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A Scoping Review: An Assessment of Resettlement Stressors and the Mental Health of Adult Refugee Women in the United States

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Bachelors of Arts in Neuroscience
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Abstract

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The refugee experience is composed of three major stages including displacement, migration, and resettlement. Existing literature on displacement and migration highlights the vulnerability of refugees, and particularly the vulnerability of women and girls in refugee camps or traveling across continents for new lives. The reality of the displacement and migration experience for refugee women exists through the lens of gender-based discrimination, inequity, and violence. Refugee women are victims of various forms of structural and cultural violence and current literature provides examples and trends identifying the linkage between vulnerability, experiences of violence, and the resulting mental health effects of displacement and migration trauma. However, there is less research available on how the vulnerabilities of refugee women apply within the resettlement stage of their refugee experience in western countries - especially amidst refugee women with multiple minority status resettled in the United States. To properly support refugee women's mental health in resettlement, we must understand the current scope of the literature on the nature of resettlement stressors and their effect.

The purpose of this scoping review is to compile and assess existing and available literature published on acculturative resettlement stressors experienced by adult refugee women in the United States. In this scoping review, a literature search was conducted with 3 databases to collect articles on acculturative resettlement stressors. Quantitative, qualitative, and mixed methods studies were included and findings placed into five categories: family structure and function, child-rearing and relationships, intimate partner relationships, community and culture, and adjustment stressors. This review found that refugee women are vulnerable to multiple forms of resettlement stressors. Additionally the volatile mental health of spouses and family members are cited as a unique stressor for refugee women. This review identifies the need to expand resettlement-specific studies to better develop a comprehensive understanding of mental health throughout resettlement. This review found a significant gap in acculturation literature, regarding refugee women's lives beyond migration and into the compounding effects of US-specific stressors.

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I want to thank my mama, my hooyo, my light and hope - for believing in me and praying relentlessly. My big sister, Khadija, we were thousands of miles apart and yet you held me close in your heart and I thank you for being beside me in spirit. To my little sisters, Suad and Suraya, knowing you look up to me is a huge responsibility and an incalculable honor - thank you for valuing me.

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Chapter 1: Introduction

At the end of 2019, the total number of forcibly displaced people worldwide reached 79.5 million; political unrest, conflict, persecution and human rights violations were the main causes of their migration (UN,2020). The United Nations Refugee Agency (UNHCR) reported a total yearly increase of 8.7 million people forcibly displaced, marking a new record high (UN, 2020). With approximately 2.0 million new claims for refugee and asylum seeker status to resettle in new countries across the world, the United States received the highest number of these claims by displaced people across the world (UN,2020). Since the establishment of the Refugee Act of 1980, the United States has served as a resettlement country for approximately 3 million refugees forcibly displaced by war, persecution, genocide, and other forms of humanitarian emergencies (PRC, 2017).

Recently, the demographics of refugees settling in the US have shifted towards an even representation of both men and women, a new trend in comparison to years prior where refugees were primarily men (UNSW, 2017). Refugee women face unique challenges and barriers, and so are often classified as a minority group and vulnerable population. The classification, however, is not in reference to the mere number of women in comparison to men, but in reference to the gender-based forms of discrimination and subordination that play an instrumental role in shaping the experiences of refugee women and their mental health (UNSW, 2017).

The overall refugee experience is defined heavily by traumas associated with humanitarian crises, and in the more recent years, a consistent and growing number of refugees are fleeing their home countries due to conflict, religious persecution, or famine (UNHCR, 2020). These overarching causes of displacement and migration are often compounded with

gender-based traumatic experiences that refugee women specifically face prior to and throughout the migration process (Roupetz, S., Garbern, S., Michael, S. et al., 2020; Freedman J, 2016). Gender-based violence (GBV), as defined by the “Declaration on the Elimination of Violence Against Women” as "any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life." (United Nations, 1993, p. 28). Many women choose to or are forced to flee their home countries as a result of experiencing different forms of GBV including female genital cutting or honor-related abuse (Hynes M. and Cardozo B., 2000). Sexual violence, in the form of rape or coerced sex, is a type of violence that has a disproportionately higher level of risk associated with gender amongst internally and externally displaced refugees and is well documented in the literature (Jensen M., 2019; Rizkalla N., Arafa R. and Mallat N. et al, 2019; Stark L. and Ager A., 2011; Deacon Z. and Sullivan C., 2009). Refugee women are also vulnerable to physical attacks including violence from looting or theft for example (Lalla A. T., Ginsback K. F. and Penney N. et al, 2020; Krause U., 2015; Gerard A. and Pickering S., 2014).

Gender can influence the nature of the refugee experience, and due to the long-standing and arguably universal gender-based power imbalance, there is elevated risk in experiencing cultural and structural violence among refugee women (M. Hynes and B. Cardozo, 2000; Freedman J., 2016; Rizkalla N., Arafa N., et al, 2020). As a result, adult refugee women are at risk of physical and psychological traumas associated with their refugee experience which can then develop long lasting harmful effects on their physical, mental, and emotional health (McKay S., 1998; Steel J., Dunlavy C., Harding C. et al, 2017). The influence of gender on the stressors and trauma of the early pre-migration and migration periods exist extensively in current

literature; a clear depiction of the violence, barriers, and threats that fall along the lines of gender in conflict settings (Bloach A., Galvin T., and Harrell-Bond B., 2000; Pittaway E. and Pittaway E, 2017).

Vulnerability of Refugee Women in Displacement and Migration

Given the particular difficulties posed by fleeing conflict zones without sufficient resources or legal identification (UNHCR, nd), the extent of refugee trafficking is less commonly documented and has yet to be directly addressed by multinational organizations including the UNHCR. However, the possible consequences of this type of exploitation and abuse on the health and well-being of refugee women has been documented and discussed (Walton L. M., 2018; Akram S., 2013). Refugees and migrant women are susceptible to and regularly fall victim to traffickers' false claims of employment or travel options which then subject their victims to modern enslavement within forced labor camps or sale into human trafficking or commercial sexual exploitation (Cone D. and Teff M., 2019; Bigio J. and Voglestein R., 2019). Although human trafficking includes displaced peoples of all genders, women and children remain the highest at-risk of being targeted and trafficked (UNODC, 2020). The United Nations Office on Drugs and Crime found that more than 70% of trafficking victims are women and children due to rampant sex trafficking and forced marriages (UNODC, 2018). This trend is connected to deeply ingrained and long-standing gender inequalities, that are coupled with the lack of social or legal protections in countries and regions with high numbers of displaced peoples (Roupetz, S., Garbern, S., Michael, S. et al., 2020). This combination results in conflict settings with pre-existing inequitable conditions that provide ample opportunity for refugee women and girls to be preyed on by violent and criminal actors including war combatants, traffickers, exploitative landlords or employers, military and peacekeeping forces (Buscher D. and McKenna N., 2006;

UNODC, 2018). And due to the global scale of this issue, recent reports find that there is increased trafficking activity across major conflict zones that are the current sources of refugees, which spans the Middle East, Northern Africa, South Asia, Central America, and Latin America (UNODC, 2018; Bigio J. and Voglestein R., 2019; UNHCR, 2020).

Overrepresentation of Women in the Refugee Experience

Women and children, across all global estimates, comprise approximately 80% of the world's total number of refugees and internally displaced peoples (Jensen M., 2019). Thus, women serve as the *de facto* caretakers and hold sole responsibility for the well-being of themselves and their children through the migration process (McKay S., 1998; Krause U., 2015; Asaf, Y., 2017). This is attributed to male family members or partners sending women and children out to flee their home countries with the belief that they are more likely to be granted asylum or refugee status in neighboring or stable countries and receive support due to their vulnerability (Jensen M., 2019). When these women then receive refugee or asylum status in their resettlement countries, marking the end of their migration, they remain the sole caretaker and provider for their households (Deacon Z. and Sullivan C., 2009; Culcasi K., 2019).

In refugee households, upon resettlement in western countries, it is common to find that these homes are led by single women, including unmarried or widowed women, and single mothers with children and other dependents (Lenette C., Brough M. and Cox L., 2013). As refugee women establish new lives in Western countries, there is a substantial shift in the types of experiences awaiting them. This shift is due to the change in the environment that changes the way they once did certain tasks or conducted daily routines. This includes a change to the process of decision making, raising a family in a different culture and dynamic, or learning new skills and way of life (Beiser M., 2009; Lenette C., Brough M. and Cox L., 2013; Mulongo P.,

McAndrew S., and Ayodeji E., 2020). A new environment in a western country includes different social norms and practices compared to much of the developing world. For refugee women, the political landscape of their home countries, from shared popular attitudes to established policies, have shaped their access to resources, support, or sense of community (Edberg M., Cleary S., and Vyas A., 2011; Esses V., Hamilton L., and Gaucher D., 2017). The experience of resettlement into western countries for refugee women is thus complex due to the existence of both their home country and their resettlement country's different and conflicting social, cultural, and political influences that affect their daily lives.

Acculturation and Refugee Resettlement in the US

Resettlement and the accompanying changes in the livelihood of refugees is mainly the result of a convergence of different cultural attitudes and behaviors, and this process is recognized as acculturation (Berry J. W., 1997; Bekteshi V. and Sang K., 2020). Acculturation is defined as the psychosocial phenomenon where a group of individuals having an original culture are introduced and immersed into a new culture, where the introduction results in changes to the original culture patterns of either or both groups. Acculturation introduces a myriad of new internal and external stressors throughout the resettlement stage and affects refugees across all gender identities. Acculturative stressors differ from the stressors associated with the pre-migration and migration stages, due to how these stressors interact with self-identity and the ability to acclimate in a new environment and culture (Berry J. W., 1997).

Literature that investigates the cumulative effects of acculturation on immigrant and refugee populations in resettlement, are primarily focused on male and adolescent accounts - although literature on pre-migration and migration experiences establishes the influence gender plays on the refugee woman's experience. Due to the significant influence gender places on the

experience of refugees through gender-specific risks of discrimination and violence before resettlement, it can be argued that during resettlement refugee women's experiences with the process of acculturation can be influenced by gender identity, gender roles or responsibilities (UNSW, 2017; Rizkalla N., Arafa R. and Mallat N. et al, 2019; Roupetz, S., Garbern, S., Michael, S. et al., 2020; Mundy S., Foss S., Poulsen S., 2020). Those influences include the transference of strict gender roles from pre-migration to the resettlement experience, such as domestic tasks, childcare, and set expectations regarding a woman's behavior both inside and outside the home (Bekteshi V. and Sang K., 2020).

There is established literature that details the results of acculturative stress on mental health in refugee populations across western countries. However, literature on these stressors in context to the United States merit greater focus due to the country's unique sociocultural history and structures regarding race and identity (Brondolo E., Gallo L. C., and Myers H. F., 2009; Kim I., 2015; Phillips D. and Lauterbach D., 2017). And since refugees, displaced in the last decade, overwhelmingly represent non-white racial, ethnic, and non-Christian religious minorities (e.g.,.Islam), the acculturation process is subject to the influence of the known disparities and challenges associated with identifying as a minority in the US (Magan I. M., 2019; Gowayed H., 2020; Pittaway E. and Bartolomei L., 2001). The point being that the United States, as a high-income western country, presents a unique experience for refugees of racial and ethnic minority backgrounds. And in regards to the acculturation experience, growing literature already depicts the considerable effect that American culture and demographics can have on refugee mental health (Hollifield M., Warner T. D., Lian N. et al, 2002; Singer A. and Wilson J. H., 2006; Kim I., and Kim W., 2014). The effect of living as a minority, due to being classified as such because of local demographics or sociological identities, is a documented strain on the mental

health of these individuals in the US (Streed C., McCarthy E., Haas J., 2017; Cokley K., McClain S., Enciso A., Martinez M., 2013; Rippy A., and Newman E., 2007). Thus, relocating to the US presents a unique variety of possible acculturative stressors – including discrimination on the basis of race, skin color, religion, and nationality among others – that refugees are exposed to throughout their potential life-long resettlement.

Purpose Statement

The objective of this scoping literature review is to synthesize and analyze available literature published on acculturative stressors experienced by adult refugee women that have resettled in the United States. This review sought to include all research that describes the impact of these systemic and cultural stressors on the mental health status of adult refugee women throughout the resettlement experience, including recent and long-term resettled peoples. The review is structured to address these two research questions: (i)What are the identified types of acculturative stressors experienced by adult refugee women in the United States? (ii) How do acculturative stressors impact the mental health of adult refugee women who have resettled in the United States?

Public Health Significance

At the close of this review, this thesis aims to provide a basis for recommendations on the direction of research on acculturation in the United States and recommendations on the implications of this research on community-level and national mental health interventions for adult refugee women in the United States.

Chapter 2: Literature Review

This literature review begins with background on the factors that contribute to refugee trauma through the three major stages: displacement, migration, and resettlement. The "refugee experience" details current literature on experiences of displacement and migration, and the impacts of those experiences on the mental health of refugee women. The next component is the core theories that comprise the refugee trauma framework, which breaks down the causes of refugee women's experiences and the complexity of their vulnerability. The framework presents a new concept, intersectional theory, to contextualize that vulnerability to the experience of resettlement in western countries. The review will then turn to the resettlement-specific processes and experiences that affect the mental health of refugee women, beginning with the multidimensional process of acculturation in western countries. The documented acculturative stressors experienced in western countries depict the various stressors that impact the mental health disorders in the refugee population and refugee women. Finally, this review will highlight the current gap in the literature, and the need to conduct a scoping review to synthesize existing literature on acculturative stressors in resettlement experienced by adult refugee women in the US and the impact it has on their mental health.

The Refugee Experience

Experiences in Refugee Displacement

The refugee experience is a complex and multi-stage process that varies across regions and is specific to country and circumstance. Despite these complexities and nuances, refugees share a common sequence of stages that are described and studied extensively in literature on refugee health. The primary stage is displacement, where refugees experience events that

destabilize their country of origin or more commonly threaten their health and safety. These events, and the ultimate decision to flee, can be described as a variety of "*push"* and "*pull"* factors as described by Krishnakumar and Indumathi (Krishnakumar P. and Indumathi T., 2014). These factors are used to assess migration patterns and identify the motivation behind movement. Migration is attributed to a variety of factors that drive citizens out of their home country or region, and these *push* factors can be economic, sociocultural, demographic, environmental, and political (Krishnakumar P. and Indumathi T., 2014). The location or region of choice for migrants provide *pull* factors that appeal to their basic needs or specific aspirations, but commonly the *pull* factors are complementary to the identified *push* factors. For example, since refugees in the last two decades have fled their home countries primarily due to civil unrest or civil war - the threat of persecution due to nationality, religion, or political identification serve as push factors (Turkoglu O. and Chadefaux T., 2018; UNHCR, 2020). Additionally, refugees are drawn to stable countries (the "pull") that offer both security from the threats of violence and economic opportunities which are found to be more democratic and wealthier nations, including western countries (Turkoglu O. and Chadefaux T., 2018; Kang Y., 2021).

Refugees are starkly different from immigrants. This is mainly due to a refugee's risk of human rights violations or violence in their home country, and the fact that their migration is categorized as involuntary; as the sole option to protect themselves or their families (Amnesty, 2020). The causes of displacement, or the events that precipitate the need to flee include a variety of violent and threatening traumatic experiences and serve as stressors that impact both physical and psychosocial health. Refugees from conflict zones especially across the African continent, the region which sources the greatest number of refugees, are exposed to multiple forms of violence: experiencing the death or disappearance of family (65%), witnessed violence (63%),

forced confinement (60%), and exposure to war-like conditions (54%) throughout the pre-migration period (Steel, J. L., Dunlavy, A. C., Harding, C. E., & Theorell, T., 2017). Overwhelmingly, refugee women and their children remain the majority and continually growing percentage of victims of violence and human rights abuses (Moreno A, Piwowarczyk L, Grodin MA., 2001). Similarly, refugees in Southeast Asia recall experiences with several forms of violence in displacement and in the migration experience. One example is in Myanmar, as Rohingya refugee women and children's experiences have been identified to show several patterns of violence prior to migration including the destruction of homes and the denial of medical care, as well as the physical remnants of abuse including wounds from gunshots, mutilation, burns from explosions, and trauma from sexual or gender-based violence (Haar, R. J., Wang, K., Venters, H., Salonen, S., Patel, R., Nelson, T., Mishori, R., & Parmar, P. K., 2019).

Sexual Violence

Refugee women not only experience conflict-related human rights violations including torture and war trauma, but women and children are concurrently threatened with forms of sexual violence which is used with political motive or as means of extortion (UNHCR, 1995). There are both societal and structural uses of sexual violence for intimidation and control, for example mass rape has been used to control populations or humiliate and conduct the ethnic cleansing of minority populations (UNHCR,1995). The worldwide estimate of the risk of sexual violence states that 1 in 3 women and girls will experience a form of sexual violence. However, refugees face multiple factors of vulnerability including immigration status, poverty, and in-country or regional circumstances such as conflict or post-conflict settings that increase that risk of sexual violence (WHO, 2017). Women and children are targeted by police, military, border, or other officials and if detained or forced by regional or community male leaders, these

women and children can be bartered or sold for weaponry or other benefits (UNHCR, 1995). Half of Rohingyan refugees from Myanmar are women, and many of these women reported experiences of intimidation due to personal experiences of sexual abuse and exploitation (Joarder, T., Sutradhar, I., Hasan, M. I., and Bulbul, M, 2020). The threat of sexual violence has a looming presence in the decisions and experiences of refugee women and girls as they navigate conflict (Stark L. and Ager A., 2011; Stark L., Asghar K., Yu G. et al, 2017). The psychological effect of the perceived risk of victimization alone includes fear and heightened anxiety that persists across adolescence and into late adulthood for refugee women across each stage of the refugee experience (Bartolomei L., Eckert R., Pittaway E., 2014; Stark L., Asghar K., Yu G. et al, 2017). And although all crime and forms of violence pose an eminent threat to refugee women - sexual assault or rape overshadows these other forms of victimization (Ferraro K. F., 1996). Thus, sexual violence and targeting of refugee women remains a common and significant threat to their safety, physical health, and psychosocial health.

