Chapter 8
The Psychology of Enforced Mobility

Wendy Ager and Alastair Ager

My home is in Mozambique, but I can't be free there

(Mozambican refugee, Malaŵi, 1991).

I came from a place where everyone knows my name, to a place where no one knows me at all. Sometimes I hear people calling my name in the neighborhood where I live but I find out that it's only the wind

(Somali refugee woman, Canada, 1994).

It is hard when people don't understand why you left your home. They think you came for bettering things, something like that. You are more miserable here than you were at home – it makes you feel the burden very heavy

(Rwandan refugee, Scotland, 2002).

Newspapers and politicians say we should go home. Do you think that if our home was safe, we would want to come here? No. We would be in our home. One day I hope to go home and build a place where homeless people can go

(young refugee, London, 2002).

Abstract One of the earliest accounts of the psychological and social issues faced by refugees is Kraus's pre-war study of forced new settlers fleeing to the USA from Nazi Germany The analysis is interesting from a number of standpoints, but none more so than its title, 'Starting life anew in a strange country'. For many this phrase will capture something of the motivation for flight, and perhaps also the challenge, of the forced new settler. But it also suggests common misconceptions regarding the experience of flight, refuge and settlement. " Fleeing for one's life" is in part an act of personal, physical survival. But it also carries with it the potential for once more – or perhaps for the first time – being able to shape one's story, to (re)construct identity, trajectory and meaning. This life, however, seldom involves

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"starting life anew", as it brings with it experiences that are a foundation for the future. Furthermore, the "strangeness" of the country seldom turns out to be the major determinant of wellbeing and settlement. In this chapter we seek to present historical and current conceptualizations of the experience of forced new settlers that draw together the contribution of psychological, social, economic and political factors. We illustrate these with respect to a number of discrete case studies of specific contexts of enforced migration. Firstly, we look at Mozambican refugees in Malaŵi from 1988 to 1992 and discuss our survey conducted across two very distinctive areas: one comprising refugee camps in Mangochi District and the other integrated settlements – Mozambicans living alongside Malaŵians in existing villages – in Ntcheu District. One of the most valuable insights from this work was recognition of the potential value of a psychological perspective on a humanitarian discourse, which to this point had been dominated by other social sciences. Secondly, we discuss work done following a volcanic eruption in Montserrat. The focus here was on the one-third of the population who remained on the island, internally displaced onto harsh, previously sparsely populated land to the north of the island. A situational analysis suggested that distress was most tangibly linked to the loss of human, social and cultural resources rather than to acute exposures to overwhelming events. Thirdly, we look at unaccompanied young people seeking asylum in Scotland. Reflecting the themes of the Psychological Working Group (PWG) framework, support spanned developing human capital (support to enter educational or vocational programmes), social capital (providing a reliable source of social support and opportunities to extend networking as people settled into the city) and cultural capital (using an art exhibition and a music video project to explore shared values and aspiration as young people displaced to the city). Finally, we seek to draw together some practical outworkings of such analysis in work with refugees and other forced migrants.

Keywords Refugee · Psychosocial · Integration · Case studies · Policy

Abbreviations

DFID	Department for International Development
IASC	Inter-Agency Standing Committee
IDPs	Internally Displaced Persons
PWG	Psychosocial Working Group
RENAMO	Mozambican National Resistance
SRC	Scottish Refugee Council
UNHCR	United Nations High Commissioner for Refugees

One of the earliest accounts of the psychological and social issues faced by refugees of which we are aware is Kraus's pre-war study of forced new settlers fleeing to the USA from Nazi Germany (Kraus, 1939). The analysis is interesting from a number of standpoints, but none more so than its title, 'Starting life anew in a strange country'. For many this phrase will capture something of the motivation for flight,

and perhaps also the challenge, of the forced new settler. But we believe that it also suggests common misconceptions regarding the experience of flight, refuge and settlement."Fleeing for one's life" is in part an act of personal, physical survival. But it also carries with it the potential for once more – or perhaps for the first time – being able to shape one's story, to (re)construct identity, trajectory and meaning.[1] This life, we will suggest, seldom involves "starting life anew" as it brings with it experiences, some painful and debilitating but others the source of resilience and capacity, that are a foundation for the future. Furthermore, the "strangeness" of the country seldom turns out to be the major determinant of wellbeing and settlement. It is not so much exotic unfamiliarity that creates challenges for the forced new settler – though this may be an initial obstacle – but more often the structural barriers of racism, insecurity and under-employment. In the following sections we seek to present historical and current conceptualizations of the experience of forced new settlers that draw together the psychological, social, economic and political factors shaping outcomes. We illustrate some of these with respect to a number of discrete case studies of specific contexts of enforced new settlement. Finally, we seek to draw together some practical outworkings of such analysis in work with refugees and other forced new settlers.

The Nature and Scope of Forced New Settlement

The Geneva Convention Relating to the Status of Refugees (1951) is the main legal instrument defining the status and entitlements of a refugee. Two principles – those of protection and of "non-refoulement" lie at the core of the Convention. Article 1 of the Convention states that the protection afforded by refugee status shall be granted to:

> any person who owing to a well-founded fear of being... .persecuted for reasons of race, religion, nationality, membership... .of a particular social group or political opinion, is outside his... .country of nationality and is unable...or unwilling to avail himself... .of the protection of that country.

This principle is reinforced by a second, elaborated in Article 33, regarding the concept of "non-refoulement". This principle establishes the obligation of a country to which an individual has fled to protect a refugee from forcible repatriation.

These legal definitions and obligations significantly shape the expectations and experience, and thus the psychological challenges and adjustments, of refugees.

The Convention was drafted in the aftermath of the Second World War by member states of the United Nations, and reflects the language, culture and predominant nature of refugee movements in that period. However, despite significant changes

[1] The narratives at the head of this chapter are drawn from Ager, Ager and Long (1991), Canadian Council on Refugees (1998), Ager (2002a) and Newham Children's Fund (2002) respectively.

in the nature of forced new settlement in subsequent decades (for example, mass population movements following outbreaks of military conflict), the Convention remains the fundamental framework with respect to which policy and practice is developed.

