on how war exposure and acculturative stressors impact psychosocial adjustment among newcomer immigrant adolescents living in the United States. According to the United Nations High Commissioner for Refugees (UNHCR) almost 65.3 million people were forcibly displaced worldwide as a result of persecution, conflict, generalized violence, or human rights violations by the end of 2015 ([United Nations High Commissioner for Refugees \[UNHCR\], 2016](http://www.unhcr.org/)).

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Approximately 21.3 million people have refugee status and 51.0% of those are children under the age of 18 (UNHCR, 2016). The United States (U.S.) has traditionally resettled the most refugees worldwide, with nearly 70,000 being resettled in 2015 (Zong, Batalova, & Auclair, 2015).

Refugees are among the approximately one million new immigrants who make the U.S. their home each year (American Psychological Association [APA], 2013). It is projected that by 2020, one in three children in the U.S. will be the child of an immigrant (APA, 2013). All adolescents who are new to the U.S. (also called “newcomers”) share the common experience of having migrated from their home country. Some may have left their home country voluntarily (e.g., immigrants) whereas other may have been forcibly displaced due to violence and war (e.g., refugees). Although newcomers arrive in the U.S. with unique migratory journeys and varying legal circumstances, many of the social implications of resettlement in the U.S. are common across groups, with the new country becoming a focus of hope and new beginnings.

Newcomer adolescents to the U.S., particularly those exposed to war, are considered a vulnerable group (APA, 2012). This is due to the potential for previous exposure to potentially traumatic events such as armed conflict, persecution, and gang violence pre-migration and/or during migration, but also to post-migration issues of adjustment such as linguistic, social and cultural acculturation as they settle into new culture and new country (APA, 2012; Berry, 1997; Fazel, Reed, Panter-Brick, & Stein, 2012; García Coll & Marks, 2011; Suárez-Orozco & Suárez-Orozco, 2001). In one study, rates of trauma exposure and onset of psychological disorders were compared for adult voluntary migrants with those who had been forced to flee to the U.S. (e.g., refugees). Refugees in the sample had experienced more trauma events, particularly war trauma (Rasmussen, Crager, Baser, Chu, and Gany (2012). The onset of post-migration psychological sequelae was similar for the two groups, perhaps explained by commonalities like the stressors of resettlement, subsequent toll on mental health, resilience, and exposure to high levels of trauma.

For newcomer adolescents, the role that war exposure plays in the process of adaptation post-migration can be viewed from a social ecological perspective. This perspective emphasizes the importance of understanding the dynamic inter-relationships between an individual and the varying layers of his/her social context (Bronfenbrenner, 1977). From a social ecological perspective, an individual’s health, well-being, and functioning are in part affected by interactions among different levels of ecology, including individual, community, social and political, and disruptions at any level can have profound effects (Baldwin & Ellis, 2012). The immigrant and refugee experience by definition includes disruptions in the layers of social-ecology throughout each phase of the journey. Therefore, social environmental factors, including previous exposure to war, and current acculturative stressors, are important factors to consider in the healthy adjustment of newcomer youth. It is also important to understand how stressors impact outcomes that reside at various levels of a social ecology: for example, psychological symptoms (within an individual across settings), and academic achievement (a school-based manifestation of adjustment).

War exposure and psychological adjustment

Many immigrant adolescent newcomers to the U.S., particularly refugees, have been exposed to potentially traumatic events in their homeland and/or throughout their journey (Collier, 2015; Kennedy, 2014). Among refugees under the age of 18, exposure to war violence is a robust predictor of mental health problems (Fazel et al., 2012). A subsample of refugee children and adolescents from the U.S. National Child Traumatic Stress Network (NCTSN)’s Core Database Set¹ estimated that 27% of war exposed youth suffer from anxiety, and 21% struggle with general behavioral problems (Betancourt et al., 2012). Systematic reviews find that anywhere from 11 to 93% of children and adolescent refugees meet diagnostic criteria for posttraumatic stress disorder (Barenbaum, Ruchkin, & Schwab-Stone, 2004; Fazel, Wheeler, & Danesh, 2005). This huge range leaves open the question of which experiences and life circumstances most impact adjustment.

Post-migration acculturation – the dynamic process of learning to relate to others from different cultures and navigate within a new social and cultural context (Berry, 2005), is shaped daily by stressors like language difficulties, discrimination, and socioeconomic problems, and are a reality for most youth who resettle in a new country such as the U.S. (Patel, Tabb, Strambler & Eltareb, 2014; Gonzales, George, Fernandez, & Huerta, 2005). Chronic stressful experiences related to acculturation are often referred to as acculturative stressors (Berry, 1997). For example, newcomer youth often continue to be exposed to community violence after settlement. Kataoka et al. (2003) reported that weapon-related violence was commonplace, with 69% ($n = 157$) of their sample endorsing this type of exposure to community violence. Exposure to such chronic life stressors has been found to alter the relationship between war exposure and mental health outcomes in youth with pre-migration trauma (Betancourt, McBain, Newnham, & Brennan, 2013; Ehntholt & Yule, 2006; Ellis, MacDonald, Lincoln, & Cabral, 2008; Fazel et al., 2012). Some studies have proposed that daily stressors can operate as mediators that explain the relationship between pre-migration trauma and psychosocial functioning (Fernando, Miller, & Berger, 2010; Rasmussen et al., 2010).

For example, a study of youth in Sri Lanka found that exposure to major traumatic events was not the primary source of distress, but that chronic, daily life stressors predicted internalizing and externalizing symptoms beyond what was predicted by war and tsunami exposure (Fernando et al., 2010). Furthermore, daily life stressors associated with poverty were stronger

¹ The NCTSN’s Core Database Set is comprised of just over 14,000 children and adolescents who received clinical services at NCTSN-affiliated sites across the U.S. between 2004 and 2010.

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