Refugee women commonly face the threat of sexual violence from authority figures including soldiers, border guards, and police (M. Hynes and B. Cardozo, 2000). On their subsequent migration as they flee their home country, women and girls are at risk of experiencing heightened physical sexual violence due to a lack of safety within refugee camps or settlements in neighboring regions. Living in refugee camps, a common stage prior to resettlement in the US, exposes women to stressors due to environmental and circumstantial factors that increase vulnerability to forms of violence that threaten their physical and mental health. The UNHCR recognizes that these camps are vulnerable to outside armed attack, militaries or rebel forces, and other unlawful actors who participate in widespread banditry as a result of destabilization in conflict zones (UNHCR, 1993). Young refugee women are

particularly at elevated risks of sexual violence in coercive or exploitive situations in temporary camps or slum dwellings within conflict settings (Logie, C. H., Okumu, M., Mwima, S., Hakiza, R., Irungi, K. P., Kyambadde, P., Kironde, E., & Narasimhan, M., 2019). These camps require a heightened level of awareness among refugee women, especially when acquiring basic needs including food and clothing, or securing personal safety for themselves and their children when living in a refugee camp. Sexual abuse is commonly used against refugee women to facilitate acquiring these basic needs inside the camps, and it is a common occurrence across refugee women's journey (UNODC, 2018).

Experiences in Refugee Migration

Migration, and the journey itself is a long and treacherous process for refugees and this is due to the difficult circumstances and factors that threaten the lives of migrants. Refugees encounter the harsh natural environment including harsh heat or intensely cold climates, are vulnerable to violence and abuse, are subject to dangerous transportation conditions, and are at high risk of sickness and starvation (IOM, 2020). The dangerous elements of migration go beyond the environmental or natural challenges, as refugees experience bad actors that institute forms of violence and harm. One primary example is how both official and illegal forces in the surrounding areas of refugee settlements, in rural or destabilized regions, and on country borders participate in violence against refugee women, but these illegal forces are commonly smugglers and traffickers (Bigio J. and Voglestein R., 2019). Refugees in need of transportation or immediate exfiltration from conflict zones seek traffickers that are able to smuggle migrants across borders and through hostile surrounding areas. Lack of access to safe transport options results in refugee women and children being bought and sold into labor or sex trafficking, or killed in the process of travelling in unsafe conditions (Bro A., 2019). The Missing Migrant

Project (MMP) reported over 30,900 deaths between 2014-2018 with the greatest deaths occurring on the Northern Africa and Europe migration route, followed by the passage within Northern Africa due to a harsh natural environment, violence and abuse, dangerous transportation conditions, sickness and starvation (IOM, 2020).

Mental Health Impact of Displacement and Migration

The mental health ramifications of these displacement and migration stressors are well-documented in existing literature on refugee populations, and among the more vulnerable subpopulations including women and girls (Schweitzer R., Brough M., Vromans L., Asic-Kobe M, 2011; Beiser M. and Hou, F., 2016; Goodman R., Vesely C., Letiecq B., and Cleaveland C., 2017). Refugee women and girls are at risk of developing post-traumatic stress disorder (PTSD), and co-existing mental health conditions, and overall poor health (Dowling A., Enticott J., Russell G., 2017). A review on the long-term mental health effects of war and conflict-related trauma among refugees assessed 29 studies on refugee populations resettled in western countries and found a high prevalence of PTSD as well as depression and anxiety-related disorders (Bojic M., Njoku A., Priebe S., 2015). Consequently, the review found that higher exposure to traumatic events such as witnessing death, experiencing torture, enduring difficult circumstances pertaining to the migration routes, experiencing physical or sexual abuse or other migration related stressors results in higher rates of mental disorders (Dowling A., Enticott J., Russell G., 2017). Upon relocation to western countries both PTSD and depression have been found to persist beyond preliminary resettlement, and there is no difference in prevalence between refugees that have resettled for less than four years as compared to those who had been settled longer (Blackmore R., Boyle J., Fazel M., Ranasinha S., Gray K., Fitzgerald G., Misso M., Gibson-Helm M., 2020).

PTSD prevalence and other mental health conditions that refugees experience after direct or indirect exposure to displacement and migration stressors result in trauma that have a variety of unique long-term effects (Bogic M., Njoku A., Priebe S., 2015; Sangalang C. and Vang C., 2017). A long-term effect of this trauma on the family network is a critical component portrayed in the literature on intergenerational trauma and health outcomes (Sangalang C. and Vang C., 2017). The intergenerational effects of traumatic experiences are characterized as the transmission of trauma through health status of the offspring or descendants of the primary victims of war, genocide, abuse, or other sources (Sangalang C. and Vang C., 2017). Parental trauma is associated closely with mental health conditions in children of survivors, and this is heavily documented in research with Holocaust survivors (Lev-Wiesel, R., 2007; Shrira A., Palgi Y., Ben-Ezra M., Shmotkin D., 2011). The trauma experienced by first hand Holocaust survivors result in transmitted residual mental health challenges within their children, and their grandchildren - these findings suggest that traumas from persecution, war-related, and the stressors of fleeing a home country can have long term effects (Vaage A., Thomson PH., Rousseau C., Wentzel-Larsen T. et al, 2011).

Experiences in Refugee Resettlement

The types of stressors that refugees are exposed to throughout the resettlement stage are also different from those in displacement and migration, and this is due to the environmental and circumstantial elements of the refugees' livelihoods. However different the stressors are, life during resettlement poses a similar risk to mental health (Hynie, 2018; Miller E., Rasmussen A., 2010). Although evidence shows that large-scale crisis events experienced are highly traumatic, research has concluded that with treatment and effective support these survivors can restore their

psychological well-being (Thabet, A. Vostanis, P., 2000). Opposingly, daily stressors during resettlement function in different capacities that cannot be addressed in that same manner.

Daily stressors are labeled as such due to their regular occurrence in a person's life. The chronic nature of these stressors can erode coping or resiliency, and can pose a unique and significant effect to psychological well-being and mental health (Miller E., Rasmussen A., 2010; Kubiak, 2005). While the intensity of the stressors can vary, their frequency is consistent and does not go away over time (Kubiak, 2005). Because resettlement includes permanent residence in their host countries and adaptation in a new country, refugees experience persistent exposure to both large-scale traumatic events (that can be treated over time) *and* daily stressors (that are persistent).

Gender-Specific Inequities and the Refugee Experience

Displacement and Migration

The prevalence of mental health disorders among refugees after their experience with displacement and migration is indicative of the short and long-term impact of trauma. However, for refugee women the stressors they experience are not only defined by circumstantial or regional context, such as the *push* factors of persecution or conflict, but their stressors are defined by existing societal and structural notions of gender.

Gender inequalities are universally present. However, the pervasive nature of gender's influence on the experiences of women and girls does extend into conflict settings and humanitarian emergencies (Al Gasseer N., Dresden E., Keeney G., Warren N., 2004). The various methods to which these societal and structural notions of gender multiply the sources of

refugee trauma must be considered and identified in order to understand the vulnerabilities of refugee women and girls.

Conflict-related, gender-based violence is rooted and proliferated through pre-existing gender inequalities specific to the cultural context of each country or ethnic group. These inequalities have political, economic, and social norms or structures that reinforce these inequalities and thus color the experiences of women and girls when the country, or region is destabilized or poses an imminent threat that causes an individual to flee. Lorber (2010) uses feminist theories to analyze the extent of gender inequalities and provides a basis of understanding the many functions that are at play in the proliferation of gender-based violence. The division of responsibility, expectations, and accessibility within cultural worlds follows similar worldwide trends of inequality by gender. A primary indicator of gender inequality that directly influences refugee women's experiences is the distribution and accumulation of personal wealth, including inaccessibility to many methods of acquisition and opportunities for personal ownership (Richmond A. H., 2008; Lorber J., 2010).

Wealth amongst women is significantly lower across both western and non-western countries, but in lower-income or "developing" countries where a majority of current refugees originate, there are considerably larger gaps that are not closing as seen in western countries (Lorber J., 2010). The wealth gap is a direct result of social, economic, and political or legal restrictions upon women and girls, and the conditions these restrictions have fostered. Women and girls in both developing and western countries are given household and familial care responsibilities, and if employed they join the lowest paid workforces where they are unjustly compensated and subject to harsh or unsafe conditions (Ortiz-Ospina E., 2018). Legal restrictions in some developing countries have been predicated by and are continually reinforced

by social norms that dictate the confinement of women to the home, and in many cases if women receive income from part- or full-time employment they are rarely in control of those finances and are unable to effectively weigh in on household decisions (Ortiz-Ospina E., 2018). This reality is due to the complex nature of gender inequalities in developing countries and is primarily a result of a lack of legal recourse or opportunities to control finances or secure employment. However, it is critical to highlight that the issue of gender inequality is not indicative of a woman's lack of will or interest in the rights or freedoms held by men, but it is a result of the power imbalance established by gender roles. The forces that deeply engrain this gender-based, power imbalance is the use of highly revered and trusted institutions (including marriage, religion, and governance) to uphold *patriarchal privilege* through the disempowerment of women (Lorber J., 2010).

This systemic disempowerment forces women into a level of vulnerability due to necessary reliance on male counterparts including husbands or fathers (Jensen M., 2019). In conflict-settings, refugee women are often ill-prepared, ill-informed, and commonly left to navigate on their own amidst conflict or persecution without traditional male protection. Refugee women are then disadvantaged further by this instability and their vulnerability is intensified due to imminent threats of violence, harsh conditions, and extreme poverty or starvation (Indra D., 1987). Gender inequality, as a result of sustained patriarchal institutions and beliefs, is thus illustrated as a predictive factor for risk of violence and trauma associated with the refugee experience.

These notions of violence against women or the subjugation of women and girls is inflamed by destabilization or chaos, and in the event of targeted persecution these beliefs are weaponized against women in minority groups (Al Gasseer N., Dresden E., Keeney G., Warren

N., 2004). This has a direct impact on the conditions refugee women and girls are exposed to upon the decision to migrate or flee from their home countries. Additionally, these structures and beliefs are taught and adopted through culture so beyond migration we must also consider that these patriarchal structures and norms will persist - and more importantly, these norms will be strained or tested due to the changes in location, obstacles, and priorities. Just as refugee women bear the burdens of gender inequality amidst displacement and throughout migration, it is expected that these burdens will transfer and their associated stressors may arguably increase upon embarking on the resettlement process.

Resettlement

In the resettlement stage, the burdens associated with gender inequalities pose the threat of a compounded effect, exposure to new stressors or traumas in combination with past traumas and associated mental health disorders, on refugee women's overall mental health. Resettlement introduces stressors related to gender inequality relative to the circumstances of relocation to western countries, however these stressors also include those brought upon by the cultural notions of gender and power from their home countries or cultural backgrounds of refugee women (Lenette C., Brough M., Cox L., 2013). These circumstantial changes in resettlement could include refugee women becoming sole or equal providers as a result of the need for income or immigration requirements, seeking education opportunities, and changing parenting or child-raising techniques (Lenette C., Brough M., Cox L., 2013). Each of these changes will introduce new stressors that can affect the household and its members, but more importantly the minds of refugee women which can result in added challenges or traumas that can impact mental health and long term healing. The forces and enforcers that uphold gender inequality through patriarchal privilege experience a shift throughout the refugee experience, and in the culminating

stage of resettlement these adjustments face the possibility of permanence. And so this shift has substantial direct and indirect effects on refugee women's psychological, emotional and behavioral health due to their responsibility of maintaining their families as providers, caretakers, orchestrator of familial relationships, and stewards of their culture (Lenette C., Brough M., Cox L., 2013) .

Refugee Trauma Framework

The purpose of this thesis is to assess the extent of the current literature's identified types of stressors experienced in resettlement by refugee women in the United States, and this requires a holistic understanding of all contributing factors in the refugee woman's experience. The shift in gender roles is only one component of the refugee women's displacement, migration, and resettlement experience. Refugee women face a complex variety of other obstacles and traumas that impact their mental health due to their vulnerability, which is linked to their identities and background. This population is significantly marginalized in both social and political context and are resultantly burdened by the lack of power facing them as a result of their immigration status, country of origin, gender, race, ethnicity, and religion. Thus, assessing the prevalence of trauma-induced mental health disorders among refugee women, particularly PTSD and associated coexisting disorders, will require a more complex and nuanced approach. George (2010) discusses a holistic view of refugee trauma. The four components of this theoretical framework incorporate the major causal factors of historical, political, and sociocultural significance in the refugee experience in order to forecast the intersecting sources of trauma and the results from the displacement, migration, and resettlement periods.

Trauma Theory

The first component is the application of trauma theory in context to the refugee experience. Traditional trauma theories present biological explanations for trauma and only propose two major influencers that mitigate trauma outcomes: resilience and medical psychiatric intervention (Ungar M., 2013). Although only these two mitigators are presented in refugee trauma research, these two areas are not adequately studied in refugee populations. Currently, research on refugee trauma shows that refugees have the capacity for resilience that facilitates healing, but this capacity is commonly relied upon as a sole evidence-based method to heal trauma. (Mollica, 2006). The second most commonly cited response to refugee trauma is the use of medical psychiatric intervention. Medical provider's overdependence on medication and pharmacotherapy is the second part of this dichotomy in mental healthcare available to refugee women (Mills C., 2014). These traditional approaches to understanding trauma outcomes enforce an unjustly narrow scope of care, lack cultural appropriateness, and pay insufficient attention to the nuance required to holistically respond to refugee mental health (Mills C., 2014).

As stated, the traditional models of trauma theory provide basic biological definitions of trauma and its symptomatology. However, these models do not adequately assess the importance of cultural influence on trauma, and rarely assess non-western cultures or contexts. Multicultural theorists have added to trauma theory and have proposed that psychological reactions to trauma are influenced by cultural norms (including gender expectations, religious beliefs, and cultural traditions) which affect how individuals react or respond to traumatic events or stressors (Kroll, 2000; Gorman W., 2001; Ungar M, 2013). These responses are also influenced by the nature of the traumatic event or exposure to the stressor; which includes consideration for an individual's proximity, duration of exposure, and severity or intensity of the stressor or event. Each of these factors must be considered in the assessment of refugee trauma as the nature and temporal

element of trauma can characterize an individual's reaction to that trauma and the response method used by practitioners (Kroll, 2000; Gorman W., 2001). To address these added factors, theorists propose integrated conceptual frameworks that consider both culturally and demographically relevant environment and experience factors into PTSD diagnosis and treatment prognosis (George M., 2010). This recognizes that refugee trauma involves a variety of cultural factors that merit greater inspection and research prior to presenting treatment strategies, and this begins with understanding the circumstances that have formed refugee populations, followed by the associated historical, political, and social perspectives that exist throughout the three stages of the refugee experience.

Refugee Theory

The second component of this framework provides context to better understand the defining factors of a refugee - this is refugee theory. This theory presents the various classifications of refugees and the circumstances that are considered in the stratification of refugees. A critical finding from refugee theory is the concept of the “new refugee”, which highlights that refugees in the last two decades moving to resettle in western countries including the US are discernibly different in terms of culture, ethnicity, and religion in comparison to the host countries – as reinforced by UNHCR data on refugee demographics (Paludan A., 1974; UNHCR, 2020). This accounts for the reality that, unlike refugees of the late 20th century who would resettle in neighboring or similar countries, these new refugees are facing an unprecedented level of shift in culture and ultimately in circumstances if placed in western countries. The adjustment period is complex, and refugee theory further describes the cultural implications alongside the political implications of the “new refugees” status. Most of those fleeing are categorized as *acute refugees* that do not have the opportunity to prepare resources

prior to their migration or request for resettlement due to their primary need for survival. This description is in contrast to *anticipatory refugees* who prepare and plan departure and arrival (Kunz E., 1973; Paludan A., 1981). *Acute refugees*, due to their lack of resources or ability to convince host countries of their ability to provide financial contributions, are at risk of denial for entry to western countries and remain at risk of and in constant fear of deportation or punishment (Blackwell C., 2002). This fear results in considerable psychological distress, and contributes to symptoms of depression and anxiety in refugee populations (Eisenman D. P., Gelberg L., and Liu H., 2003; Joseph T., 2011; Lusk M., McCallister J., and Villalobos G., 2013).

Post-Colonial Theory

The third component is post-colonial theory, which provides a critical perspective that looks into the links between past and current social, cultural, and political inequities that apply to refugees. Assessing trauma afflicting the refugee population requires an understanding of the impact of colonialism and western-led globalization across the developing world. Gagne (1998) included post-colonial theory to the refugee trauma framework to evaluate the role of colonizing forces on the economic, governance, and humanitarian problems debilitating the developing world and contributing to traumatic events experienced by refugees. This assigns the destabilization of refugee countries and the traumatic events of structural and interpersonal violence to the silent actors responsible. This integrated psychosocial approach that engages the post-colonial perspective integrates the acts and impact of colonialism, the impact of long-term control over the bodies and persons of colonized peoples, and the subsequent psychological and sociocultural consequences of that control (Lloyd D., 2000; Utsey S., Abrams J., Opare-Henaku A. et al, 2014; Bell D., 2016). The framework is based on colonial policies and their modern iterations across developing countries and the impact includes the effect these policies have had

directly on the traumas experienced and inherited by first nations people - which applies to native and ethnic populations in once-colonized countries (Bell D., 2016). These policies are found to develop patterns of forced dependency due to welfare colonialism that precipitates into self-conceptualizations of inferiority, and senses of indebtedness or self-reproach for traumas and burdens they experience (Stein, 1981; Gagne, 1998; Hyndman, 2000).

Feminist Theory

The fourth and final component that George (2009) includes in the refugee trauma framework is feminist theory, including both radical feminist and post-colonial feminist theory that analyzes the effects of gender on trauma and post-traumatic stress disorder in women. When a feminist theorist applied trauma theory to refugee populations, it showed that the original perception of trauma did not effectively consider cases of PTSD or acute traumatic events that were a result of abusive relationships or domestic and intimate partner violence which disproportionately affects women (Burstow, 2005). Feminist theorists proposed that trauma theories that failed to include these cases reflect the inequalities of gender politics in the realm of trauma assessment and treatment. Thus, feminist theorists present the importance of factoring all stressors or cumulative forces in our sociocultural and political realms that can contribute to trauma and PTSD across all genders (Hyndman et. al, 2006). Burstow (1992 and 2005) highlights the limitations of the medical model of trauma which in its conception focused solely on symptoms and treatment of male veteran combat-related PTSD (Tseris E. J., 2013).