The Convention allows states considerable discretion in determining the status of refuges and the right to asylum and in interpreting their responsibilities and obligations. A number of analysts (Richmond, 1994; Westin, 1999) have demonstrated that behind the rhetoric, the policy of most governments is to limit refugee entry. Increasing regulation of international new settlement based on the perception that refugees are an especially threatening category of new settler means that legislation often focuses on "deterrence, restrictionism and containment" (Zetter, in Ager, 1999 p. 76).

The term "refugee" is generally used in everyday speech to describe people who have been forced from their homes, whether across borders or internally displaced, because of conflict or disaster.[2] The United Nations High Commissioner for Refugees (UNHCR), the United Nations body mandated to oversee work in this area, in fact identifies seven population categories,[3] collectively referred to as "persons of concern to UNHCR". These include: (a) refugees (that is those people who have refugee status), (b) asylum-seekers (that is those people who are seeking asylum within a particular state), (c) internally displaced persons (IDPs), (d) refugees who have returned home (returnees), (e) IDPs who have returned home, (f) stateless persons, and (g) other people who do not fall under any of the above categories but to whom UNHCR seeks to extend its protection or assistance. These are important legal and political distinctions, though the psychological challenges of uprootedness will be shared across many of these categories. For example, internally displaced persons are people who have been forced to leave their homes, as a result of armed conflict, situations of generalized violence, violations of human rights, or natural or human-made disasters, but who have not crossed an international border. Their legal situation is radically different from that of someone displaced across an international border, but challenges of loss of livelihood, fragmentation of family, and fear of hostility may be very similar.

Current figures[4] indicate that 42 million people were forcibly displaced worldwide at the end of 2008. This included 15.2 million refugees, 827,000 asylum-seekers (pending cases) and 26 million internally displaced persons. Nearly 25 million people – 10.5 million refugees and 14.4 million internally displaced people – were receiving protection or assistance from UNHCR at this point. Contrary to popular misconception, most refugees remain within "their" region

[2]In this chapter we will follow this convention in using the term "refugee" for all categories of forced new settler.

[3]Elaborated to nine in 2007.

[4]2008 Global Trends: Refugees, Asylum-seekers, Returnees, Internally Displaced and Stateless Persons Available at http://www.unhcr.org/4a375c426.html. Accessed 22 September 2009.

of origin; it is estimated that more than three-quarters of the world's refugees seek asylum in neighbouring countries or their immediate region. Developing countries are host to four-fifths of the world's refugees. In 2008 women and girls represented approximately half of persons of concern to UNHCR, and 44% of refugees and asylum-seekers were children below 18 years of age. Although these figures represent something of a decrease from the total numbers of displaced of concern to UNHCR in the mid-1990s (Westin, 1999), they nonetheless confirm those forcibly displaced from their homes to represent a significant proportion of the global population. Not only significant in number, refugees face unique legal, political and, as will be considered in the next section, psychological challenges.

Psychological Perspectives on the Experience of Refugees

There have been significant shifts in psychological understandings of the experience of refugees over recent decades. This partly reflects findings, as outlined in the course of this chapter, but also trends in forced new settlement in the latter years of the twenteeth century that have required refugee movements to be seen in terms of displaced communities and populations rather than individuals. This period has also seen the development of a vocabulary that – rather than using psychiatric illness as the prime indicator of adjustment – addresses broader issues of "psychosocial wellbeing", considering social and psychological factors interacting at individual, family and community levels (Ager & Young, 2000; Ahearn, 2000).

A key contribution to this development was in 1986 with Harrell-Bond's powerful analysis *Imposing Aid*. Although broadly acknowledged for its critique of the dehumanizing effects of humanitarian practice, this work acutely exposed the contradiction of a prevailing "over-socialized view of man" (p. 285). She saw this view as making two implicit assumptions. Firstly, the "social nature of man" will ensure that an equitable distribution of available resources will quickly establish itself, no matter how limited those resources are. Secondly, despite debilitating circumstances, people will always create supportive systems, and act as responsible autonomous individuals. Human suffering was understood therefore in terms of social and cultural processes that were generally assumed to be adaptive and functional, and consequently defined as outside the scope of humanitarian action. On this basis the significance of bereavement and the importance of mourning rituals, for example, were not accommodated within humanitarian programmes. Harrell-Bond's analysis – perhaps most effective because it came from an anthropological foundation – asserted the need for an acknowledgement of a "common humanity", by which experiences of loss, separation, grief and fear were appropriately addressed in humanitarian response.

There followed numerous attempts to provide organizing frameworks to address such issues in a manner that appropriately acknowledged both the "common

humanity" that Harrell-Bond asserted and the reality of widely divergent contextual and cultural circumstances. In a commissioned review for Harrell-Bond's Refugee Studies Programme (later Centre) on behalf of the Harvard World Mental Health project (Desjarlais, Eisenberg, Good, & Kleinman, 1995), for instance, we used the idea of discrete "phases" of the refugee experience – pre-flight, flight, temporary settlement and resettlement (or repatriation) – to organize evidence regarding the influences on the mental health and broader psychosocial wellbeing of refugees (Ager, 1993). The framework presented material in a manner that foreshadowed many themes in later writings: there were recurrent and predictable threats to the wellbeing of refugees through these phases of experience; refugees – notwithstanding their vulnerability – possessed, especially through social and cultural linkages, significant resources, and building upon use of such resources was generally the most appropriate and effective strategy for assistance.

In analysis of the "phases" of refugees' experience, the final phase – that of resettlement or repatriation (potential "durable solutions" for refugees, UNHCR, 2003) has appropriately come under particular consideration. Berry and colleagues (Berry, 1991; Berry, this volume; Dona & Berry, 1999) developed a framework to consider refugee adjustment in this "final" phase in terms of the process of acculturation. They describe the alternate strategies available to refugees in connection with, on one hand, attempts to maintain their cultural identity and characteristics and, on the other, attempts to establish relationships with other groups (often a host "majority"). The resolution of these issues establishes different trajectories. When refugees seek to maintain a distinct cultural identity and do not relate to other communities, this leads to *separation*; where refugees retain neither links with their own cultural community nor other majority communities, *marginalization* is the result; where refugees abandon distinctive cultural identity and focus upon identification with host communities it is a strategy of *assimilation*. Berry and colleagues (Berry, this volume) suggest that evidence supports better adjustment outcomes with a strategy of *integration*, where refugees both maintain their own cultural identity and effectively relate to host communities.

The notion of integration has been increasingly contested, however, as it has become an explicit goal of much refugee and immigration policy. In a mapping exercise of literature about integration, Castles et al. (2002) note that the term is used with little consistency, with a diversity of alternative understandings identified from assimilation to inclusion, adaptation through to concepts of citizenship. Our own work described later in this chapter on the *Indicators of Integration* programme (Ager & Strang, 2004a, 2008) was an attempt to address something of this inconsistency.

If *integration* has come to be seen as one major conceptual tool for understanding processes of adjustment for refugees, then *psychosocial wellbeing* has clearly become another. Ahearn's (2000) review of studies from 1989 to 1996 measuring adjustment outcomes for refugees indicated that most measures focused on stress, depression and trauma, "highlighting weakness and pathology rather than strength and health" (p. 5). There was no scale for positive psychosocial wellbeing identified

in his review. The words "trauma" and "traumatized" have become a major focus for critique in this respect (Bracken, Giller, & Summerfield, 1995; Ager, 2005). For some, these terms powerfully describe the disruption that occurs in people's lives following crisis events, and the vulnerability of populations following such exposure (Mollica et al., 2004). For others, however, they risk focusing attention too narrowly on psychological disorders at the expense of broader issues and impacts, and disempowering people by locating the source of healing in external, technical measures.

The Psychosocial Working Group (PWG[5]) was a collaborative initiative between researchers and humanitarian agencies that sought to develop a more holistic framework to integrate these emphases in approach. We identified from field studies three resource domains which across varied settings were typically seen as key determinants of psychosocial wellbeing, namely: human capacity, social ecology and culture & values (PWG, 2003; Ager, Strang, & Abebe, 2005). Each represents a community resource that is commonly depleted in the wake of displacement, but which also serves as a critical basis for recovery. Thus human capacity is reduced by disruption of livelihoods following flight, and the mental ill-health that commonly accompanies loss. However, the remaining skills and capacities of refugee populations are widely found to be a key element in coping well in the aftermath of a disaster or conflict. Similarly, the social ecology of a community – kinship relationships and supports, community institutions – are inevitably disrupted by forced new settlement, but the linkages that remain consistently prove a core determinant of resilience. The culture and values of communities are commonly eroded by the experiences of violence and political oppression, but traditions and shared beliefs have been shown to be a key resource for good outcomes. The framework has prompted an approach which seeks to develop psychosocial wellbeing by supporting community processes of resource utilization and acquisition (building upon Hobfoll's (1998) notion of "resource acquisition spirals"), rather than dependence on external inputs for recovery.

The Inter-Agency Standing Committee (IASC) Guidelines on Mental Health and Psychosocial Support in Emergency Settings, published in 2007 and involving a number of those involved in the earlier work of the PWG, have now solidified this sort of understanding to bridge between previously conflicting approaches. The IASC guidelines (2007) set out a framework that outlines steps to be taken before emergencies occur, describes minimum responses during the acute phase and then suggests comprehensive responses to be undertaken during early reconstruction phases of an emergency. Actions are seen to be relevant at four discrete levels (see Box 8.1), which correspond to ascending layers of a "pyramid" (see Fig. 8.1) representing increasingly smaller proportions of an affected population. The framework has been widely adopted by humanitarian agencies (see Wessells & van Ommeren, 2008; Ager, 2008) and, although of much broader application than with refugee

[5] www.forcedmigration.org/psychosocial.

populations alone, stands to significantly shape response and conceptualization of interventions in this area.

Box 8.1 Interventions appropriate for different groupings within refugee populations

1. *Basic services and security.* People's wellbeing is protected through meeting their basic needs and rights for security, governance, and essential services such as food, clean water, health care and shelter.
2. *Community and family supports.* A smaller number of people may need to be helped in accessing key community and family supports. Due to the disruption usually experienced in emergencies, family and community networks may be broken.
3. *Focused supports*. A still smaller number of people will in addition require supports that are more directly focused on psychosocial wellbeing. This might be individual, family or group interventions, typically carried out by trained and supervised workers.
4. *Specialized services.* At the top of the pyramid is additional support for the small percentage of the population whose suffering, despite the supports mentioned already, is intolerable and who may have great difficulties in basic daily functioning.

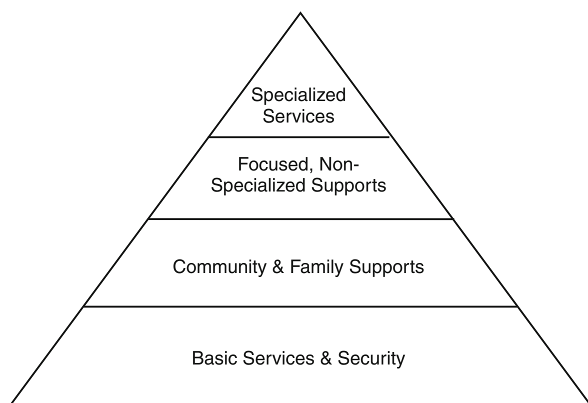

Fig. 8.1 Different levels of support required in comprehensive response to mental health and psychosocial needs of refugee communities (after IASC, 2007)

Case Studies in Enforced Mobility

How do these frameworks and conceptualizations inform our understanding of the experience of forced mobility? We have chosen to address this question by using a series of case studies drawn from our work with refugee communities over the last twenty years. In each case study we seek to present something of the unique features of displacement and circumstance that shaped experience but, using ideas drawn from the above analysis, something also of the common themes and challenges faced by refugees from a broad psychological perspective.