The failure to consider gender is found to prevent provider ability to properly diagnose and treat women, and resultantly refugee women, due to the fact that signs of trauma or related symptoms of PTSD have been found to be highly linked to the patient's gender (Rousseau et al, 2002). Moreover, we can identify traumatic components of the refugee experience, that could be

overlooked using the traditional and limited lens of trauma, through post-colonial feminist lens. For example, the trauma experienced by refugee women as a result of sexual violence is then compounded by the traumatic experience of being subjected to reliving violence to provide the required proof for a certificate of rape, all while enduring the tedious asylum claims process (Baillot H., Cowan S., and Munro V. E., 2014). Miller (2004) argues that refugee women are unjustly left to the discretion of western host countries' perception of a credible record of trauma or significant threat of further harm in order to be deemed worthy of rescue.

This framework that has been provided links the historical and political power imbalance found in post-colonial theory to the reality of gender-specific power imbalances found in feminist theory, that collaboratively contributes to refugee women's traumatic experiences with inadequate support and care. This framework provides a contextual understanding of the challenges refugee women experience throughout displacement, migration, and into arrival to western host countries like the United States.

Intersectional Theory:

The refugee trauma framework has originally comprised of four parts, trauma theory, refugee theory, post-colonial theory, and feminist theory. However, this framework arguably is yet to be as inclusive or complex as the refugee experience is throughout the displacement, migration, and resettlement stage. And so, a term that best identifies this need to equitably recognize the role of each identity component as sources of refugee trauma has been coined by African American feminist scholars in the United States for use in domestic and international human rights forums and discourse: *intersectionality*. The purpose of intersectionality and intersectional analysis is to recognize that individuals can belong to multiple marginalized identities and as a result can experience forms of discrimination or, in the case of mental health,

forms of trauma as a result of the coexistence and intersection of these identities (Makkonen T., 2002). And although intersectional theory was introduced in the 1990's, its application has been focused on the plight of African American and Indigenous populations in the United States, and has only more recently been applied to refugee women's experiences. The use of intersectional analysis presents a new opportunity for the study of refugee trauma and has been found to fill the gap in terms of developing a holistic approach to characterizing the nature of this trauma as it pertains to each of the possible stressors and the modes in which they interact. Introducing intersectionality to refugee trauma framework presents the functional reality that these proposed trauma, postcolonial, feminist, and refugee theories each consistently interact and overlap - they do not function in a parallel manner once suggested by literature on refugee trauma (Crenshaw K., 1991; Fredman S. and Szyszak E., 1993). In addition as presented by intersectional feminist theorists, to continue to assume these theories function independently of one another is a short-sighted and simply outdated perspective of the multi-dimensionality of marginalized and vulnerable peoples (Crenshaw K., 1991; Makkonen T., 2002). These vulnerable populations, representing a variety of marginalized identities have been found to endure unique challenges as a result of their identities, especially in health and research (Hankivsky, O., Reid, C., Cormier, R., Varcoe C., et al., 2010; Gkiouleka A., Huijts T., Beckfield J., and Bambra C., 2018). And although challenges are posed by both the developing and western worlds, the collision of marginalized identities and the subsequent sociocultural, political, and historical implications are particularly present when based in a western country.

Makonnen (2002) has depicted the vulnerability of these populations through presenting the existence of multiple, compounded, and intersectional discrimination. This phenomenon is comprised of the direct, indirect, and institutional types of discrimination that certain peoples are

at risk of experiencing throughout their lives. Makonnen (2002) defines this discrimination as distinction, exclusion, or restriction as a result of gender, race, ethnicity, immigration status, class, or sexuality. The conceptual framework behind multiple, compounded and intersectional discrimination provides a formidable basis that shows that traumatic stressors experienced by refugee also result from experiencing these forms of discrimination (Vu M., Li J., Haardorfer R., et al, 2019; Vargas S., Huey Jr. S., and Miranda J., 2020).

Additionally, this intersectional framework on discrimination finds that trauma experienced by refugee women is not solely defined as one or more direct major events that lead to the development of PTSD. This trauma includes a variety of indirect or institutional stressors embedded throughout the everyday lives of this vulnerable population (Bowling B., 1993; Tendayi A., 2016). Makonnen (2002) describes a dual approach to depict this combination of the forms of discrimination experienced by intersectionally marginalized peoples, developed to expand beyond the traditional idea of only direct or single event experiences of discrimination. The two approaches include an events-oriented and a process-oriented understanding of discrimination. The events-oriented understanding of discrimination is the direct form of "intentional" discrimination categorized as singular events, such as a hate crime. The process-oriented understanding provides the opportunity to see discrimination in social and historical context as it unfolds in the everyday, and thus presents these situations or victimization as on a continuum where one act follows the other (Bowling B., 1993; Tendayi A., 2016). The continuum is a critical aspect when applying this process-oriented understanding on the categories of displacement, migration and resettlement stressors. Makonnen (2002) finds that this continuum first illustrates the compounded nature of the sources of these daily stressors by presenting that each stressor is a result of sociocultural, historical, and political disadvantages

that are linked to these marginalized identities. Makonnen secondly finds that due to the intersectional nature of multiple marginalized identities, through a process-oriented understanding, a disadvantage in one stage of the refugee experience due to one part of a refugee's identity will predictably reinforce disadvantages associated with the other marginalized identities they hold - such as gender.

The dual events-oriented and process-oriented understanding of stressors adapted from Makonnen's (2002) intersectional framework on discrimination provides evidence of another dimension of refugee trauma. In addition to the 4 components described in George's (2010) presentation of contributing factors of refugee trauma, this intersectional component is presented for discussion on the impact of the resettlement stage of the refugee experience. The challenges of intersectional minority identities, especially when experiencing discrimination, has long term implications on the mental health of refugees upon arrival and commencement of their resettlement, especially in western countries such as the United States (Seng J., Lopez W., Sperlich M. et al, 2012; Beiser M. and Hou F., 2016;Vu M., Li J., Haardorfer R., et al, 2019).

Challenge with the Refugee Trauma Framework in Post-Migration Context

The four components of George's (2009) refugee trauma framework fails to properly factor race and racism, the greatest driving force at the origin of colonialism and its longest lasting legacy. Refugee women are overwhelmingly women of color; Black and Brown persons whose movement and livelihood is consistently dictated by the perception of their skin color (Pittaway E. and Bartolomei L., 2001; Pittaway E. and Pittaway E., 2004). And since their refugee status and the harmful conditions they experience and hope to flee are directly related to

their countries of origin, more recent literature has presented the argument that ethnicity will have a direct impact on the quality of their lives and mental health in the resettlement stage of their refugee experience (Richmond A., 2001; Dandy J and Pe Pua R., 2015). Additionally, literature on refugee resettlement highlights that it is critical that race is also equitably factored in understanding refugee trauma (Richmond A., 2001; Dandy J and Pe Pua R., 2015). The incorporation of intersectional theory provides a holistic and inclusive understanding of all sources and contributors to refugee trauma and its impact on refugee women's mental health experienced throughout the final stage of the refugee experience.

Psychosocial Conceptual Model: Refugee Experience and Mental Health

The types of stressors and related traumatic events described in the displacement and migration stages of the refugee experience are well-documented. The resettlement stage also introduces new stressors, however, it is distinct in the fact that for the majority of refugees, this is not only the final stage but the beginning of new lives in new countries (Hynie M., 2018). Even more, the resettlement stage is unlike the previous stages because it includes the element of living with and working to heal previous trauma, all while enduring a variety of stressors and traumatic events encountered in this final stage (Bartolomei L., Eckart R., and Pittaway E., 2014; Hynie, 2018).

The objective of this scoping review is to synthesize existing literature on resettlement stressors experienced by adult refugee women in the US and the impact it has on their mental health. In this part of the literature review, the five components of refugee trauma are used to evaluate resettlement stressors and the way they impact refugees. Further, for the resettlement stage, it is important to broaden the focus to include how refugees respond and process exposure to acute or chronic stressors, the nature of the actors or sources of stress in these new

environments, and the implications of these stressors on past traumas or existing mental health conditions and vulnerabilities.

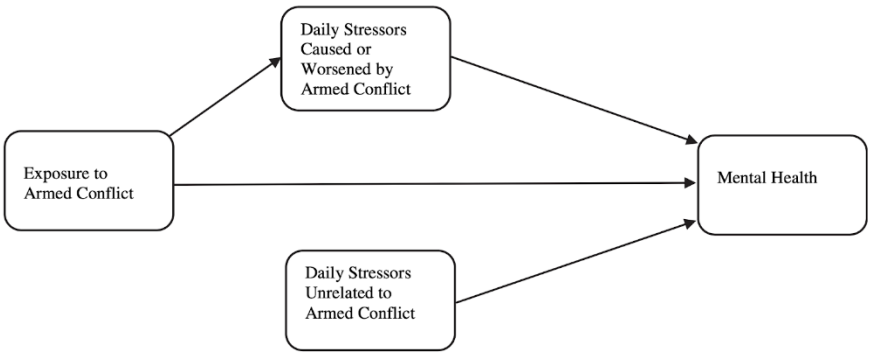
For refugees escaping conflict or persecution from non-western developing countries or low-income settings, the three stages of the refugee experience can affect the mental health of refugees in an interactive manner. Miller and Rassmussen (2010) highlight the importance of understanding the complexity of how large-scale traumatic experiences of armed conflict, for example, are not the sole threats to the mental health of refugees. The other sources of mental health conditions such as depression or anxiety, include experiences with the daily stressors such as sudden poverty or unemployment and underemployment - vocational stressors that result from suddenly moving to a new country without financial support (Werhle K., Klehe U., Kira M., Zikic J., 2018; Baranik L., Hurst C., Ebay L, 2018) .

Miller and Rasmussen (2010) present the challenges in literature with the trauma-focused approaches to addressing mental health needs in communities affected by armed-conflict. Trauma-focused approaches overestimates a simple and direct causal relationship between a singular traumatic event, displacement or migration related, and changes in mental health (Bonanno G., 2004; Miller K., Omidian P., Rasmussen A, 2008; Jayawickreme N., Mootoo C., Fountain C., et al, 2017). Starting in the 1980's, research began to assess the variety of implicit forms of trauma or stress experienced by refugees have been described as "organized violence"; such violence is perpetrated through more nuanced methods and is found to affect daily life and mental health (Martin Baro M., 1989; Melville M. and Lykes M., 1992; Buitrago C., 2004). More recent research, including studies on refugees in developed or western countries, reports that implicit trauma and stress have a significant impact on overall mental health and have the ability to mediate the direct causal effect of direct exposure of traumatic events on mental health

(Miller K., Omidian P., Rasmussen A, 2008; Riley A., Varner A., Ventevogel P et al, 2017; Im H., Ferguson AB., Warsame AH, 2017).

Miller and Rasmussen (2010) found that the regular presence of daily stressors in the lives of survivors of conflict or crisis in post-crisis conditions, weakens the trauma-focused approach's argument that direct large-scale traumatic events are singularly responsible for mental health conditions or disorders. Thus, the authors adopted an amended conceptual model (Figure 1). The three components include the direct large-scale traumatic event such as conflict exposure, daily stressors experienced within the conditions that occur as a result of conflict or crisis, and the daily stressors that are *not associated* with conflict or crisis (Miller E., Rasmussen A., 2010).

Figure 1. Psychosocial Conceptual Model on Past Trauma and Resettlement Stressors



Miller and Rasmussen (2010) applied this model (Figure 1) to the mental health of conflict survivors who remained in their respective countries post-conflict. Authors concluded that the daily stressors associated with their lives after conflict and outside of the extreme conditions of crisis and destabilization contribute to the distress experienced by survivors. When applied to refugees it can be argued that the resettlement stage, which is unrelated to the direct exposure to trauma from displacement and migration in crisis or conflict settings, is the third

component of the psychosocial conceptual model (Figure 1) required to accurately understand the threats to refugee mental health.

The Use of a Retrospective and Prospective Approach to Assess Acculturative Stressors in Resettlement and Impact on Mental Health

As previously stated, the aims of the current thesis are to synthesize the current literature that addresses acculturative stressors experienced in resettlement by adult refugee women in the US and to synthesize the impact of these stressors on their mental health. To effectively address these aims, this thesis will follow the psychosocial conceptual model and consider both forms of resettlement stressors: continuous daily stressors and traumatic events. This thesis will also follow the approach used in the refugee trauma framework, where each resettlement stressor will be *retrospectively* linked to their larger historical, sociocultural, or political sources in order to holistically understand how the resettlement environment influences the acculturation process of refugee women. Additionally, mental health effects of these stressors will be identified *prospectively*. This is because refugee women in the studies found in current literature are exposed to and required to navigate new conditions without the protective benefit of any level of translational familiarity; the impact on their mental health is assessed after the fact (Casimiro S., Hancock P., and Northcote J., 2016; Algeria M., Alvarez K., and DiMarzio K, 2017).

To assess existing literature, this scoping review will use a combination of both a prospective and retrospective approach to examine the current scope of knowledge of the resettlement stressors, their sources, and their impact on the mental health of refugee women in the United States. The first perspective includes literature that attempts to understand the effects on mental health in the resettlement stage through the use of a *prospective* approach, studies that follow the narrative of refugees as they recall their resettlement experience and report the

stressors and associated traumas they have experienced. The second perspective is through the use of a *retrospective* approach, where studies identify and characterize the root causes of the sources of these new resettlement stage stressors.

Prospective Approach: Acculturative Stressors in Resettlement

The hallmark component of resettlement is the adjustment experience, and restructuring of livelihood and acclimation to the environment, culture, and circumstances. Migrants experience a variety of stressors as a result of the prominent psychosocial shift connected to these changes. Berry (1997) conceptualized acculturation in cultural psychology as the phenomena where individuals who developed in one cultural context migrate to a different context. The author presents this phenomena through three interrelated aspects: the psychological, sociocultural, and economic. In the acculturation process there is documented evidence of the difficulties refugees face throughout that acculturative shift. There are multiple physical and mental health implications of the stressors and traumatic events from these difficulties in the post-migration context of western countries. Carlsson and Sonne (2018) have defined these stressors into seven major categories of parts of the resettlement experience that have identified acculturative difficulties that impact refugee mental health: 1) Immigration status or visa-related process, 2) Family-related stressors, 3) Socio-economic difficulties, 4) Loss of culture and social support, 5) Poor language skills, 6) Discrimination and 7) Healthcare. Carlsson and Sonne (2018) clarify that the categories of stressors are relevant to both perceived and measurable difficulties with acculturation. These experiences are found to include traumatic events and daily stressors related to obstacles, disadvantages, or threats identified in each of the seven categories throughout their resettlement.

Immigration Status

The refugee population, in comparison to asylum seekers or the undocumented, are granted legal protections that are not given to asylum seekers and other immigrants. Thus, refugees do not experience the fear associated with the imminent threat of detention and deportation in western countries. However, refugees are not exempt from stressors associated with their designated immigration status, as immigration status and visa-related stressors have been characterized as a primary source of stress (Laban et al, 2005). The process of receiving refugee status is long and tedious as refugees are left to plead a case that proves a "well-founded fear" of violence or persecution in their home country (American Immigration Council, 2020). The rigorous interview process and awaiting approval directly after experiencing the traumas of displacement and migration increases the risk of mental health disorders in refugees (Laban et al, 2005). This is found to be compounded with the reliving or retelling of the traumas experienced, and the repeated interviews or experiences where refugees are expected to prove the threats of violence can trigger memories of interrogations or torture in their home countries and worsen psychological and physical symptoms of trauma (Schock, Rosner, & Knaevelsrud, 2015). The fear is also long lasting and identified further along in the resettlement experience. Studies that cover the indirect impact of this fear in refugees and immigrants show avoidance of help-seeking from official legal or emergency services even if experiencing life-threatening or stressful circumstances - including health crises and domestic violence in marriages or families (Robinson S.R., Ravi K., Voth Schrag R. J., 2020). The process of obtaining refugee status is also impactful due to refugees' awareness of their vulnerability and the continual possibility of their case being rejected, remaining separated from their families, or facing other legal consequences induces stressors that affect long term mental health (Bogic et al, 2012; Bogic et al 2015).

Family Relationships and Parenthood

In addition to the short- and long-term implications of immigration-related stressors, resettlement and building a new life includes considerable stressors for the family. Refugee families in western countries are often broken or incomplete, as many family members are often killed or missing due to the conflict or persecution (Jesuthasan J., Sonmez E., Abel I. et al, 2018). Other family members do not acquire refugee status and subsequently the opportunity to resettle in western countries - this ultimately shifts family dynamics and structure as well as responsibilities (Carlsson J. and Conne C., 2018). Separation from family members who remain back in their home country is also a source of stress for resettled refugees, in addition to the threat facing these family members back home such as violence or torture (Carswell K., Blackburn P., Barker C., 2011).

For family members who resettle in western countries together there is a significant change to family dynamics, including the rearrangement of roles as a result of sociocultural and economic aspects of acculturation. There are two identified resettlement difficulties experienced within the refugee family, one is a strain in the parental-child relationship and the second is the strain between married couples of men and women (Betancourt T., Abdi. S., Ito B., 2015; Pan A., Daley S., Rivera L. et al, 2006). Refugee parents experience a strain in the upbringing of children in a different cultural context, an entirely different environment without the social support or cultural standards of their home country. A study on Somali refugee parents in Sweden found significant stressors pertaining to parenting, including the worry of losing their children to western culture or way of life due to the barriers between them and their children developing in western countries (Osman F.,Klingberg-Allvin M., Flacking R., and Schön U., 2016). Parents have identified significant concern with child well-being, adjustment, and the quality of their upbringing which is concurrently connected to their ability to guide and provide

for their children. Challenges outside of the home or family relationships, including socioeconomic disadvantages, are cited as a source of stress for parental-child relationship and these disadvantages are similarly involved in the strain on marital relationships in these households (Osman F., Klingberg-Allvin M., Flacking R., and Schön U., 2016; Carlsson J. and Conne C., 2018). Additionally, the combination of pre-migration trauma and changes in familial dynamics or roles in resettlement, increases prevalence of domestic violence in the household (Rees S. and Pease B., 2007). Dysfunction in family relationships, including violence between married parents or abuse towards children, increases anxiety and depression symptoms as well as overall psychological distress across parents and children (Pittaway E., 2004; Pan A., Daley S., Rivera L. et al, 2006).