Flight from Civil Conflict: Mozambicans in Malaŵi 1988–1992

Civil war began in Mozambique shortly after independence in 1975, but the level of military activity sharply increased through the 1980s with support of the Mozambican National Resistance (RENAMO) by the Republic of South Africa.1986 saw the beginnings of massive influx of Mozambican refugees into the neighboring country of Malaŵi.1990, with growing concern about reported levels of sexual violence by RENAMO forces, saw the first contact by UNHCR with the Psychology Department at the University of Malaŵi, with advice being sought on potential means of data collection to quantify such abuses. At that time in Malaŵi, psychology – demonstrating Harrell-Bond's concern over the dominance of an "over-socialized model of man" (1986) – was not considered "developmentally relevant".[6] However, this initial contact established a credibility and linkage that led the following year to a commissioned study of the impact of displacement on Mozambican refugee women in Malaŵi (Ager, Ager, & Long, 1991). By that time there were approximately 1 million Mozambican refugees living in Malaŵi (with a total population of around 8 million).

We surveyed 420 refugee households across two very distinctive areas: one comprising refugee camps in Mangochi District and the other integrated settlements – Mozambicans living alongside Malaŵians in existing villages – in Ntcheu District. In a household survey we collected a wide range of data regarding household composition, education levels, income and health. Our psychological perspective was most closely reflected in work undertaken with a focal sample of 20 individuals – chosen to be representative of the larger surveyed population – who were selected for more detailed in-depth, semi-structured interviewing and a time-use measure completed through participant observation.

Most refugees had been living in Malaŵi for around five years at the time of the study. Our study found clear gender differences with respect to education, productive activity, and health, and existing refugee policy and practice appeared to further disadvantage women and female-headed households. Food distribution

[6] The UK Overseas Development Administration classified university disciplines as developmentally relevant or otherwise as a basis for ascertaining eligibility of funding support.

was a key aspect of the refugee experience, representing both the focus of survival and the exercise of power. Procedures for distributing rations were hampered by logistical problems as well as power relations between individuals, where men dominated in an area which was traditionally women's responsibility and there were regular reports of "tippers" favoring certain groups in the distribution of rations.

The in-depth interviews and period of observation with the focal sample elaborated and triangulated the findings of the survey. Interviews covered such topics as life in Mozambique before flight, circumstances of flight, settlement in Malaŵi, productive activities, food, and the future. The narratives confirmed that before hostilities had led to disruption and eventually flight, most people had led self-sustaining lives, growing plenty of food for themselves and having good houses. They were forced to flee when soldiers attacked their villages. Many people had witnessed atrocities, and we were drawn to note these accounts. However, refugees generally emphasized the challenges of their current existence. In Malaŵi a major concern was food supply and quality. Most people were eating less than they did at home because they received low rations. Thoughts for the future were about peace in Mozambique, and a desire to return, though 'those who just *heard* about the war may want to return soon, but those of us who really experienced it, we must wait until things are really settled' (Ager et al., 1991, p.51).

The analysis of time-use confirmed two major trends that we have since observed in many other settings. First, there were significant differences between men and women, with the latter bearing a significantly greater burden in terms of productive activities (a factor which could also encourage premature withdrawal from school of adolescent girls). Second, those living in integrated settlements alongside Malaŵians found significantly more scope for income-generation than those living in refugee camps. The social connection and cultural bonds between refugees and the host community appeared to play a key role – when proximity enabled it in this way – in promoting economic activity. Such "indigenous" activity certainly seemed more effective than "income-generating activities" offered by external agencies, which for participating women resulted in a median daily income of zero (Ager, Ager, & Long, 1995).

One of the most valuable insights from this work was recognition of the potential value of a psychological perspective on a humanitarian discourse, which to this point had been dominated by other social sciences. With its growing interest in "quality of life" issues, the WHO sponsored follow-up work amongst the Mozambican refugee and resident Malaŵian populations to consider the salience of different categories of need. Given the implicit acceptance of Maslow's "hierarchy of needs" in focusing attention in refugee situations principally on issues of food, health and safety, our findings adopted a framework based upon this model (Ager, 1992, 2000; see Box 8.2). Although physiological and safety needs were a major priority for refugees, they were not generally presented as pre-eminent over needs for belonging and esteem. Indeed, in comparison to the settled Malaŵian population, belonging needs were particularly salient for refugees, marking separation from land, home and kin as major dimensions of the experience of displacement (Ager, 1992, 2004).

Box 8.2 Categories of need amongst Mozambican refugees in Malaŵi

Physiological needs. For example, adequate quantity of food, variety of food, close access to water and fuel, prompt access to health facilities

Safety needs. For example, safety from assault or abduction, security of property, adequate clothing and shelter

Belonging needs. For example, living with intact family, proximity of other kin, experience of friendship, absence of partiality and discrimination

Esteem needs. For example, personal source of income, involvement in productive activity, access to education or training, ownership of non-essential household assets

Transcendence needs. For example, affinity with home and land, sense of personal freedom, awareness of divine providence/blessing, confidence in the future.

Natural Disaster: The Soufriere Hills Volcanic Eruption, Montserrat

Mozambicans in Malaŵi in the late 1980s and early 1990s were, under the terms of the Geneva Convention, clearly refugees with a "well-founded fear of persecution" back in their homeland, and recognized as such by UNHCR and the Malaŵian government. The population that is the focus of the next case study is, in such terms, very distinctive. Residents of the Caribbean island of Montserrat fled their homes in 1997 as a result of increasing activity by the Soufriere Hills volcano; its eruption totally destroyed the capital, Plymouth, during the course of that year. Two-thirds of the population left the island – forcibly displaced, but with no protection under the Geneva Convention – to seek sanctuary and employment elsewhere in the Caribbean or within the UK (mobilizing a Voluntary Evacuation Scheme on the basis of the island being a British overseas territory). The focus of the second author's engagement was, however, on the one-third of the population who remained on the island, internally displaced onto harsh, ridged and previously sparsely populated land to the north of the island.

This internally displaced population was – with many younger, more economically active residents having moved off the island – economically dependent (with large numbers reliant on welfare assistance), ageing (nearly 20% over 60 years of age), and fragmented (approaching 60% of children living in single-parent households). The social infrastructure of the islands – schools, clinics, recreational facilities – was similarly depleted with loss of key staff exacerbating physical damage. The UK Department for International Development

[7] See UNICEF (2010) for guidance on appropriate use of such methods.

(DFID), tasked with supporting economic and social recovery on the island, received a request in 1999 to support the provision of counselling services to assist this population in their recovery from the traumas of the eruption and its consequences.

Although the psychological needs of forcibly displaced persons remained somewhat tangential to the main focus of DFID's strategy (DFID, 1999), there were many indications (from patterns of general ill-health and behavioral patterns amongst school children to frank admissions by those interviewed) that many on the island were experiencing high levels of stress. However, analysis suggested that such distress was most tangibly linked to the loss of human, social and cultural resources rather than to acute exposures to overwhelming events (see Box 8.3). The displaced were separated from their families. Economic opportunities were significantly restricted. The strong Christian values of the islanders were challenged by fragmentation of institutions. The self-regulation of close-knit interdependent communities was mourned. Foreshadowing the formulation of the PWG framework and IASC guidelines some years later, recommendations for recovery were focused on identifying residual capacities, and seeking to facilitate their deployment in reversing the "downward spiral" experienced (Ager, 1999). This included building upon the strong pastoral visitation culture established across the island; equipping teachers and heath workers with strategies to address the common challenges faced by those in their charge; seeing community engagement in public works projects and recreational activities as a key means of restoring a sense of agency; and re-establishing linkages with the Montserratian Diaspora to retain a common sense of culture and belonging (see Box 8.4).

Box 8.3 Identified threats to children's wellbeing

The second author was invited to meet and assess a number of children whose behaviour was causing challenges in the home and at school. Adopting a common methodology at the time,[7] children were invited to draw one picture to illustrate "happy times" and another times when they were sad or fearful. Knowing of stories of towering ash clouds and fiery lava flows, some pictures of flight from the volcano were anticipated in the latter category. There were none. But there were pictures of unexpected suffering, like a rat eating away part of a child's clothing overnight, while they slept in emergency shelters that remained their home for several months. Other children spoke of gang fights between children originally from different schools now forced to share the same "territory". Such images pointed to the connectedness of psychosocial wellbeing to material and social circumstances as much (if not more) than exposures to life-threatening situations.

Box 8.4 Symbolism in cultural loss and adjustment[8]

Historically Montserrat was divided into four parishes, each served by its own church. Three had been rendered uninhabitable, and thus four congregations shared a service together in the northernmost parish on the island. At communion time, four communion cups were prepared and each congregation gathered together in a different section of the church. However, in early 1999, with one parish under meters of ash and two others considered uninhabitable for an indefinite period, it was agreed to move on to accept the new reality, and thus identity, facing the islanders. The communion cups were rededicated, and the congregation drawn from across all four parishes shared a single cup at communion.

Seeking to Make a New Home in Scotland

The previous case studies have focused on the majority of forced new settlers whose circumstances see them displaced within their own country or within a neighboring one. However, the movement of refugees to seek resettlement in a more distant setting, potentially with very different economic, climatic and cultural conditions, is very important both geopolitically and in terms of available literature. Our own work with respect to such patterns of refugee movements has focused on Scotland, in the United Kingdom. The first author used Berry's acculturation framework to structure analysis of strategies adopted by refugee families in seeking resettlement in Scotland (Ager, 2002a, 2002b). Interviews with parents and children highlighted the complexities of different family members having distinctive capacities, experience and expectations to deal with challenges, which regularly featured experience of racist abuse and the complexities and uncertainties of the immigration system. Children were much more likely to fit Kraus's earlier vision of someone positively "starting a new life", with a major theme of parents' discussion being "I have lost so much more than I have gained" (2002a, p. 48). Fieldwork in Pollokshaws in Glasgow (Ager & Strang, 2004b) was also a major source of data informing the Indicators of Integration work of the second author noted in the next section. This work provided insight into the varied population groups resident in areas into which refugees settle (including distinctive groupings of the "host" population that may have very different perspectives on such inward new settlement). It also indicated the potential role of very basic forms of social "mixing" (e.g. greetings, shared use of public space) in enabling a sense of security and belonging in an area.

[8] Interview with representative of Montserrat Christian Council, 25 March, 1999.

The focus here, however, is the specific circumstances of unaccompanied young people seeking asylum, development of services for which was the focus of the first author's work 2002–2004. The Immigration and Asylum Act (1999) introduced an asylum dispersal programme to the UK so that the responsibility for asylum applicants might be shared across different cities. The UK government wished to relieve the strain on services on the main entry points to the UK – principally in the south east of England. As a result, in 2000 Glasgow City Council in Scotland entered into a 5-year contract with the Home Office (the ministry responsible for immigration in the UK) to provide 2,500 accommodation units. In the years that followed, people seeking asylum were "dispersed" to Glasgow (no choice in the destination point of dispersal was permitted) and were accommodated in disadvantaged areas of the city. However, encouraged by this formal dispersal process, another group of arrivals were making their way to Glasgow. It was noted with concern that an increasing number of unaccompanied young people were arriving in Glasgow. Between 2001 and 2003 it was estimated that around 70 unaccompanied young people were in the city.[9]

The asylum dispersal programme brought people of diverse ethnic, cultural and religious backgrounds to a city which was predominantly white. The city had received refugees in the past but not in the scale or diversity it now faced and at all levels – across communities, within services, in local and consequently national government policy making – there was much to be done. The murder of a Kurdish man in 2001 was a devastating spur to joint action, and in response Glasgow City Council appointed their Director of Corporate Policy as asylum "Tsar" to coordinate services and policy development.