Economic and Employment

Refugee adults report regularly experiencing economic stress including worrying about being able to provide for oneself and family. This is a highly important type of acculturative stressor because fulfilling economic goals is integral to safety and stability when adapting to life in a western country (James P., Iyer A., and Webb T. L., 2019). Refugees face a variety of barriers to economic opportunity as a result of policies that prevent adequate employment before legal status is granted, lack of sufficient resources from state agencies for self-sufficiency, and placement in economically disadvantaged neighborhoods or towns without opportunities for advancement (James P., Iyer A., and Webb T. L., 2019).

Overall, refugees face high levels of unemployment in comparison to natives in western countries and these rates are highest in the first years of resettlement (Bevelander P., 2016). The high prevalence of unemployment, as well as underemployment, amidst resettled refugees is identified as a prominent daily stressor that is associated with the mental health disorders and

conditions of refugees including significant emotional stress (James P., Iyer A., and Webb T. L., 2019). The daily stress of unemployment and underemployment includes the real perception or actual experiences of poverty and its associated outcomes including housing insecurity, heightened lack of safety, and increased social isolation or perceived discrimination (Bogic et al, 2012). The worsening of the mental health of refugees as a result of unemployment and underemployment creates a cycle where exposure to these continual stressors results in a decreased number of job opportunities or ability to fulfill economic needs, contributing to the interrelated aspect of social isolation, loss of identity and self-worth, reduced help-seeking behaviors of mental and physical healthcare, and thus further decay in mental health (James P., Iyer A., and Webb T. L., 2019).

Cultural and Social Support

Refugee communities resettled in western countries, identify that the most apparent difficulty in acculturation is the social isolation that results from a removal from an environment of homogenous sociocultural understanding and system of beliefs (Chen W., Hall B. J., Renzaho A., 2017). Isolation is experienced across ages and is highly salient among older adult refugees and especially among the elderly and is a significant determinant of mental health in the refugee community (Hynie, 2018). The difficulty among older refugees is associated with the cultural psychology's proposed theory that acculturation to the western context is less successful among those who are deeply connected to and developed in their home country environment (Berry, 1997). Refugees experience losses of family and friends either as a result of death or separation, and the removal of that established social network has a significant influence on stress and mental health. Social support from these networks contribute to the psychological healing and coping abilities that are necessary for overcoming past pre-migration traumas and stress but also

the daily resilience required for handling crisis situations (Simich L., Beiser M., Stewart M., 2005). The shift from the established socioculturally homogenous communities and systems that refugees were accustomed to in their home countries contributes to social exclusion. This exclusion is seen primarily when refugees in a western context are placed within a lower level in overall society, regardless of their high or lower status in their home country resulting in loss of power in the form of materials or resources, economic opportunity, and standing or recognition amidst their fellow refugees but more starkly against natives in the host country. (Carswell K., Blackburn P., Barker C., 2009; James P., Iyer A., and Webb T. L., 2019).

Discrimination

Discrimination in a variety of forms against minorities evident across many systems and institutions that refugees are dependent on throughout their initial and ongoing resettlement experience. Any experiences with discrimination on the basis of their identity is a stressor that negatively effects the mental health of refugees as well as their ability to heal and overcome the health implications of their unique pre-migration traumas (Carlsson J. and Conne C., 2018). Refugees that resettle around the world, and particularly in western countries are subjected to xenophobic discrimination on the basis of their "foreignness" which includes both explicit forms of discrimination as well as that which is structural and policy-based (Tendayi A. E., 2016).

Language

A silent and ever-present stressor that refugees commonly reference is experiences of both perceived and real instances of discrimination or exclusion on the basis of their identity in western countries. The minority status automatically acquired by all migrant populations in western countries, develops social stressors as well in terms of acclimating to being a visible

minority as well as struggling with language acquisition (Alemi Q., Siddiq H., Baek K. et al, 2017). Refugees report that language acquisition challenges are a source of discrimination, which has also been found to serve as a stressor among refugees with mental health disorders including depression, anxiety, and PTSD (Bogic, 2012; Hynie, 2018).

Mental health conditions that result from pre-migration trauma including trauma-related memory and concentration problems also serve as a health barrier to language acquisition, which is a needed skill to acclimate to a new livelihood in a western country (Bogic et al, 2012). Lack of the proper language skills as an acculturative stressor is reinforced further by the failure to provide the proper or adequate resources for language interpretation in the critical areas of health, employment, education, and legal support or intervention (Kale E., Syed H.R., 2010; Hynie, 2018). The impact of language barriers is not only explicit due to the inability to effectively communicate, but it is implicit because of the pervasive nature of feeling deliberate exclusion, overwhelming confusion or fear, mistrust of employers or care providers, and direct or indirect consequences to physical and mental health or safety.

Healthcare

The healthcare system is an institution where refugees experience stressors that impact their physical and mental health, and research reports that healthcare providers and centers struggle with considerable discriminatory or inequitable resource provision, inadequate care practices, and a lack of culturally or circumstantially inappropriate advocacy or education of staff (Hynie, 2018). This is a major concern for the refugee population because of their multifaceted vulnerability and intersectional minority status in western countries, and the consequences of the identified failures of the healthcare system are a variety of reported stressors experienced by refugees in initial and long-term resettlement (Carlsson J. and Conne C., 2018; Hynie, 2018).

Cultural inappropriateness is a complex barrier to healthcare and has considerable implications in the quality of care for refugee populations. This historical medical reasoning behind the inappropriateness is the documented exclusion of minority perspective on both physical and mental health symptomatology, but more concerningly on the perception of the mental health conditions or challenges experienced by these refugee communities. Alongside the lack of communication posed by language barriers, the differing perceptions of mental health conditions between western providers and refugees can lead to ineffective communication of diagnosis or prognosis decisions and reasoning. This miscommunication has been found to be worsened by stigma and resulting fear or apprehension to receive or seek help (Savic M., Chur-Hansen A., Mahmood M. A., and Moore V. M., 2016; Carlsson J. and Conne C., 2018)

The compounded acculturative stressors often occur in conjunction with one another on an individual's experience in resettlement. Refugee women experience these directly in their own lives and indirectly through the experiences of others in their family or household including spouses or children. This compounded experience can result in cumulative stress that further prevents individuals from acclimating to the resettlement process, and can increase in severity over time - as depicted in the Bi-Dimesional Trauma Framework with systemic stressors and cumulative trauma. To understand the scope of factors at play in refugee women's mental health when resettling in western countries, research must investigate the sources of these systematic stressors and especially the sources specific to the unique circumstances of the United States.

The Gap In The Literature

This literature review establishes that there are a variety of stressors and mental health effects experienced by refugee women throughout the stages of displacement, migration, and resettlement. The five theories presented in the refugee trauma framework further establishes this

vulnerability through the historical, sociocultural, and political factors that contribute to the harmful conditions and subsequent stressors throughout those three stages. The bi-dimensional trauma framework presents how the experiences throughout these stages pose a significant threat to the mental health of refugee women in resettlement. Their mental health is affected by both the burden of large-scale trauma from past experiences in displacement and migration, and then exposure to cumulative trauma from daily and large-scale acculturative stressors in resettlement. However, the literature on acculturative stressors within resettlement that affect refugee women is more limited since immigrant communities comprise a majority of the study participants in acculturation studies. Although immigrant communities and immigrant women experience acculturative stressors that affect mental health and quality of life in western countries, the vulnerability of refugee women emphasizes the need to focus on their experience and identify any differences in the acculturation experience.

It is critical to propose the question about the impact of these acculturative stressors on refugee women in resettlement, and especially refugee women in the United States. This is due to how a considerable majority of acculturation studies, as seen in this literature review, focus on refugees in Europe, Canada, Australia and New Zealand. Thus, there is a need to study refugee women's resettlement experiences in the US to understand the contributions of its unique historical, sociocultural, and political factors on those respective acculturative stressors and refugee women's mental health. And so this scoping review intends to answer two questions. What is the extent of the current existing literature's identification of acculturative stressors that refugee women experience throughout their acculturation process during resettlement in the United States? And finally, what is the extent of current existing literature's identification of the mental health impact of these stressors experienced in resettlement?

Chapter 3: Methods

The selected method for this literature review is a scoping review as this approach will include a wide variety of study designs and provide the opportunity to use an iterative technique in the development of a search strategy. This review method will also serve to identify the gap in literature pertaining to the threat these stressors and their sources pose to the mental health and well-being of adult refugee women in the United States. This review did not require or receive review by the Institutional Review Board (IRB) because this project does not include human subjects and all data was pulled from publicly available data from Emory databases. The approach for this scoping review follows the Arksey and O'Malley (2005) five-step methodological framework for scoping reviews:

Stage 1: Identify the research questions aims
Stage 2: Identify the relevant studies
Stage 3: Select studies AND;
Stage 4: Chart the data and analyze; and
Stage 5: Summarize and report findings

STAGE 1 - Identify the Research Questions

The research questions developed for this review aim to complete a comprehensive search and collection of available literature on adult refugee women who have resettled in the United States. The objective of this scoping literature review is to synthesize and analyze existing and available literature published on acculturative stressors and their mental health impacts experienced by adult refugee women that have resettled in the United States.

1. What are the identified types of acculturative stressors experienced by adult refugee women in the United States?
2. How do acculturative stressors impact the mental health of adult refugee women who have resettled in the United States?

This scoping review was developed to achieve the following aims:

1. To assess the breadth of current research on refugee mental health in the US and if it provides a sufficient evidence base on systemic stressors in the United States and their effect on the more vulnerable and significant members of the refugee community, refugee women.
2. To identify all gaps in the literature pertaining to what is known about the role of US-specific systemic stressors in adult refugee women's mental health throughout their resettlement experience.

STAGE 2 - Identify the Relevant Studies

Search Strategy

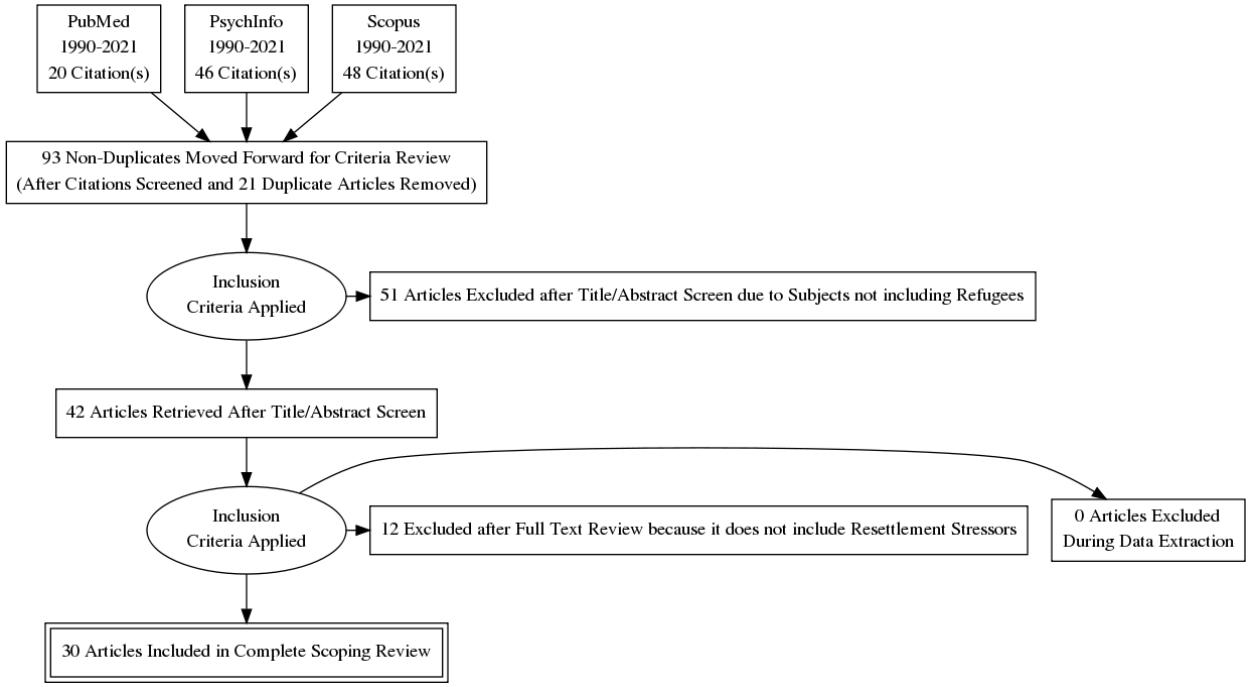
The search strategy was developed with the support of a research librarian at Emory Health Sciences Library and is composed of a total of three electronic databases and a list of search terms related to acculturation. The three databases include PubMed, Scopus, and PsycINFO (EBSCO) and a selection criteria was applied to these databases to ensure a comprehensive and relevant collection of the eligible literature. The search will include all literature published between January 1990 and January 2021, this time frame will correspond with the major refugee waves of the late 20th and early 21st century which includes the majority of refugees from low- and middle-income countries fleeing conflict or persecution (WHO, 2017). This timeframe includes both longitudinal and cross-sectional studies and also includes studies that focus on early or late-stage refugee resettlement. The search of literature will be limited to publications in the English language and geographically specific to the United States.

STAGE 3 - Select Studies

The initial literature search of the three main databases (Scopus, PubMed, and PsychINFO) was conducted March 12th 2021 and prior to the search, the terms in the search statement were determined through collaboration with the Emory Librarian in order to effectively select and screen relevant studies. During the process of crafting a search strategy, it was found that using many descriptive terms in the search strategy significantly reduced the number of articles collected, and in many cases it caused the search to "fail". This was ultimately credited to the specificity of the terms "acculturation" and "refugees". Therefore, for this search it was decided that a search statement limited to only four terms would run a successful search that increases the initial number of studies needed for the preliminary screening. The final terms selected were limited to "acculturation", "refugee", "woman", and "United States". For the term "United States", the search was additionally expanded to thoroughly include all fifty states and the District of Columbia. The finalized search statement was created through PubMed, and then translated for all other databases **(Appendix Table 1. PubMed Search Strategy).**

After the search statement was utilized on all of the databases, all citations were downloaded and imported onto Covidence (N= 114) and duplicates were removed (N= 93). The abstract screening process included full abstract review, and identification of subject immigration status, gender composition, and the study's focus to ensure inclusion of acculturation and experiences of resettlement. Upon completion of abstract screening, the selected texts were prepared for a full text review (N=42). The final selected articles (N=30) were then included for the data extraction phase, and removed from Covidence. The PRISMA flow diagram depicts this process and the different phases and the literature selected during the search process **(PRISMA Flow Diagram)**.

Figure 2. PRISMA Flow Diagram for Search and Article Inclusion



Inclusion Criteria

For a published peer-review article to be utilized in the scoping review the initial search required multiple rounds to identify the eligible articles and remove all ineligible articles before beginning the data collection and analysis stage of the review. The developed search strategy was applied to the three databases to collect published abstracts and titles identified N = 114 of articles. After removing duplicates, 93 articles were then screened using the following inclusion criteria:

1. Published between January 1990 and January 2021.
2. Subjects include Adult refugee women, includes migrant and asylees
3. Subjects are based in or resettled in the United States and this includes any of the 50 states and the District of Columbia.

4. Discusses resettlement stressors and experiences across the 5 main categories of the acculturation process. The categories include any or all of the following: economic (finance, housing, employment, etc.), interpersonal (family, parent-child, marital relationships, etc.), sociocultural (race, gender, religion, ethnicity, immigration status, etc.), healthcare (accessibility, availability, clinician interactions, administration, patient experiences, emergency, quality of care, etc.), discrimination (exclusion, perceived and real disadvantage, racism, sexism, xenophobia)

Of the 93 articles screened, a total of 51 articles were excluded due to subjects not including refugees, and 42 articles passed the abstract review and were eligible for full text review. In conclusion, 12 articles were removed after the full text review because these articles failed to include resettlement stressors and a total of 30 articles were deemed eligible for the final step of data extraction.

STAGE 4 - Chart Data, Analyze, and Report Findings

Data Extraction and Analysis Procedure

The final selected articles were compiled using the Google Sheets spreadsheet program. Each of the articles were placed in a literature table by basic information including author information and publication year, and the study characteristics including objectives, sample population(s), methodology, and study outcomes or findings. The articles are also organized by participant characteristics including immigration status, age, gender, ethnicity, nationality, and location.

The findings were regrouped using the following categories that incorporate different aspects of the acculturation experience: interpersonal, healthcare, economic, sociocultural, and discrimination. After the completion of the full text review of the 30 articles and completion of the data extraction, the resettlement stressors experienced by adult refugee women were categorized as the following:

- Family Structure or Function (i.e. familial roles, expectations, challenges)
- Child Rearing and Relationships (i.e. parent-child relationships)
- Intimate Partner Relationships (i.e. spouses)
- Community and Culture (ie. faith, cultural practices, community dynamics)
- Adjustment (ie. Occupation, Employment, Environment, Conditions, Discrimination, Harrassment)

STAGE 5 - Summarize and Report Findings

After the conclusion of the full text review, the scoping review results were written up in accordance to the final themes. The summary of the results will be written and discussed in the next chapter.