Glasgow City Council Corporate Policy began to draw key actors together according to major themes – one of them being children. Education services were well organized and were developing strategies to integrate children with hugely varying levels of language competence, educational history, and social and psychological needs. However there was growing concern specifically for unaccompanied children and young people. It was not clear who this most vulnerable group of children was and how the legislative framework in Scotland set against UK-wide legislation in terms of immigration could be translated into safeguarding the rights of these children and young people.

The Home Office defines a child who is unaccompanied as a child under 18 (or if there is no proof, appears to be under 18) outside their country of origin who is not accompanied by a close relative (regardless of whether or not that relative usually cares for the child). The largest group of unaccompanied asylum-seeking children in Glasgow came from Africa and many had been brought to Scotland by an agent. Many did not know that Scotland was their destination and had no idea where they were when they got there, having been promised other things (like for example going to America). It appeared that unaccompanied young people had

[9]See www.scotland.gov.uk/Publications/2008/04/08133832/9 for an update on current circumstances.

often experienced traumatic events in their countries of origin.They felt safe upon arrival in Scotland and were building new lives in an amazingly resilient fashion. However, they faced difficulties arising from unsuitable accommodation, isolation, racism, unfamiliarity with the English language and the Scottish dialect, and the cold climate (Scottish Refugee Council (SRC), 2006). A bus ride into town or a walk to local shops could attract racist remarks and sometimes assaults, for example by young children throwing stones. In a city where to be black was a marker of visible difference from the majority, this was very difficult. (By contrast on a visit to London at this time, some of these unaccompanied young people reveled in the fact on arrival at Kings Cross railway station that they felt they had come home to Africa.)

There was inconsistent care and support for unaccompanied children seeking asylum and it appeared to discriminate against their particular needs. Unaccompanied asylum-seeking children under 16 were usually placed in residential care. Fostering placements were not widely available to meet the needs of this group of children. Unaccompanied young people between the ages of 16 and 18 years received support services from the Homeless Young People's Team and other services. The quality of these services varied and accommodation was not always safe or suitable for their wellbeing. It was difficult to access regular and consistent support from a named social worker.

In these circumstances, groupwork with these unaccompanied minors focused on providing some basic structure and social support that could serve as a foundation to individual trajectories of adjustment in due course. Reflecting the themes of the PWG framework, support spanned means of developing human capital (support to enter educational or vocational programmes), social capital (providing a reliable source of social support and opportunities to extend networking as people settled into the city) and cultural capital (using an art exhibition and a music video project to explore shared values and aspiration as young people displaced to the city). Given the legal and economic challenges faced by such youth these seem like small contributions. But they provided a foundation for youth to gain some agency over their circumstances. Informal follow-up has indicated that five years on some members of this group have secured places on highly competitive higher education programmes and appear to be on course for establishing themselves in Scotland.

Using Knowledge to Shape Policy and Practice

This chapter has documented developing understandings of the psychology of enforced new settlement and has illustrated their outworkings in a range of settings. It is clear from such analysis that this is an arena of political and moral impact. Knowledge about refugee wellbeing and adjustment has, therefore, to be more than an academic concern (albeit a fascinating and complex one). Rather, such knowledge has to be put into action as a means of shaping policy and practice. The chapter

concludes with some illustrations of how the developing knowledge base about the factors that shape the experience of refugees is being made available for use.

Mapping the Process of Integration

It was noted earlier how integration, while one of the key concepts utilized in understanding processes of refugee adjustment, may be used with quite different meanings. This was the core rationale for the Indicators of Integration project (Ager & Strang, 2004a), which was funded by the UK Home Office to develop indicators that would have meaning to government, community and refugee stakeholders, and could potentially be used as a basis to evaluate the effectiveness of interventions to support such outcomes. Of greatest relevance here was the research – involving reviews of proposed definitions of integration, and fieldwork in communities (Ager & Strang, 2004b) that led to formulation of a generic framework specifying core domains with respect to which situation-specific indicators would appropriately be developed (Ager & Strang, 2008). This framework (see Fig. 8.2) embeds a number of key psychological principles. For example, social connection is seen to provide key means of facilitating core integration outcomes such as employment and secure housing. Such social connection, echoing the work of Berry, usefully draws on bonds with one's community of origin as well as bridges into majority, host communities and links with civic institutions. Safety and stability, alongside cultural knowledge (on the part of both hosts and refugees), are key facilitators of integration, while rights and equal treatment under the law provide a key foundation for it.

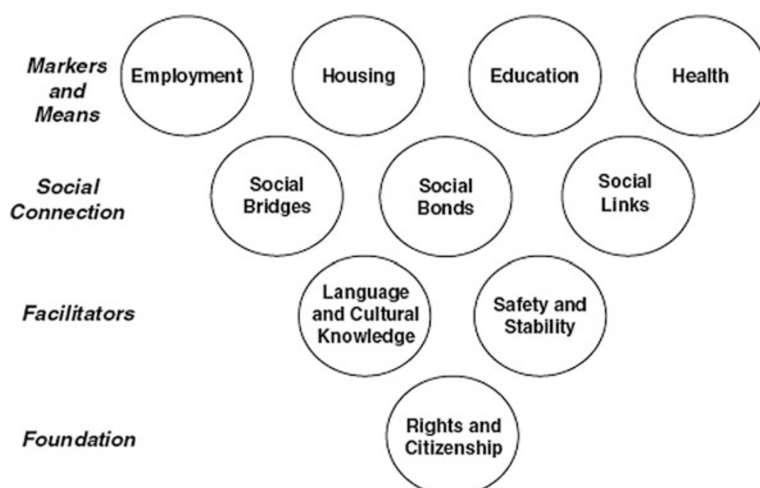

Fig. 8.2 Core domains of integration (after Ager & Strang 2004a, 2008)

The framework has been adopted by a number of governmental authorities and non-governmental agencies to conceptualize potential support to refugee integration processes, plan interventions and evaluate their impact (Ager & Strang, 2008).

We used analogous processes of stakeholder engagement in work in a very different context in Sierra Leone (Stark, Ager, Wessells, & Boothby, 2009). The population of concern were girls who had been abducted by armed groups during the civil conflict that finally terminated in 2002, many of whom had experienced barriers to their subsequent reintegration on the basis of their war experiences. Using a form of participative ranking, we established four major indicators of successful integration from the perspective of girls: securing a good marriage; invitations to community events; engagement with the local women's *bondo* association; and recovering a "steady head" (often after enforced drug use). Specifying such indicators enabled the effectiveness of an intervention to support formerly abducted girls to be established (Ager, Stark, Olsen, Wessells, & Boothby, 2010).

Training for Psychosocial Support of Refugees

The last few years has seen an increased acknowledgement that staff and volunteers involved in providing "mainstream" services to refugees – be this food distribution, accommodation, education, healthcare – are the key providers also of psychosocial support. As emphasized by the IASC guidelines (IASC, 2007), those requiring referral to specialist services will generally be few. The majority will require varying forms of basic, familial or community support that may be best facilitated by workers with which they are already in contact.

It is on this basis, for example, that the International Federation Reference Centre for Psychosocial Support developed a Psychosocial Training Manual (International Federation Reference Centre for Psychosocial Support, 2009). This manual reflects many of the psychological principles discussed earlier, and suggests practical ways for implementing support based upon them. The seven modules, grounded in a community-based approach, include, for example, consideration of the special needs of children in emergency settings, provide an introduction to psychological first aid, and also discuss the care of staff and volunteers themselves in terms of the impact of working in this field. The manual, designed for use by non-specialists, is accompanied by a range of training materials (case studies, exercises etc.) that seek to support effective dissemination of the core principles of psychosocial work in emergency settings. It is designed for use with refugee and other displaced communities affected by a wide range of crisis events (e.g. natural or man-made disasters, post conflict settings, epidemics).

A range of similar materials is now available. For example, to support the implementation of the IASC guidelines, a 'Global Resource Kit and Orientation Seminar Guide' (Baron, 2009) has been developed, providing materials for training and sample seminars. Given the importance of improved evaluation to strengthen the evidence-base of effective intervention (Ager, 2008), there is also increased

attention being paid to guidance on effective evaluation design and methodology. For example, we recently assisted UNICEF in the development of guidance concerning the evaluation of psychosocial programmes in emergency settings (UNICEF, 2010). This built on their existing monitoring and evaluation systems, but focused on psychosocial wellbeing and highlighted participatory methods and the strengths of using both qualitative and quantitative tools for evaluation.

Conclusion

We began this chapter with the assertion that while enforced new settlement often entails acts of personal, physical survival it also brings with it the potential for once more – or perhaps for the first time – being able to shape one's story, to (re)construct identity, trajectory and meaning. Through the evolution of psychological understanding of the processes of refuge, we have tracked development of an increasingly sophisticated appreciation of the forces that shape such experience, and the manner in which this should inform assistance. In each of the case studies presented there is major suffering and loss documented. But the resources of affected communities – regrouped and reconstituted as required – remain at the core of observed coping and resilience.

This insight is consistent with the core of the analysis of the 2009 Human Development Report, which calls for an approach which puts people – and thus their aspirations, agendas and resources – at the centre of development. This chapter – and other chapters in the volume – documents the numerous structural barriers (such as racism, poverty, lack of political will to enforce international law, etc.) that impede such development. Policy can clearly focus on the removal of such impediments, knowing that there is strong evidence that refugee communities demonstrate the capacity to exploit opportunities in support of their own development in conditions that support this.

References

Ager, A. (1992). The quality of life of Mozambican refugees in Malaŵi. Report to the WHO Division of Mental Health. Zomba: University of Malaŵi.

Ager, A. (1993). Mental health issues in refugee populations: A review. Working Paper for the Project on International Mental and Behavioral Health, Harvard Medical School, Department of Social Medicine.

Ager, A. (Ed.). (1999). *Refugees: Perspectives on the experience of forced migration*. London: Cassell.

Ager, A. (2000). Psychosocial programs: Principles and practice for research and evaluation In F. Ahearn (Ed.), *Psychosocial wellness of refugees*. New York: Berghahn.

Ager, A. (2004). 'For the want of a chicken. . .'. *The Journal of the Royal Society for the Promotion of Health, 124*(6), 255–257.

Ager, A. (2005). The challenge of simple questions: Positioning refugee mental health in the global health agenda. *International Journal of Migration, Health & Social Care, 1*(1), 5–13.

Ager, A. (2008). Consensus and professional practice in psychosocial intervention: Political achievement, core knowledge-base, and prompt for further enquiry. *Intervention, 6*(3), 261–264.

Ager, W. (2002a). The impact of settlement on refugee families in Scotland: A case study. University of Edinburgh (unpublished dissertation).

Ager, W. (2002b). Practitioner research: Refugee families in Scotland. *Scottish Council for Research in Education Newsletter, 70*, 12.

Ager, W. (2008). Issues arising in the development of UNICEF guidance on the evaluation of psychosocial programmes in emergencies. *Intervention: International Journal of Mental Health, Psychosocial Work and Counselling in Areas of Armed Conflict, 6*(1), 4–11.

Ager, A., Stark, L., Olsen, J., Wessells, M., & Boothby, N. (2010). An evaluation of a program seeking to support the reintegration of girls formerly associated with fighting forces in Sierra Leone. *Girlhood Studies*, in press.