Chapter 4: Results

Overview

All of the total 30 articles that underwent full text review for this scoping review, were conducted in the United States and included refugee adult women. A total of 14 articles were published between 2011-2021, 10 articles were published between 2001-2010, and the last six articles were published between 1990-2000. The articles represented refugee populations across the United States: 15 of the articles were based in California and Massachusetts, and the other 15 were located in a variety of other states and regions. The gender makeup of 17 articles included both men and women in their study population while 13 articles only included women in their study population. In terms of immigration status, a total of 26 articles focused on refugees only while four included both refugees and immigrants, as well as asylees and Special Immigrant Visa holding refugees. The study populations in two studies included refugees of a variety of ethnicities, and the other 28 studies included refugees of 13 ethnic identities: Cambodian (5), Vietnamese (4), Somali (4), Afghan (4), Iraqi (2), Bosnian (2), Liberian (2), Hmong(1), Serbian (1), Laotian (1), DRC/Congolese (1), South Sudanese (1), Ethiopian (1).

A total of 13 articles utilized quantitative methods, with questionnaires, cross sectional surveys, and census data. Eleven articles exclusively qualitative methods, with ethnography, focus groups, community-based participatory action research groups, or individual interviews. Six articles used mixed methods, combining the various instruments and procedures to assess and present acculturative stressors facing refugee adult women.

Acculturative Stressors

All 30 of the articles addressed acculturative stressors. The acculturative stressors were categorized into five different groups: family structure and function, child-rearing and

relationship, intimate partner relationships, community and culture, adjustment stressors. From the 30 total articles, 10 articles provided findings on stressors in family structure and function, five articles provided findings on stressors in child-rearing and relationship, nine articles provided findings on stressors in intimate partner relationships, six articles provided findings on stressors in community and culture, and 23 articles provided findings on stressors in adjustment. Multiple articles included findings across multiple categories of stressors.

Family Structure and Function

Family structures and their function were described as an acculturative stressor contributing to considerable dysfunction in the lives of refugee adult women. The dynamics between refugee women and their various family members were cited as significantly changed due to resettlement in the United States, including family in the form of children born in or brought to the US, spouses, or family left behind. Betancourt T. S. et al (2015) found in focus groups with Somali refugee parents in Boston, Massachusetts that refugee mothers were alienated or isolated from their children who they believed existed in a different world from them. Hinton D. (2009), used quantitative surveys on anger, linguistic gaps, and PTSD severity and found that Vietnamese refugee women in Boston, Massachusetts in nuclear families experienced considerable levels of conflict between themselves and their children. Participants cited a division between parents and children deepened by barriers due to language, culture, and past traumatic experiences. Lipson J. G. (1993), in an ethnographic study, found that Afghan refugee women in Northern California believe they have been changed by their pre-migration experiences and resultantly, as one Afghan woman shared how her family was “changed” after her father succumbed to PTSD after the loss of his brother (Lipson J.G., 1993, p. 417). Jibril A. K. (2008), in a qualitative multi-case study with Somali refugee women in San Diego, California,

found in interviews that past traumatic experiences, with war and poverty as well as other push factors, hindered refugee mothers ability to connect with children. Betancourt et al., (2015 and Jibril A.K. (2008) found that pre-migration experiences and trauma affected their roles as mothers and wives, and knowing how critical they were in the home maintaining peace and functionality - women cited how being unable to maintain healthy and happy families caused stress.

Young refugee women, unmarried and without children, experienced unique challenges in family function. Lazarevic V. (2012), through a quantitative internet-based survey administered via SurveyMonkey.com website, found that detachment from Serbian culture and language in younger Serbian refugee women resulted in intergenerational conflict with older or elderly relatives. The more acculturated a young adult refugee woman was, the likelihood of a positive family atmosphere decreased and the amount of quality family time is significantly reduced (Lazarevic V., 2012). Lipson J. G. et al. (1994) in an ethnographic study found that family dysfunction affected Afghan refugee women in the elderly and middle age generations, as elderly women were no longer seen as sources of advice or integrated in community structure. Middle aged Afghan women mediated interactions between Americanized children and husbands, bearing the burden of being overworked by economic need and cultural expectations of running a household, underappreciated and misunderstood by children or extended family (Lipson J. G. et al., 1994).

Single, unmarried, and widowed Afghan women who resettled in the United States are seen as in an “unnatural condition”, citing that their acculturation to western culture marked them as “contaminated” thereby disrupting their relationships with family and extended family (Lipson J. G. et al., 1994). Studies in this review detailed the effect of refugee women learning or

accommodating to western culture on family function and structure. Baird M. B. (2012) found that South Sudanese refugee women reported feeling stuck between two cultures and that their roles in the family and family-centric social network are difficult and stressful to navigate. These women reported undergoing an unwanted reformation of their identities where hyper-independence became a requirement, an experience that they described as "standing on your own two legs" in the midst of a difficult and new experience of resettlement after past traumatic experiences and unmet expectations of life in the US (Baird M. B., 2012, p. 259). In quantitative surveys, Spasojevic J. et al (2000) found that the effect of past traumatic experiences via PTSD has changed the behaviors and actions of Bosnian refugee women in Houston, Texas and Chicago, Illinois as they experienced resettlement. Bosnian refugee women underwent contextual identity changes to accommodate life in resettlement while others, including their husbands or extended family members, as a result of their PTSD expect and prefer for women to adhere to more culturally traditional roles which results in conflict and difficulty in maintaining sound family structure and function. Sullivan M. et al (2005), in focus groups with Ethiopian refugee women in Seattle, Washington found that participants reported dysfunctional and negative environments in family households where this expectation of women to maintain traditional cultural roles results in conflict, abuse, and separation.

Child-rearing and Relationship

The challenges of raising children in resettlement, either foreign-born and US-born children, was a common acculturative stressor for refugee women. Somali refugee mothers in Betancourt T. S. et al (2015) reported that there is alienation and distance between themselves and their children. Mothers cited a sense of a "loss of control" in terms of authority and influence in their children's lives, and this resulted in significant distress in mothers who reported

themselves as primary or singular figures tasked with raising children. Mothers were often struggling with the burden of their own well-being, and recognized their parenting is affected - the article cited self-identified abuse and neglect of children as a result of desensitization due to the mother's PTSD from displacement and migration-related traumatic experiences. Mothers cited that raising multiple children was first their sole responsibility, and secondly occurred while living in a new environment, culture, and language that "pulls" their children away from them and their Somali cultures, beliefs, and values. Clarke L. K. (2009) found in qualitative interviews with Liberian refugee mothers in Greensboro, North Carolina who were temporarily separated from their children, that relationships with children in the US were strained by the obligation to support their children and extended family left back in Liberia. Some mothers reported that they had to choose which children to bring to the US, leaving others behind, and then had to raise children in the US on their own without extended family - describing this situation as one where they have lost all control in this environment (Clarke L. K., 2009). Multiple refugee women cited challenges with raising their teenage children in resettlement, as correcting their misbehaviors (e.g. staying out beyond curfew, delinquency, or criminal behavior) was difficult and became a source of sadness and anger (Clarke L. K., 2009; Hinton D., 2009; Betancourt et al. 2015).

Child and parent relationship challenges were often mediated by refugee mothers, and this is often found to be caused by the stark differences in acculturation levels between fathers or elderly family members and children (Lipson J. G., 1994; Hinton D. et al., 2009; Lazarevic et al., 2012). In Cambodian nuclear families, the positive or negative nature of a child and parent relationship was often dependent on acculturation levels - as highly "Americanized" or acculturated children and less acculturated or "traditional" parents results in conflict and anger (Hinton D. et al., 2009). Additionally, parental levels of anger were extremely high and often

directed at children; and found to be classified as severe as 71% of these anger episodes met both panic attack criteria and resulted in traumatic recall and catastrophic cognitions for Cambodian refugee parents (Hinton D. et al., 2009).

Intimate Partner Relationships

Articles in this scoping review found that conflict, and challenges within refugee women's intimate relationships are a significant stressor in resettlement. Birman D. et al. (2008) through quantitative questionnaires found that the resettlement process was complex, and that Vietnamese refugee women in the Maryland and DC area cited the need for proper spousal support but were unable to receive it because both the women and their spouses were burdened with pre-migration trauma and challenges related to adapting to life in the United States. Difficulties adjusting to life in the US resulted in conflict within intimate partner relationships, alcoholism or alcohol abuse as found in a mixed-methods study with Cambodian refugee women across Massachusetts and California (D'Avanzo C. E. et al, 1994). A study found that the majority of excessive drinkers in the household are men, but Cambodian refugee women reported using alcohol and prescription medications to address the stress and side effects of resettlement and relationship difficulties (D'Avanzo C. E. et al, 1994). In nuclear families, Cambodian refugee women reported that conflict between spouses was attributed to infidelity, disrespectful behavior including lack of housework or contribution, criticism related to husbands' employment or lack thereof, blame for child misbehavior, and not doing requested actions promptly (Hinton D. et al, 2009).

Nilsson J. E. et al (2008) found that Somali refugee women with higher levels of independence and ability, experienced high instances of psychological and physical assault from husbands. However, this study also found that women with lower independence, less English

ability or less time in the US also experienced high instances of physical assault (Nilsson J. E., 2008). Jibril A. K. (2008) found that three out of four Somali refugee women in this study were raped, and they attributed gender with sexual violence pre-migration, and they also factor gender as a contributing factor to challenges in their relationships in the US. Young adult refugee Somali women cited changes in power dynamics adding more pressure and stressors on the spousal relationship (Jibril A. K., 2008). Refugee women discussed confusion over appropriate behaviors in relationships. Afghan women struggle with balancing the need to gain skills, take on work, and take on responsibility with their spouses' expectations of Afghan cultural norms being applied to life in the US (Lipson J. G et al., 1994). Women adjust their behavior to meet the economic needs but, in resettlement husbands are more often unable or unwilling to gain employment, struggle emotionally or culturally to adjust, abuse alcohol, and become abusive towards children and wives (Lipson J. G. et al., 1994). Afghan refugee women are often overworked keeping up with the household, working multiple jobs, and meeting high standards set by their husbands' connection to Afghan cultural expectations (Lipson J. G. et al., 1994). In Spasojevic J. et al (2000) male spouses with higher levels of PTSD were highly likely to hold more traditional and less flexible gender-based expectations of wives. Additionally, higher PTSD levels in spouses was found to be related to affective and problem-solving communication, difficulties in the exchange of intimate feelings, and difficulties in resolving conflicts (Spasojevic J. et al., 2000).

Shiu-Thornton et al. (2005) found that Vietnamese refugee men would blame their domestic abuse of their wives on how Vietnamese women have adapted to the "American way", e.g., changing behavior to address economic needs. Vietnamese women identified emotional, psychological, and financial abuse by their husbands as a regular occurence and the harm was

compounded by the stress of isolation; isolation due to resettlement and the purposeful isolation by the husband (Shiu-Thornton et al., 2005). Ethiopian refugee women cite that their husbands' domestic abuse in the US is more commonly emotional, psychological and financial - husbands abuse their knowledge of how to navigate institutions and the outside world (Sullivan M. et al., 2005).

Community and Culture

Refugee women in the United States referenced the role of community-related and culture-related acculturative stressors. In Betancourt T. S. et al. (2015), Somali refugee mothers cited how their culture is rooted in the Islamic faith and living in a country without connecting to the predominant culture is a constant stressor in their lives. Mothers feared that without regular connection to the faith and culture in their daily lives, children would lose their connection to family, lose the "protection" of the culture, and increase their vulnerability to "bad influences" (Betancourt T. S. et al, 2015). In a mixed-methods study, Afghani refugee women in Bay Area, California experienced cultural resistance and stress as a result of fighting the dominant culture in an attempt to hold onto their native cultures and traditions (Iqbal R. A., 2006). Many refugee women discussed the need for extended family as a mediator and support, and that the lack of it in resettlement was a significant stressor (Betancourt T. S. et al., 2015; Clark L. K., 2009). Somali, Liberian, and Afghani refugee women identified that the change from their traditionally collectivist culture (that heavily incorporates extended family) to an individualist culture in the US contributed great stress and difficulty in acculturation (Betancourt T. S. et al., 2015; Clark L. K., 2009; Jibril A. K., 2008; Lipson J. G., 1994). For Afghan women, single and widowed women lost the protection they could receive from extended family while elderly women lost the standing, role, and importance they held in their home country (Lipson J. G., 1994). Liberian

women referenced the lack of control they felt being alone and solely responsible for themselves and their children, as well as losing the emotional and psychological support they would have received with relatives - especially other Liberian women (Clark L. K., 2009). Ethiopian refugee women, who experienced domestic abuse by their husbands, cited their community as an acculturative stressor as community members addressed domestic abuse similarly to how they did so back home - that the matter should remain secret and women would not leave, seek help, or report abuse (Sullivan M. et al, 2005).

Adjustment

English Language Ability. Refugee women regularly cited challenges with learning and utilizing English, and identified this as a key to successful resettlement, and a major acculturative stressor. Mothers cited that language disparity between themselves and their children contributed to challenges in the relationship and child-rearing (Betancourt T. S. et al, 2015; Hinton D. et al., 2009). Language ability was the most common indicator of successful acculturation in refugee populations. This indicator was connected to both better health outcomes as well as high utilization of healthcare resources in resettlement, as found in two quantitative studies with Somali refugee adult women in Boston, Massachusetts and Hmong refugee women in California respectively (Geltman P. et al., 2014; Fang K.B., 1998). Language was a major barrier in functioning in resettlement, especially in healthcare, as many refugee women said they were "uncomfortable and embarrassed" navigating without strong English skills, especially in health emergencies (Morris M. et al., 2009). In a mixed methods study with Liberian refugee women in Lansing, Michigan, a lack of English fluency was identified as an acculturative stressor in semi-structured interviews. This acculturative stressor was found to be highly linked to anxiety and depression symptomatology using multiple quantitative survey instruments (Imungi M. G.,

2008). Language also affected adjusting to everyday life, and Jibril A. K. (2008) found that refugee women experienced stress from not being able to simply communicate with others or understand the television, and experienced considerable fear when going out for a walk (Jibril A. K., 2008). Lack of knowledge of the English language has also contributed to the fear of discrimination and the experiences of harassment, found in a qualitative interviews with Bosnian refugee women in Salt Lake City, Utah (Komolova et al., 2020). In two qualitative studies, with Iraqi women in Nashville, Tennessee and DRC refugee women in Greensboro, North Carolina explained in semi-structured interviews that being an adult, made learning a new language more difficult and not being fluent in English makes gaining valuable resources challenging (e.g., obtaining a driver's license) (Nashwan A. et al., 2019; Sienkiewicz H. et al., 2011).

Occupation and Employment. Refugee women had challenges with employment and also experienced stressors (indirectly) through the challenges that other household members had with unemployment and underemployment. With the adjustment to resettlement in the US, refugee women discussed the challenges of underemployment as a result of the loss of occupational credentials when they move to the US (Betancourt T. S. et al, 2015). Unmet expectations around employment opportunities were a common theme with refugee women when they arrived in the US, as many experienced a shock about difficulties gaining proper employment and economic stability (Sienkiewicz H. et al., 2011; Nashwan A. et al, 2019; Lipson J. G. et al., 1994; Jibril A. K., 2008).

Environment and Conditions. Refugee women detailed how the new environment in the US, the neighborhoods they lived in, the systems they navigated, and the structural barriers they experienced are acculturative stressors in resettlement. Refugee women discussed the challenges of being placed in environments that are difficult to adjust to, including being placed in

neighborhoods that are poorer and prone to criminal activity and worsened health or well being (Betancourt T. S. et al., 2015). Cambodian refugee women cited food insecurity as a regular and persistent stressor especially early in resettlement, as a result of lack of familiar foods, high cost of healthy or cultural food, and inability to shop due to language issues (Nelson-Peterman J. et al., 2012). Financial instability and lack of resources accredited to low-wage jobs, responsibility of paying remittances to family at home, cost of raising multiple children, which resulted in staying in poorer and sometimes unsafe environments (Sullivan M. et al., 2005; Jibril A.k., 2008; Betancourt T. S. et al., 2015; Nashwan A. et al., 2019). Liberian and Somali refugee mothers feared children participating in criminal behavior, being exposed to drugs and violence or risk the chance of gang activity or incarceration (Betancourt T. S. et al., 2015; Clarke L. K., 2009). Refugee women associated stress with navigating systems including resettlement assistance programs, immigrations system, healthcare systems, and more local processes such as getting a driver's license, communicating with school teachers, interacting with police (Tran T., 1990; Jibril A. K., 2008; Morris M et al, 2009; Clarke L. K., 2009; Sienkiewicz H et al, 2011). Single or widowed mothers in resettlement referenced that they experienced a compounded effect of these environmental stressors as they were the sole adults responsible for navigating these challenges, with little financial support, language access, or contextual knowledge (Lipson J. G. et al 1994; Sullivan M et al., 2005; Imungi M. G., 2008; Baird M. B., 2012).

Discrimination and Harassment. Refugee women expected discrimination and harassment before resettlement in the United States because of their minority identity, and in the included studies refugee women shared that experiences with forms of discrimination have been identified as an acculturative stressor. In a qualitative study, Clarke (2009) interviewed Liberian refugee women who shared that discrimination from American neighbors, providers, and others

was a stressor in their lives in the US, adding that they were unable to go to the authorities out of fear of mistreatment (Clarke L. K., 2009). Across three other qualitative studies with Somali, South Sudanese, and Iraqi refugee women - discrimination is described as an experience that affects members in the family, including children and spouses, and refugee women cite that the inability to protect family from discrimination or harassment is a stressor (Betancourt T. S. et al, 2015; Baird M. B., 2012; Nashwan A. et al, 2019). Opposingly, in qualitative interviews with Bosnian refugee women in Salt Lake City, Utah these women referenced less discrimination and harassment for their identity and religion in the US in comparison to the discrimination and abuse they would have experienced in Germany due to their Bosnian Muslim identity (Komolova M. et al., 2020).

Mental Health Impact of Resettlement

This scoping review sought to identify the mental health impact of acculturative stressors on adult refugee women in resettlement in the United States. Of the 30 articles, a total of six articles specifically assessed mental health impact of acculturative stressors in resettlement for refugee women in the United States. These articles featured a variety of psychological and mental health instruments used to assess stress, anxiety, depression, and other mental health disorders. Additionally, these articles connected indicators of mental health disorder to resettlement specific challenges highlighted by refugee women.