Ager, A., & Strang, A., (2004a). Indicators of refugee integration: Final report. Home Office Development & Practice Report 28. London: Home Office.

Ager, A., & Strang, A. (2004b). The experience of integration: A qualitative study of refugee integration in the local communities of Pollokshaws and Islington. London: Home Office Online Report 55/04.

Ager, A., & Strang, A. (2008). A framework for understanding and assessing the integration of refugees. *Journal of Refugee Studies, 21*(2), 166–191.

Ager, A., & Young, M. (2000). Promoting the psychosocial health of refugees. In M. MacLachlan (Ed.), *Cultivating health: Applications across cultures*. Chichester: Wiley.

Ager, A., Ager, W., & Long, L. (1991). A case study of refugee women in Malaŵi: Final project report to UNHCR, Geneva. Zomba: Centre for Social Research.

Ager, A., Ager, W., & Long, L. (1995). The differential experience of Mozambican refugee women and men. *Journal of Refugee Studies, 8*(3), 1–23.

Ager, A., Strang, A., & Abebe, B. (2005). Conceptualising community development in war-affected populations: illustrations from Tigray. *Community Development Journal, 40*(2), 158–168.

Ahearn, F. L. (2000). *Psychosocial wellness of refugees*. New York: Berghahn.

Baron, N. (2009). A Global Resource Kit and Orientation Seminar Guide. Available on: www.psychosocialnetwork.net. Accessed 21 December 2009.

Berry, J. (1991). Refugee adaptation in settlement countries: An overview with an emphasis on primary prevention. In F. Ahearn & J. Athey (Eds.), *Refugee children: Theory, research and practice.* Baltimore: The Johns Hopkins University Press.

Bracken, P., Giller, J., & Summerfield, D. (1995). Psychological response to war and atrocity: The limitations of current concepts. *Social Science and Medicine, 40*, 1073–1082.

Canadian Council for Refugees. (1998). Best settlement practices: Settlement services for refugees and immigrants in Canada. Canadian Council for Refugees: Montreal. http://www.ccrweb.ca/bpfina1.htm.Accessed 21 December 2009.

Castles, S., Korac, M., Vasta, E., Vertovec, S., Hansing, K., Moore, F., Newcombe, E., Rix, L., & Yu, S. (2002). *Integration: Mapping the field.* Oxford: University of Oxford Centre for Migration and Policy Research and Refugee Studies Centre.

Desjarlais, R., Eisenberg, L., Good, B., & Kleinman, A. (1995). *World mental health: Problems and priorities in low-income countries*. Oxford: Oxford University Press.

DFID. (1999). Evaluation of HMG's Response to the Montserrat Volcanic Emergency. Evaluation Department Report 635. Available: http://www.dfid.gov.uk/Documents/publications/evaluation/ev635s.pdf Accessed 21 December 2009.

Dona, G. & Berry, J. (1999). Acculturation attitudes and acculturative stress of Central American refugees. *International Journal of Psychology, 29*(1), 57–70.

Harrell-Bond, B. E. (1986). *Imposing Aid: Emergency Assistance to Refugees*. Oxford: Oxford University Press.

Hobfoll, S. E. (1998). *Stress, culture and community: The psychology and philosophy of stress*. New York: Plenum Press.

Inter-Agency Standing Committee. (2007). *IASC guidelines on mental health and psychosocial support in emergency settings.* Geneva: IASC.

International Federation Reference Centre for Psychosocial Support. (2009). *Community-based psychosocial support: A training kit.* Copenhagen: PS Centre.

Kraus, H. (1939). Starting life anew in a strange country. *Annals of the American Academy of Political and Social Science, 203*, 99–105.

Mollica, R. F., Lopes Cardozo, B, Osofsky H. J., Raphael, B., Ager, A. & Salama, P. (2004). Scientific overview of the role of mental health in complex humanitarian emergencies. *The Lancet, 364*, 2058–2067.

Newham Children's Fund. (2002). Dreams, Struggles and Survivors: Messages from Young Refugees. Newham, England. http://www.naldic.org.uk/ITTSEAL2/teaching/teaching.cfm Accessed 21 December 2009.

Psychosocial Working Group. (2003). Psychosocial Intervention in Complex Emergencies: A Conceptual Framework. www.forcedmigration.org/psychosocial Accessed 17 November 2009.

Richmond, A. H. (1994). *Global apartheid: Refugees, racism and the new world order*. Toronto: Oxford University Press.

Scottish Refugee Council (SRC). (2006). *The needs and experiences of unaccompanied asylum-seeking children in Scotland.* Glasgow: SRC.

Stark, L., Ager, A., Wessells, M., & Boothby, N. (2009). Developing culturally relevant indicators of reintegration for girls formerly associated with armed groups in Sierra Leone using a participative ranking methodology. *Intervention: International Journal of Mental Health, Psychosocial Work and Counselling in Areas of Armed Conflict, 7*(1), 4–16.

UNHCR. (2003). *Framework for durable solutions for refugees and persons of concern*. Geneva: UNHCR Core Group for Durable Solutions.

UNHCR. (2009). Global trends: Refugees, asylum-seekers, returnees, internally displaced and stateless persons. http://www.unhcr.org/4a375c426.html Accessed 22 September 2009.

UNICEF. (2010). *A guide to the evaluation of psychosocial programming in emergencies.* New York: UNICEF. Available at www.psychosocialnetwork.net Accessed 21 December 2009.

Wessells, M. & Ommeren, M. (2008). What is minimum response: Reflections on diverse opinions regarding the IASC guidelines on mental health and psychosocial support in emergency settings. *Intervention, 6*(3), 265–269.

Westin, C. (1999). Regional analysis of refugee movements: Origins and response. In A. Ager (Ed.), *Refugees: Perspectives on the experience of forced migration.* London: Cassel.

Zetter, R. (1999). International perspectives on refugee assistance. In A. Ager (Ed.), *Refugees: Perspectives on the experience of forced migration*. London: Cassell.