In Nelson-Peterman J. et al (2015), long-resettled Cambodian refugee women in Lowell, Massachusetts had higher levels of depression especially among single, either widowed or divorced, and elderly women in resettlement; this is credited to single/divorced/widowed Cambodian refugee women experiencing a disrupted family due to deaths or separation. Depression was found to be associated with resettlement stressors including job satisfaction and

social support. In Salo C. and Birman D. (2015), Vietnamese refugee women located in the Maryland and DC area were given both psychological adjustment and current job satisfaction assessments, the study found that job satisfaction mediated the relationships of acculturation and psychological distress. In a cross-sectional study by Mahamood A. A. et al (2019), refugee women from various ethnic identities located in Maryland were subjects of a study to assess elevated levels of distress and found that refugees experienced elevated levels of stress due to a lack of social support and resources in their resettlement. Additionally, Mahamood A.A. et al (2019) reported a clear gendered difference in distress levels, as refugee women were 1.32 times as likely to have elevated distress levels than men.

In Stempl C. et al (2016), researchers found gendered differences in mental health challenges that were consistent with the gendered differences in resettlement experiences. This quantitative cross-sectional study with Afghan refugees in Northern California found that low English ability and lack of employment resulted in distress as measured by the Talbieh Brief Distress Inventory (TBDI). This study found that distress levels were higher in women compared to men (Stempl C. et al, 2016). Refugee women who took on a “non-traditional” role, as providers, were found to have higher levels of distress (Stempl C. et al, 2016). Gender and family ties were found to interact significantly, where the increase of family support or connections were a protective factor that reduces refugee women’s distress scores (Stempl C. et al, 2016). The study also found that acculturative stressors in resettlement were a more significant influencing factor on distress, and that pre-resettlement trauma was not a significant influence on distress levels (Stempl C. et al, 2016).

In Thikeo M et al (2015), Laotian and Cambodian refugee women’s emotional health and sense of self was assessed in a quantitative study using acculturation scales and a professional

psychological help scale. The study sought to better understand how acculturative stressors affected their adjustment through psychological help seeking attitudes. This study found that refugee women had more positive attitudes towards receiving psychological help only when the women were more acculturated or adjusted to life in resettlement. The positive attitudes toward seeking psychological help was accredited to higher levels of openness, confidence, and self identity among highly acculturated refugee women (Thikeo M. et al, 2015). Finally, Yun S. et al (2021), in a quantitative study examined acculturative stress and post-migration mental health outcomes in Iraqi refugee women in San Diego County, California. The study found that half of the participants were categorized as having anxiety and depression according to statistical analyses of participant questionnaire results using the Social, Attitudinal, Familial, and Environmental Acculturative Stress scale (SAFE) and the Hopkins Symptoms Checklist (HSCL-25). The study found that increases in stress from acculturation was significantly associated with the increased likelihood of depression and anxiety in refugee women, and especially in refugee mothers (Yun S. et al, 2021). Specifically, being unable to meet financial needs was found to have a significant association with anxiety in refugee women (Yun. S, et al, 2021). This study also found that pre-migration traumatic experiences were significantly associated with both depression and anxiety in refugee women (Yun S. et , 2021).

Chapter 5: Discussion and Implications

In this scoping review, research articles were collected, analyzed, and summarized to assess the state of the literature regarding acculturative stressors experienced by adult refugee women in resettlement in the United States and the impact of these stressors on their mental health. The articles included quantitative, qualitative, and mixed-methods studies that examined a variety of refugee women from across multiple ethnicities that have resettled across the United States. This scoping review highlights the diversity of the findings on acculturative stressors across articles and study populations, and also highlights the remaining questions and subjects to be covered in the study of acculturation and adult refugee women. This review also presents a compelling example of the need for including an intersectional approach to the four part refugee trauma framework, in order to address the landscape of acculturative stressors related to resettlement in the United States.

Summary of Findings

Diversity of Stressors

Across the 30 total articles, there was a distinct number of resettlement stressors identified by adult refugee women in the United States. Although there are consistent patterns in the types of stressors across the different studies, each of the stressors varied according to the individual experiences of each study population. The major themes of family structure and function, child-rearing and relationships, intimate partner relationships, community and culture, and adjustment stressors represent the different kinds of stressors experienced by adult refugee women throughout resettlement.

Family. The stressors associated with family structure and function presented challenges of motherhood, marriage, and extended family for adult refugee women. The dynamics of the

household adjust significantly for refugee families in the US, and mothers remain at the root of the family. Thus, refugee mothers can both describe the challenges they experience as well as the challenges experienced by their children, spouses, and additional family members such as elders. Consistently, refugee women detailed the contention between cultural expectations linked to working in the home and the economic needs posed by living in the United States (Betancourt T.S. et al, 2015). The extreme need for multiple incomes was identified as a motivating factor to women pursuing work and education. However, this change in roles commonly resulted in conflict as gender roles and relationship dynamics shifted (Iqbal R., 2006; Crosby D. B., 2008; Clarke L. K., 2009). Gender was a contributing factor to family dynamic stressors, as the gender-based expectations held by male spouses, extended family members, as well as the refugee women themselves regarding the nature of their households and the reading of their children (Crosby DB., 2008; Stempl C. et al, 2016). This aspect made clear that the acculturation process each family member undergoes, will directly and indirectly affect the acculturation process and mental health of refugee women.

Intimate Partner Relationships. Intimate relationships are significantly affected by the changes to gender roles and cultural dynamics in resettlement. The different stages of acculturation between husbands and wives is a common source of challenges, particularly if one spouse is more acculturated than the other thereby shifting power dynamics in marriages. Women with less English ability, lower educational level, unemployed, or isolated from family or friends with more acculturated husbands described physical, emotional, and mentally abusive relationships (Hinton D. et al, 2009; Morris M., et al 2009; Kale E. and Syed H, 2010). Women who were more adjusted than husbands, either employed or more “independent”, also described emotionally and mentally abusive relationships (Nilsson J. E. et al, 2008; Bartolomei L., Eckert

R., Pittaway E., 2014; Asaf Y., 2017). A consequence of the complex adjustment and acculturation process for refugee women is a contentious relationship and household, which increases the likelihood of abuse (Nilsson J.E. et al, 2008; Hinton D. et al, 2009).

Childrearing and Parental Relationship. The challenges of childrearing for refugee women in the United States are significant stressors in resettlement due to the change in the mother's expectations of the environment, support system, and resources available to raise their children. Mothers are expected to not only raise children alone, but to do so as homemakers and providers. Extended family members are expected to serve as a support system for younger nuclear families, as has been the cultural tradition set in their home countries. The cultural differences of the US and their home countries is not only disorienting as described by mothers across ethnicities, but is perceived as an active and negative influence in the lives of their children and throughout their development (Clarke L. K., 2009; Betancourt T. S. et al, 2015; Culcasi K. 2019). Mothers view the sociocultural, political, and environmental influencers in the US as powers they cannot control or understand, which results in a spiraling loss of control of their children (Pan A., Daley S., Rivera L. et al, 2006; Betancourt T. S. et al, 2015). Fathers fail to step up and fill the void of extended family no longer present, and similarly to single widowed mothers, women are often overwhelmed with the responsibility to raise children. As a result, refugee mothers are forced to focus solely on the economic and physical needs of their children and family, over the emotional and psychological support (Pan A., Daley S., Rivera L. et al, 2006; Betancourt T. S. et al, 2015).

Community and Culture. The cultural communities that refugee women associate with are also affected by the challenges of resettlement, and refugee women have a complex relationship with the community as it provides both protective or supportive effects, but can also

serve as a source of stress in resettlement. The supportive qualities include access to like-minded as well as linguistically or culturally similar individuals experiencing similar challenges and effects. However, the source of stress that the community inflicts is the transfer of similar cultural expectations or beliefs, as well as issues with gossip, shame, and social pressures (Lipson J. G et al., 1994; Sullivan M. et al, 2005; Crosby D.B., 2008). In the case of domestic violence or difficulties between couples, refugee women are expected to meet the common cultural expectations of staying with an abusive partner for not reporting violence, for example. And when raising children, their actions and behaviors are judged or talked about among community members (Sullivan M. et al, 2005).

Overall Adjustment. Adjustment is a long-term process, and refugee women describe the barriers that contribute to stress throughout the acculturation process. Language is commonly the primary and influencing adjustment challenge facing women, and for the older women, this challenge is especially different. The inability to attend or complete classes for example, found to be due to either a lack of time or resources, disproportionately affects refugee women who are overtasked and overworked (Sienkiewicz H. et al., 2011; Asaf Y., 2017; Culcasi K., 2019; Nashwan A. et al, 2019). Further, language builds a barrier between Americanized children, driving or reading traffic signs, being able to identify foods in the grocery store, or interacting with or communicating with individuals outside of the home or community (Morris M. et al 2009; Kale E., Syed H. R., 2010; Sienkiewicz H. et al., 2011; Nashwan A. et al., 2019). The confusion and frustration are coupled with the isolation that occurs when living as an outsider far from their original homes (Jibril A. K., 2008; Morris M. et al 2009).

Occupation and employment stressors have a direct impact on refugee women's self-esteem. In addition, the effects of unemployment and underemployment on the self-esteem

and mental health of their male spouses or family members also factors into refugee women's resettlement experience (Beiser M. et al, 2005; Sienkiewicz H. et al., 2011; Betancourt T. S. et al, 2015; Baranik L., Hurst C., Ebay L, 2018; James P., Iyer A., and Webb T. L., 2019). Although the challenges of occupational and credential loss is more common among refugee men, the phenomenon of being unable to practice or obtain a job that is comparable to their careers in their home country, it affects the well-being of refugee women. These refugee women report the resultant emotional and psychological toll of working low wage jobs that are unable to sufficiently provide for their families, on their spouses - which is likely to catalyze in relationship violence or abuse (Lipson J. G. et al., 1994; Beiser M. et al, 2005; Hinton D. et al, 2009).

The environment and conditions of resettlement are less discussed in the articles, but are cited by refugee women as contributing to challenges in relationships and adjustment due to poverty. Outside of discussion regarding living in poorer neighborhoods, the environment was considered to be a primary influence on raising children, an inhibitor in finding higher paying jobs, and inhibitor of access to effective schooling and food access. A notable finding of this review included the clear distinction of African and Asian refugee women who reported these challenges and found the environment and conditions of resettlement locations to be a considerable stressor on their mental health.

Refugee women did report that they held the expectation and fear of discrimination and harassment upon arrival and throughout resettlement in the United States. Refugee women are expecting to be discriminated against and these expectations increase the levels of stress in everyday life. Reported experiences of discrimination also occur in different components of their lives, for example, when grocery shopping, when at their jobs, and for children, discrimination

occurs at school or in other social settings (Jibril A. K., 2008). Refugee women, as mothers, also feared the impact of discrimination on their children, which was also referenced as a considerable stressor. The inability to respond to or protect their children from this possibility is particularly distressing, and contributes to a theme of helplessness and loss of control in their child's lives. Discrimination and harassment also significantly impact male spouses and as a result affects relationships with refugee women and children - which harms their mental health and contributes to abusive behaviors against wives and children (Rippey A. and Newman E., 2006; Jibril A. K., 2008; Betancourt T. S. et al, 2015).

Multiple, Interrelated, and Recurrent Exposure of Stressors and Mental Health

Refugee women in each study identify a variety of stressors and there is a clear overlap between these stressors in each of the categories used in the scoping review analysis. This scoping review found that the impact of the varying stressors can arguably present the case of how resettlement stressors not only contribute to worsening pre-existing pre-migration and migration mental health disorders, but that these multiple stressors can contribute to a compounding effect on stress and mental health. Qualitative studies offered insight into the variety and interrelation of stressors and their sources, the intensity and recurrence of stressors in their daily lives, and lastly the interactive effects of stress on the individuals connected to refugee adult women. The interrelation of stressors presents the need to open the scope of resettlement stressors in order to understand the network of stressors and the causal chains that define the complex array of factors that affect the mental health and well-being of refugee women in resettlement in the United States. The intensity of stressors for refugee women is clear in the overlapping nature of stressors directly affecting them in each of the aspects of their lives, from familial dynamic changes to everyday tasks or big decisions or changes such as sudden loss of

employment. Finally, a unique factor for refugee women are the stressors and their mental health effects on those connected to those women, especially husbands and children.

Pre-Migration Trauma on Resettlement Stressors

The effect of resettlement stressors and the effects of pre-migration trauma have complex and interactive relationships on the mental health of refugee women in resettlement. Pre-migration trauma, due to war trauma and sexual violence in the midst of civil war or facing persecution, has had an evident toll on the mental health and functioning of refugee women in both the short and long term. But refugee women with pre-migration trauma knowingly discussed how their past traumas were affecting them, including desensitization and detachment from responsibilities, as they navigated a resettlement experience with additional stressors (Betancourt T.S. et al, 2015). Additionally, refugee women experience multiple stressors that contribute to higher risk and prevalence of anxiety and depressive disorders that not only affect them in acute instances but can chronically accumulate overtime (Betancourt T.S et al, 2015; Nilsson J.E. et al, 2008; Jibril A. K., 2008).

Gaps in the Literature

Lack of Diversity in Study Populations

A significant pattern in the scoping review is found in the ethnic and racial identities of the study populations, as there was a higher number of Asian and non-Black refugees represented in these articles on refugee mental health and acculturation in resettlement. The low number of African refugee subjects is not equivalent to the proportion of Black refugees and migrants in the United States that experience resettlement stressors and mental health challenges; this underrepresentation of Black experiences is consistent with findings in research on the need

for health equity and social justice in public mental health (Miranda J., McGuire T., Williams D., Wang P., 2008).

Lack of Information on Environment*, *Discrimination, and Harassment

This scoping review found that studies with adult refugee women did discuss experiences with stressors pertaining to discrimination and harassment. However, this review found that only the studies including African refugee women (e.g. Somali, Liberian and South Sudanese women) described the challenges of structural and cultural racism. However, acculturation scales and the scope of the articles failed to address further context from refugee women and failed to address the contributing social or political factors that are unique to the United States and affects the lives of Black communities native to the US. This omission is relevant because the US should be assessed independently from other western countries, due to the forms of inequity and violence based on race that are highly present across interpersonal, community, and systems-level interactions - which has been documented in current literature as a significant determinant of health with both biological and psychological health impacts (Paradies Y, Ben J, Denson N, Elias A, Priest N, Pieterse A, et al., 2015).

Recommendations

Resettlement is a difficult and challenging experience for refugees who are already dealing with the trauma of their pre-migration and migrations experiences, and although resettlement would appear to be the least likely to offer any emergent threats - the slow drip of daily stressors on a traumatized refugee women is a significant threat to mental health and well-being. Researchers need to focus on the needs of refugees who are underrepresented in studies but overrepresented in risk of mental health challenges and the experience of resettlement stressors.

First, this begins with the need to expand the concept of acculturation beyond language proficiency (namely, English) or level of conformity to American standards of living or culture. Traditional theoretical definition of acculturation hinges on the assumption that the "culture" of immigrant populations are a hindrance to psychological adjustment to resettlement countries (Berry J., 2008). This assumption that the "culture" of primarily ethnic minorities, is at the root of psychological or mental health disorders or dysfunctions and that the inability to accept the host culture and separate from their ethnic cultures is a primary cause (Hunt L.M., Schneider S., Comer B., 2004). The findings from this review suggests that there is a need to structure future refugee mental health research around the assumption that the host "culture" of the United States, which imposes barriers such as discriminatory minority status, economic instability, and language inaccessibility as a primary factor impacting the mental health of refugee women. The focus of resettlement studies should shift from acculturation to adjustment, as adjustment to the way of life and social system of the United States should be the priority and standard for measuring and assessing the quality of life and mental health of refugee communities.

Second, the findings from this review indicate that studies on refugee mental health should solely focus on refugee women. Additional research that highlights refugee women will provide more insight on the functions and dynamics of the household which was found to be a major influencing factor on mental health and adjustment in resettlement. Refugee women are essential to the adjustment and mental health outcomes of all those in their households and overarching community. Refugee women as providers, caretakers, parents, and spouses, are instrumental in the function of refugee families and communities - and the stressors they cite as impactful on their mental health should be a priority for health providers and community organizations that serve adult refugee women.

Third, this review highlights the need to expand research on the experience of refugees and particularly refugee women in the United States. The US has a distinctly different historical, sociocultural and political structure that would present unique sources of acculturative stressors compared to other western countries. There is an immense need for refugee mental health research that focuses on post-resettlement short- and long-term effects of living in a racialized identity as a minority in the US (Williams D., Lawrence J., and Davis B., 2019).

Fourth, this review concludes that for mental health professionals and those who serve refugee women and refugee communities in the resettlement process, there must be an active commitment to ensure that the transition for refugees is not affected by the behaviors, biases, and cultural incomprehension of these professionals. This means conducting research to understand the impact of perceived discrimination, experiences of discrimination, as well as to measure and report the level of conscious and unconscious bias in the US amongst providers who work with refugees directly as well as structural inequities that effect refugees' lives in the at different stages of resettlement.

Public Health Implications

The approach to mental health should be tailored to the individual in need of support and interventions that address their direct need relative to their individual experiences - but this also includes the factors outside of their control that additionally influences their lives. The United States is a difficult field to navigate for refugees, especially those uprooted by the sudden nature of war or unrest, and then implanted into an environment that features race, socioeconomic status, religion, language and culture in the resettlement experience. The complexity of the lives ahead of refugees in resettlement must be factored into the stressors that affect their mental health. The historical approach to acculturation lacks understanding or consideration for the fact

that two cultures can coexist, and that assimilation to American ideals or behaviors is not necessary for effective transition or a healthy and positive future in the United States. By advancing the field of immigrant and refugee mental health beyond the narrow scope of the term and measures of acculturation, we can begin to see and understand the complex web of stressors affecting refugee women and the overall refugee community. From there, mental health professionals will be able to collaborate and develop contextualized solutions to reduce and control for stressors through therapeutic, socioeconomic, and structural systematic policy and behavior change

Limitations

In the completion of this review there have been identified limitations due to the scope of the review, the small sample of final articles for data extraction, and the lack of previous studies that focus on the subpopulation of adult refugee women in the United States. The scope of the review aimed to collect all studies pertaining to resettlement experiences of adult refugee women in the US, but this aim was limited due to a greater proportion of studies conducted outside of the US. This is arguably a limitation beyond the controls of the project, but also highlights a core problem in the literature; i.e., the lack of acculturation research that focuses on resettlement experiences and mental health of adult refugee women in the US. The small sample of articles (N=30) selected for data extraction is a limiting factor as it precludes more in-depth analysis of trends in this population. However, this is also a limitation that can be attributed to the lack of research that meets the inclusion criteria set for this scoping review.

References

Ferraro, K. F. (1996). Women's Fear of Victimization: Shadow of Sexual Assault?*. *Social Forces*, *75*(2), 667–690. https://doi.org/10.1093/sf/75.2.667

Rizkalla, N., Arafa, R., Mallat, N. K., Soudi, L., Adi, S., & Segal, S. P. (2020). Women in refuge: Syrian women voicing health sequelae due to war traumatic experiences and displacement challenges. *Journal of Psychosomatic Research*, *129*(December 2019), 109909. https://doi.org/10.1016/j.jpsychores.2019.109909

MB, B. (2012). Well-being in refugee women experiencing cultural transition. *ANS Adv Nurs Sci*, *35*(3 PG-249–63), 249–263. https://doi.org/10.1097/ANS.0b013e31826260c0

Betancourt, T. S., Abdi, S., Ito, B. S., Lilienthal, G. M., Agalab, N., & Ellis, H. (2015). We left one war and came to another: Resource loss, acculturative stress, and caregiver-child relationships in somali refugee families. *Cultural Diversity and Ethnic Minority Psychology*, *21*(1), 114–125. https://doi.org/10.1037/a0037538

Betancourt, T. S., Abdi, S., Ito, B. S., Lilienthal, G. M., Agalab, N., & Ellis, H. (2015). We left one war and came to another: Resource loss, acculturative stress, and caregiver-child relationships in somali refugee families. *Cult. Diversity Ethnic Minor. Psychol.*, *21*(1 PG-114–125), 114–125. https://doi.org/10.1037/a0037538

Miller, K. E., & Rasmussen, A. (2010). War exposure, daily stressors, and mental health in conflict and post-conflict settings: Bridging the divide between trauma-focused and

psychosocial frameworks. *Social Science and Medicine*, *70*(1), 7–16. https://doi.org/10.1016/j.socscimed.2009.09.029

Byrskog, U., Olsson, P., Essén, B., & Allvin, M. K. (2014). Violence and reproductive health preceding flight from war: accounts from Somali born women in Sweden. *BMC Public Health*, *14*(1), 892. https://doi.org/10.1186/1471-2458-14-892

Kroll, J. (2000). Use of No-Suicide Contracts by Psychiatrists in Minnesota. *American Journal of Psychiatry*, *157*(10), 1684–1686. https://doi.org/10.1176/appi.ajp.157.10.1684

Sienkiewicz, H. C., Mauceri, K. G., Howell, E. C., & Bibeau, D. L. (2013). Untapped resources: Refugee employment experiences in Central North Carolina. *Work*, *45*(1 PG-17–24), 17–24. https://doi.org/10.3233/WOR-131599

Pan, A., Daley, S., Rivera, L. M., Williams, K., Lingle, D., & Reznik, V. (2006). Understanding the role of culture in domestic violence: The Ahimsa Project for Safe Families. *Journal of Immigrant and Minority Health*, *8*(1), 35–43. https://doi.org/10.1007/s10903-006-6340-y

Gkiouleka, A., Huijts, T., Beckfield, J., & Bambra, C. (2018). Understanding the micro and macro politics of health: Inequalities, intersectionality & institutions - A research agenda. *Social Science & Medicine*, *200*, 92–98. https://doi.org/https://doi.org/10.1016/j.socscimed.2018.01.025

UNHCR. (2020). Trends at a glance: Global trends forced displacement in 2019. *UNHCR The UN Refugee Agency*, 1–84. https://www.unhcr.org/5ee200e37.pdf

Tseris, E. J. (2013). Trauma Theory Without Feminism? Evaluating Contemporary Understandings of Traumatized Women. *Affilia*, *28*(2), 153–164. https://doi.org/10.1177/0886109913485707

Goodman, R. D., Vesely, C. K., Letiecq, B., & Cleaveland, C. L. (2017). Trauma and Resilience Among Refugee and Undocumented Immigrant Women. *Journal of Counseling & Development*, *95*(3), 309–321. https://doi.org/https://doi.org/10.1002/jcad.12145

Shrira, A., Palgi, Y., Ben-Ezra, M., & Shmotkin, D. (2011). Transgenerational effects of trauma in midlife: Evidence for resilience and vulnerability in offspring of Holocaust survivors. *Psychological Trauma : Theory, Research, Practice and Policy*, *3*(4), 394–402. https://doi.org/10.1037/a0020608

UNSW. (2017). The World's Biggest Minority ? Refugee Women and Girls in the Global Compact on Refugees. *The Forced Migration Network, University of New South Wales (Australia)*, 1–2. www.unhcr.org/writtencontributions

Baranik, L. E., Hurst, C. S., & Eby, L. T. (2018). The stigma of being a refugee: A mixed-method study of refugees' experiences of vocational stress. *Journal of Vocational Behavior*, *105*, 116–130. https://doi.org/https://doi.org/10.1016/j.jvb.2017.09.006

Hynie, M. (2018). The Social Determinants of Refugee Mental Health in the Post-Migration Context: A Critical Review. *Canadian Journal of Psychiatry*, *63*(5), 297–303. https://doi.org/10.1177/0706743717746666

Bigio, J., & Vogelstein, R. (2019). The Security Implications of Human Trafficking. *Council on Foreign Relations*, 3–9. www.jstor.org/stable/resrep21427.4

Carswell, K., Blackburn, P., & Barker, C. (2009). The Relationship Between Trauma, Post-Migration Problems and the Psychological Well-Being of Refugees and Asylum Seekers. *International Journal of Social Psychiatry*, *57*(2), 107–119. https://doi.org/10.1177/0020764009105699

Yun, S., Ahmed, S. R., Hauson, A. O., & Al-Delaimy, W. K. (2021). The Relationship Between Acculturative Stress and Postmigration Mental Health in Iraqi Refugee Women Resettled in San Diego, California. *Community Ment. Health J.*, *PG*-. https://doi.org/10.1007/s10597-020-00739-9

Dandy, J., & Pe-Pua, R. (2015). The Refugee Experience of Social Cohesion in Australia: Exploring the Roles of Racism, Intercultural Contact, and the Media. *Journal of Immigrant & Refugee Studies*, *13*(4), 339–357. https://doi.org/10.1080/15562948.2014.974794

Steel, J. L., Dunlavy, A. C., Harding, C. E., & Theorell, T. (2017). The Psychological Consequences of Pre-Emigration Trauma and Post-Migration Stress in Refugees and Immigrants from Africa. *Journal of Immigrant and Minority Health*, *19*(3), 523–532. https://doi.org/10.1007/s10903-016-0478-z

Blackmore, R., Boyle, J. A., Fazel, M., Ranasinha, S., Gray, K. M., Fitzgerald, G., Misso, M., & Gibson-Helm, M. (2020). The prevalence of mental illness in refugees and

asylum seekers: A systematic review and meta-analysis. *PLOS Medicine*, *17*(9), e1003337. https://doi.org/10.1371/journal.pmed.1003337

Atlani, L., & Rousseau, C. (2000). The Politics of Culture in Humanitarian Aid to Women Refugees Who Have Experienced Sexual Violence. *Transcultural Psychiatry*, *37*(3), 435–449. https://doi.org/10.1177/136346150003700309

Paludan, A. (1974). *The new refugees in Europe*. University Exchange Fund.

Close, C., Kouvonen, A., Bosqui, T., Patel, K., O'Reilly, D., & Donnelly, M. (2016). The mental health and wellbeing of first generation migrants: A systematic-narrative review of reviews. *Globalization and Health*, *12*(1), 1–13. https://doi.org/10.1186/s12992-016-0187-3

James, P., Iyer, A., & Webb, T. L. (2019). The impact of post-migration stressors on refugees' emotional distress and health: A longitudinal analysis. *European Journal of Social Psychology*, *49*(7), 1359–1367. https://doi.org/10.1002/ejsp.2589

Nickerson, A., Bryant, R. A., Steel, Z., Silove, D., & Brooks, R. (2010). The impact of fear for family on mental health in a resettled Iraqi refugee community. *Journal of Psychiatric Research*, *44*(4), 229–235. https://doi.org/https://doi.org/10.1016/j.jpsychires.2009.08.006

Esses, V. M., Hamilton, L. K., & Gaucher, D. (2017). The Global Refugee Crisis: Empirical Evidence and Policy Implications for Improving Public Attitudes and Facilitating Refugee Resettlement. *Social Issues and Policy Review*, *11*(1), 78–123. https://doi.org/10.1111/sipr.12028

United Nations. (1993). The Elimination of Violence Against Women. *Al-Raida Journal*, *December*, 28–29. https://doi.org/10.32380/alrj.v0i0.943

McKay, S. (1998). The effects of armed conflict on girls and women. *Peace and Conflict: Journal of Peace Psychology*, *4*(4), 381–392. https://doi.org/10.1207/s15327949pac0404_6

Rousseau, C., Crépeau, F., Foxen, P., & Houle, F. (2002). The Complexity of Determining Refugeehood: A Multidisciplinary Analysis of the Decision‐making Process of the Canadian Immigration and Refugee Board. *Journal of Refugee Studies*, *15*(1), 43–70. https://doi.org/10.1093/jrs/15.1.43

Gelberg, L., Andersen, R. M., & Leake, B. D. (2000). The Behavioral Model for Vulnerable Populations: application to medical care use and outcomes for homeless people. *Health Services Research*, *34*(6), 1273–1302. http://www.ncbi.nlm.nih.gov/pubmed/10654830%0Ahttp://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=PMC1089079

Dowling, A., Enticott, J., Kunin, M., & Russell, G. (2019). The association of migration experiences on the self-rated health status among adult humanitarian refugees to Australia: An analysis of a longitudinal cohort study. *International Journal for Equity in Health*, *18*(1), 1–11. https://doi.org/10.1186/s12939-019-1033-z

Jibril, A. K. (2009). The acculturative experiences of Somali refugees living in the United States of America [ProQuest Information & Learning]. In *Dissertation Abstracts International: Section B: The Sciences and Engineering* (Vol. 70, Issues 3-B

PG-1945–1945). https://login.proxy.library.emory.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=psyh&AN=2009-99180-342&site=ehost-live&scope=site NS -

Offenhauer, P. (2015). Teen Dating Violence: A Literature Review and Annotated Bibliography. *Teen Dating Violence: Research Literature Review and Annotated Bibliography*, 1–112.

Asaf, Y. (2017). Syrian Women and the Refugee Crisis: Surviving the Conflict, Building Peace, and Taking New Gender Roles. *Social Sciences*, *6*(3), 110. https://doi.org/10.3390/socsci6030110

Al Gasser, N. A., Dresden, E., Keeney, G. B., & Warren, N. (2004). Status of women and infants in complex humanitarian emergencies. *Journal of Midwifery and Women's Health*, *49*(4 SUPPL.), 7–13. https://doi.org/10.1016/j.jmwh.2004.05.001

Iqbal, R. A. (2006). Somatization underlying depression as related to acculturation among Afghan women in the San Francisco bay area (California) [ProQuest Information & Learning]. In *Dissertation Abstracts International: Section B: The Sciences and Engineering* (Vol. 66, Issues 12-B PG-6925–6925). https://login.proxy.library.emory.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=psyh&AN=2006-99012-235&site=ehost-live&scope=site NS -

Logie, C. H., Okumu, M., Mwima, S., Hakiza, R., Irungi, K. P., Kyambadde, P., Kironde, E., & Narasimhan, M. (2019). Social ecological factors associated with experiencing violence among urban refugee and displaced adolescent girls and young women in

informal settlements in Kampala, Uganda: a cross-sectional study. *Conflict and Health*, *13*, 60. https://doi.org/10.1186/s13031-019-0242-9

Hunt, L. M., Schneider, S., & Comer, B. (2004). Should "acculturation" be a variable in health research? A critical review of research on US Hispanics. *Social Science & Medicine*, *59*(5), 973–986. https://doi.org/https://doi.org/10.1016/j.socscimed.2003.12.009

Rutherford, A. (2011). Sexual Violence Against Women. *Psychology of Women Quarterly*, *35*(2), 342–347. https://doi.org/10.1177/0361684311404307

Hynes, M., & Cardozo, B. L. (2000). Sexual violence against refugee women. *Journal of Women's Health*, *9*(8), 819–823. https://doi.org/10.1089/152460900750020847

Freedman, J. (2016). Sexual and gender-based violence against refugee women: a hidden aspect of the refugee "crisis." *Reproductive Health Matters*, *24*(47), 18–26. https://doi.org/10.1016/j.rhm.2016.05.003

Mundy, S. S., Foss, S. L. W., Poulsen, S., Hjorthøj, C., & Carlsson, J. (2020). Sex differences in trauma exposure and symptomatology in trauma-affected refugees. *Psychiatry Research*, *293*(April), 113445. https://doi.org/10.1016/j.psychres.2020.113445

Singer, A., & Wilson, J. H. (2006). *September 2006 • The Brookings Institution • Living Cities Census Series 1*. *September*, 1–32. https://www.houstonlanguagebank.org/docs/FromTheretoHere-RefugeeResettlementinMetropolitanAmerica.pdf

Cone, D., & Teff, M. (2019). Searching for safety: Confronting Sexual Exploitation and Trafficking of Venezuelan Women and Girls. In *Refugees International* (Issue August). https://doi.org/10.4324/9781351316248

Samhsa. (2014). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. *July*.

Bell, D. (2016). *Retrieving Psychosocial Signs of Structural Violence in (Post) Colonial Jamaica*. *November*. https://doi.org/10.1285/i24212113v2i2p114

Deacon, Z., & Sullivan, C. (2009). Responding to the complex and gendered needs of refugee women. *Affilia - Journal of Women and Social Work*, *24*(3), 272–284. https://doi.org/10.1177/0886109909337401

Ungar, M. (2013). Resilience, Trauma, Context, and Culture. *Trauma, Violence, & Abuse*, *14*(3), 255–266. https://doi.org/10.1177/1524838013487805

Beiser, M. (2009). Resettling Refugees and Safeguarding their Mental Health: Lessons Learned from the Canadian Refugee Resettlement Project. *Transcultural Psychiatry*, *46*(4), 539–583. https://doi.org/10.1177/1363461509351373

Mulongo, P., McAndrew, S., & Ayodeji, E. (2021). Resettling into a new life: Exploring aspects of acculturation that could enhance the mental health of young refugees resettled under the humanitarian programme. *International Journal of Mental Health Nursing*, *30*(1), 235–248. https://doi.org/10.1111/inm.12777

Crosby, D. B., & Crosby, D. B. (2008). Resettled Somali Women in Georgia and Changing Gender Roles. *Bildhaan: An International Journal of Somali Studies*, *6*, 68–85.

Gowayed, H. (2020). Resettled and unsettled: Syrian refugees and the intersection of race and legal status in the United States. *Ethnic and Racial Studies*, *43*(2), 275–293. https://doi.org/10.1080/01419870.2019.1583350

Klingorová, K., & Havlíček, T. (2015). Religion and gender inequality: The status of women in the societies of world religions. *Moravian Geographical Reports*, *23*(2), 2–11. https://doi.org/10.1515/mgr-2015-0006

Pittaway, E., & Bartolomei, L. (2001). Refugees, Race, and Gender: The Multiple Discrimination against Refugee Women. *Refuge: Canada's Journal on Refugees*, *19*(6 SE-Articles), 21–32. https://doi.org/10.25071/1920-7336.21236

Richmond, A. H. (2008). Refugees, Inequality, and Human Development. *Refuge: Canada's Journal on Refugees*, *25*(2 SE-Other Article), 212–217. https://doi.org/10.25071/1920-7336.26042

Paludan, A. (1981). *Refugees in Europe*. International Migration Review.

Richmond, A. H. (2001). Refugees and Racism in Canada. *Refuge: Canada's Journal on Refugees*, *19*(6 SE-Articles), 12–20. https://doi.org/10.25071/1920-7336.21235

Ward, C., Bochner, S., & Furnham, A. (2001). Refugees. In *The Psychology of Culture Shock* (2nd ed., pp. 219–237). Taylor & Francis e-Library.

Bloch, A., Galvin, T., & Harrell-Bond, B. (2000). Refugee Women in Europe: Some Aspects of the Legal and Policy Dimensions. *International Migration*, *38*(2), 169–190. https://doi.org/10.1111/1468-2435.00106

Gorman, W. (2001). Refugee survivors of torture: Trauma and treatment. *Professional Psychology: Research and Practice*, *32*(5), 443–451. https://doi.org/10.1037/0735-7028.32.5.443

Deng, S. A., & Marlowe, J. M. (2013). Refugee Resettlement and Parenting in a Different Context. *Journal of Immigrant & Refugee Studies*, *11*(4), 416–430. https://doi.org/10.1080/15562948.2013.793441

Kang, Y.-D. (2021). Refugee crisis in Europe: determinants of asylum seeking in European countries from 2008–2014. *Journal of European Integration*, *43*(1), 33–48. https://doi.org/10.1080/07036337.2020.1718673

Baillot, H., Cowan, S., & Munro, V. E. (2014). Reason to disbelieve: evaluating the rape claims of women seeking asylum in the UK. *International Journal of Law in Context*, *10*(1), 105–139. https://doi.org/DOI: 10.1017/S1744552313000396

Krishnakumar, P., & Indumathi, T. (2014). Pull and Push Factors of Migration. *Journal Global Management*, *8*(4), 8–13. https://www.ezproxy.usp.ac.fj/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=buh&AN=103541289&site=eds-live

Birman, D., & Tran, N. (2008). Psychological distress and adjustment of Vietnamese refugees in the United States: Association with pre- and postmigration factors.

American Journal of Orthopsychiatry, *78*(1 PG-109–120), 109–120. https://doi.org/10.1037/0002-9432.78.1.109

Simich, L., Beiser, M., Stewart, M., & Mwakarimba, E. (2005). Providing social support for immigrants and refugees in Canada: challenges and directions. *Journal of Immigrant Health*, *7*(4), 259–268. https://doi.org/10.1007/s10903-005-5123-1

Stark, L., Asghar, K., Yu, G., Bora, C., Baysa, A. A., & Falb, K. L. (2017). Prevalence and associated risk factors of violence against conflict-affected female adolescents: a multi-country, cross-sectional study. *Journal of Global Health*, *7*(1), 10416. https://doi.org/10.7189/jogh.07.010416

Laban, C. J., Gernaat, H. B. P. E., Komproe, I. H., van der Tweel, I., & De Jong, J. T. V. M. (2005). Postmigration living problems and common psychiatric disorders in Iraqi asylum seekers in the Netherlands. *The Journal of Nervous and Mental Disease*, *193*(12), 825–832. https://doi.org/10.1097/01.nmd.0000188977.44657.1d

Kim, I., & Kim, W. (2014). Post-Resettlement Challenges and Mental Health of Southeast Asian Refugees in the United States. *Best Practices in Mental Health*, *10*(2), 63–77.

Jayawickreme, N., Mootoo, C., Fountain, C., Rasmussen, A., Jayawickreme, E., & Bertuccio, R. F. (2017). Post-conflict struggles as networks of problems: A network analysis of trauma, daily stressors and psychological distress among Sri Lankan war survivors. *Social Science & Medicine*, *190*, 119–132. https://doi.org/https://doi.org/10.1016/j.socscimed.2017.08.027

Martín-Baró, I. (1989). Political Violence and War as Causes of Psychosocial Trauma in El Salvador. *International Journal of Mental Health*, *18*(1), 3–20. https://doi.org/10.1080/00207411.1989.11449115

Rippy, A. E., & Newman, E. (2006). Perceived Religious Discrimination and its Relationship to Anxiety and Paranoia Among Muslim Americans. *Journal of Muslim Mental Health*, *1*(1), 5–20. https://doi.org/10.1080/15564900600654351

Bradish, C. N. (1996). Perceived functional social support as a buffer of acculturative stress among Cambodian refugees. [ProQuest Information & Learning]. In *Dissertation Abstracts International: Section B: The Sciences and Engineering* (Vol. 56, Issues 11-B). http://www.redi-bw.de/db/ebsco.php/search.ebscohost.com/login.aspx%3Fdirect%3Dtrue%26db%3Dpsyh%26AN%3D1996-95009-295%26site%3Dehost-live

Bradish, C. N. (1996). Perceived functional social support as a buffer of acculturative stress among Cambodian refugees [ProQuest Information & Learning]. In *Dissertation Abstracts International: Section B: The Sciences and Engineering* (Vol. 56, Issues 11-B PG-6380–6380). https://login.proxy.library.emory.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=psyh&AN=1996-95009-295&site=ehost-live&scope=site NS -

Vaage, A. B., Thomsen, P. H., Rousseau, C., Wentzel-Larsen, T., Ta, T. V, & Hauff, E. (2011). Paternal predictors of the mental health of children of Vietnamese refugees. *Child and Adolescent Psychiatry and Mental Health*, *5*(1), 2. https://doi.org/10.1186/1753-2000-5-2

Osman, F., Klingberg-Allvin, M., Flacking, R., & Schön, U.-K. (2016). Parenthood in transition – Somali-born parents' experiences of and needs for parenting support programmes. *BMC International Health and Human Rights*, *16*(1), 7. https://doi.org/10.1186/s12914-016-0082-2

Magan, I. M. (2020). On Being Black, Muslim, and a Refugee: Stories of Somalis in Chicago. *Journal of Immigrant & Refugee Studies*, *18*(2), 172–188. https://doi.org/10.1080/15562948.2019.1617451

Nashwan, A., Cummings, S. M., & Gagnon, K. (2019). Older female Iraqi refugees in the United States: Voices of struggle and strength. *International Social Work*, *62*(2 PG-653–668), 653–668. https://doi.org/10.1177/0020872817742699

Turkoglu, O., & Chadefaux, T. (2019). Nowhere to go? Why do some civil wars generate more refugees than others? *International Interactions*, *45*(2), 401–420. https://doi.org/10.1080/03050629.2019.1554571

Jesuthasan, J., Sönmez, E., Abels, I., Kurmeyer, C., Gutermann, J., Kimbel, R., Krüger, A., Niklewski, G., Richter, K., Stangier, U., Wollny, A., Zier, U., Oertelt-Prigione, S., Shouler-Ocak, M., Ahmadi, S., Akope, L., Altiner, A., Al-Dhabi, A. A. A., Al-Obadi, R., … Witte, Z. (2018). Near-death experiences, attacks by family members, and absence of health care in their home countries affect the quality of life of refugee women in Germany: A multi-region, cross-sectional, gender-sensitive study. *BMC Medicine*, *16*(1), 1–9. https://doi.org/10.1186/s12916-017-1003-5

Makkonen, T. (2002). Multiple, Compound and Intersectional Discrimination: Bringing the Experiences of the Most Marginalised to the Fore. *Åbo Akademi University Institute for Human Rights*, *April*, 1–67.

Shimmin, C., Wittmeier, K. D. M., Lavoie, J. G., Wicklund, E. D., & Sibley, K. M. (2017). Moving towards a more inclusive patient and public involvement in health research paradigm: the incorporation of a trauma-informed intersectional analysis. *BMC Health Services Research*, *17*(1), 539. https://doi.org/10.1186/s12913-017-2463-1

Akram, S. M. (2013). Millennium Development Goals and the Protection of Displaced and Refugee Women and Girls. In *Laws* (Vol. 2, Issue 3). https://doi.org/10.3390/laws2030283

Im, H., Ferguson, A. B., Warsame, A. H., & Isse, M. M. (2017). Mental health risks and stressors faced by urban refugees: Perceived impacts of war and community adversities among Somali refugees in Nairobi. *International Journal of Social Psychiatry*, *63*(8), 686–693. https://doi.org/10.1177/0020764017728966

Schweitzer, R. D., Brough, M., Vromans, L., & Asic-Kobe, M. (2011). Mental Health of Newly Arrived Burmese Refugees in Australia: Contributions of Pre-Migration and Post-Migration Experience. *Australian & New Zealand Journal of Psychiatry*, *45*(4), 299–307. https://doi.org/10.3109/00048674.2010.543412

Miranda, J., McGuire, T. G., Williams, D. R., & Wang, P. (2008). Mental Health in the Context of Health Disparities. *American Journal of Psychiatry*, *165*(9), 1102–1108. https://doi.org/10.1176/appi.ajp.2008.08030333

Beiser, M., & Hou, F. (2016). Mental Health Effects of Premigration Trauma and Postmigration Discrimination on Refugee Youth in Canada. *The Journal of Nervous and Mental Disease*, *204*(6). https://journals.lww.com/jonmd/Fulltext/2016/06000/Mental_Health_Effects_of_Premigration_Trauma_and.8.aspx

Vu, M., Li, J., Haardörfer, R., Windle, M., & Berg, C. J. (2019). Mental health and substance use among women and men at the intersections of identities and experiences of discrimination: insights from the intersectionality framework. *BMC Public Health*, *19*(1), 108. https://doi.org/10.1186/s12889-019-6430-0

Eisenman, D. P., Gelberg, L., Liu, H., & Shapiro, M. F. (2003). Mental Health and Health-Related Quality of Life Among Adult Latino Primary Care Patients Living in the United States With Previous Exposure to Political Violence. *JAMA*, *290*(5), 627–634. https://doi.org/10.1001/jama.290.5.627

Lusk, M., McCallister, J., & Villalobos, G. (2013). Mental Health among Mexican Refugees Fleeing Violence and Trauma. *Social Development Issues (Follmer Group)*, *35*(3), 1–17. https://login.proxy.library.emory.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=ssf&AN=93363128&site=ehost-live&scope=site

Hollifield, M., Warner, T. D., Lian, N., Krakow, B., Jenkins, J. H., Kesler, J., Stevenson, J., & Westermeyer, J. (2002). Measuring Trauma and Health Status in RefugeesA Critical Review. *JAMA*, *288*(5), 611–621. https://doi.org/10.1001/jama.288.5.611

Wildeman, C., & Wang, E. A. (2017). Mass incarceration, public health, and widening inequality in the USA. *The Lancet*, *389*(10077), 1464–1474. https://doi.org/https://doi.org/10.1016/S0140-6736(17)30259-3

Seng, J. S., Lopez, W. D., Sperlich, M., Hamama, L., & Reed Meldrum, C. D. (2012). Marginalized identities, discrimination burden, and mental health: Empirical exploration of an interpersonal-level approach to modeling intersectionality. *Social Science & Medicine*, *75*(12), 2437–2445. https://doi.org/https://doi.org/10.1016/j.socscimed.2012.09.023

Kramer, S., & Bala, J. (2004). Managing uncertainty; coping styles of refugees in western countries. *Intervention: International Journal of Mental Health, Psychosocial Work & Counseling in Areas of Armed Conflict*, *2*(1), 33–42.

Hyndman, J. (2000). *Managing Displacement: Refugees and the Politics of Humanitarianism*. University of Minnesota Press.

Clarke, L. K. (2009). Making meaning of refugee resettlement experiences: The acculturation attitudes of Liberian women [ProQuest Information & Learning]. In *Dissertation Abstracts International: Section B: The Sciences and Engineering* (Vol. 71, Issues 1-B PG-686–686). https://login.proxy.library.emory.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=psyh&AN=2010-99140-508&site=ehost-live&scope=site NS -

Nelson-Peterman, J. L., Toof, R., Liang, S. L., & Grigg-Saito, D. C. (2015). Long-Term Refugee Health: Health Behaviors and Outcomes of Cambodian Refugee and

Immigrant Women. *Health Educ. Behav.*, *42*(6 PG-814–823), 814–823. https://doi.org/10.1177/1090198115590779

Bogic, M., Njoku, A., & Priebe, S. (2015). Long-term mental health of war-refugees: a systematic literature review. *BMC International Health and Human Rights*, *15*(1). https://doi.org/10.1186/s12914-015-0064-9

Berry, J. W. (1997). Lead Article - Immigration, Acculturation, and Adaptation. *Applied Psychology*, *46*(1), 5–34. https://doi.org/10.1080/026999497378467

Kale, E., & Syed, H. R. (2010). Language barriers and the use of interpreters in the public health services. A questionnaire-based survey. *Patient Education and Counseling*, *81*(2), 187–191. https://doi.org/10.1016/j.pec.2010.05.002

Beiser, M., & Hou, F. (2001). Language acquisition, unemployment and depressive disorder among Southeast Asian refugees: A 10-year study. *Social Science and Medicine*, *53*(10), 1321–1334. https://doi.org/10.1016/S0277-9536(00)00412-3

TV, T. (1990). Language acculturation among older Vietnamese refugee adults. *Gerontologist*, *30*(1 PG-94–9), 94–99. https://doi.org/10.1093/geront/30.1.94

Casimiro, S., Hancock, P., & Northcote, J. (2007). Isolation and Insecurity: Resettlement Issues Among Muslim Refugee Women in Perth, Western Australia. *Australian Journal of Social Issues*, *42*(1), 55–69. https://doi.org/https://doi.org/10.1002/j.1839-4655.2007.tb00039.x

Sangalang, C., & Vang, C. (2017). Intergenerational Trauma in Refugee Families: A Systematic Review. *Immigrant and Minority Health*, *19*(3), 1–16. https://doi.org/10.1007/s10903-016-0499-7.Intergenerational

Lev-Wiesel, R. (2007). Intergenerational transmission of trauma across three generations: A preliminary study. *Qualitative Social Work*, *6*(1), 75–94. https://doi.org/10.1177/1473325007074167

Bevelander, P. (2016). *Integrating refugees into labor markets* (Vol. 269). IZA World of Labor. https://doi.org/10.15185/izawol.269.v2

Saraiva Leão, T., Sundquist, J., Johansson, L. M., Johansson, S.-E., & Sundquist, K. (2005). Incidence of Mental Disorders in Second-Generation Immigrants in Sweden: A Four-Year Cohort Study. *Ethnicity & Health*, *10*(3), 243–256. https://doi.org/10.1080/13557850500096878

Schock, K., Rosner, R., & Knaevelsrud, C. (2015). Impact of asylum interviews on the mental health of traumatized asylum seekers. *European Journal of Psychotraumatology*, *6*(1), 26286. https://doi.org/10.3402/ejpt.v6.26286

Algería, Margarita. Álvarez, Kiara. DiMarzio, K. (2017). Immigration and Mental Health. *Curr Epidemiol Rep.*, *4*(2), 145–155. https://doi.org/10.1007/s40471-017-0111-2.

Moreno, A., Piwowarczyk, L., & Grodin, M. A. (2001). Human Rights Violations and Refugee Health. *JAMA*, *285*(9), 1215. https://doi.org/10.1001/jama.285.9.1215-JMS0307-5-1

Thikeo, M., Florin, P., & Ng, C. (2015). Help Seeking Attitudes Among Cambodian and Laotian Refugees: Implications for Public Mental Health Approaches. *J Immigr Minor Health*, *17*(6 PG-1679–86), 1679–1686. https://doi.org/10.1007/s10903-015-0171-7

Morris, M. D., Popper, S. T., Rodwell, T. C., Brodine, S. K., & Brouwer, K. C. (2009). Healthcare barriers of refugees post-resettlement. *J. Community Health*, *34*(6 PG-529–538), 529–538. https://doi.org/10.1007/s10900-009-9175-3

Geltman, P. L., Hunter Adams, J., Penrose, K. L., Cochran, J., Rybin, D., Doros, G., Henshaw, M., & Paasche-Orlow, M. (2014). Health literacy, acculturation, and the use of preventive oral health care by Somali refugees living in Massachusetts. *J. Immigr. Minor. Health*, *16*(4 PG-622–630), 622–630. https://doi.org/10.1007/s10903-013-9846-0

Walton, L. M. (2018). Health and Human Rights of Syrian Women and Children Refugees: Trafficking, Resettlement, and the United Nations Convention on Refugees Revisited. *Online Journal of Health Ethics*, *14*(1). https://doi.org/10.18785/ojhe.1401.04

Mollica, R. (2006). *Healing Invisible Wounds: Paths to hope and recovery in a violent world*. Harcourt Books.

UNODC. (2018). *Global Report on Trafficking in Persons*. https://doi.org/10.18356/9805f543-en

Stempel, C., Sami, N., Koga, P. M., Alemi, Q., Smith, V., & Shirazi, A. (2017). Gendered sources of distress and resilience among afghan refugees in Northern California: A

cross-sectional study. *Int. J. Environ. Res. Public Health*, *14*(1 PG-). https://doi.org/10.3390/ijerph14010025

Indra, D. (1987). Gender: A Key Dimension of the Refugee Experience. *Refuge: Canada's Journal on Refugees*, 3–4. https://doi.org/10.25071/1920-7336.21503

Gerard, A., & Pickering, S. (2014). Gender, Securitization and Transit: Refugee Women and the Journey to the EU. *Journal of Refugee Studies*, *27*(3), 338–359. https://doi.org/10.1093/jrs/fet019

Jensen, M. A. (2019). Gender-Based Violence in Refugee Camps: Understanding and Addressing the Role of Gender in the Experiences of Refugees. In *Inquiries Journal* (Vol. 11, Issue 02). http://www.inquiriesjournal.com/a?id=1757

Lorber, J. (2010). *Gender Inequality: Feminist Theories and Politics* (Fourth). Oxford University Press.

Danso, R. (2002). From "there" to "here": An investigation of the initial settlement experiences of Ethiopian and Somali refugees in Toronto. *GeoJournal*, *56*(1), 3–14. https://doi.org/10.1023/A:1021748701134

Peterman, J. N., Wilde, P. E., Silka, L., Bermudez, O. I., & Rogers, B. L. (2013). Food insecurity among Cambodian refugee women two decades post resettlement. *J. Immigr. Minor. Health*, *15*(2 PG-372–380), 372–380. https://doi.org/10.1007/s10903-012-9704-5

Jenkins, J. C., & Schmeidl, S. (1995). Flight from Violence: The Origins and Implications of the World Refugee Crisis. *Sociological Focus*, *28*(1), 63–82. https://doi.org/10.1080/00380237.1995.10571039

Bogic, M., Ajdukovic, D., Bremner, S., Franciskovic, T., Galeazzi, G. M., Kucukalic, A., Lecic-Tosevski, D., Morina, N., Popovski, M., Schützwohl, M., Wang, D., & Priebe, S. (2012). Factors associated with mental disorders in long-settled war refugees: refugees from the former Yugoslavia in Germany, Italy and the UK. *British Journal of Psychiatry*, *200*(3), 216–223. https://doi.org/DOI: 10.1192/bjp.bp.110.084764

Hankivsky, O., Reid, C., Cormier, R., Varcoe, C., Clark, N., Benoit, C., & Brotman, S. (2010). Exploring the promises of intersectionality for advancing women's health research. *International Journal for Equity in Health*, *9*(1), 5. https://doi.org/10.1186/1475-9276-9-5

Lalla, A. T., Ginsbach, K. F., Penney, N., Shamsudin, A., & Oka, R. (2020). Exploring sources of insecurity for Ethiopian Oromo and Somali women who have given birth in Kakuma Refugee Camp: A Qualitative Study. *PLOS Medicine*, *17*(3), e1003066. https://doi.org/10.1371/journal.pmed.1003066

Kunz, E. F. (1981). Exile and Resettlement: Refugee Theory. *The International Migration Review*, *15*(1/2), 42–51. https://doi.org/10.2307/2545323

Lenette, Caroline. Brough, Mark. Cox, L. (2013). Everyday resilience: Narratives of single refugee women with children. *Qualitative Social Work*, *12*(5), 637–653.

Beiser, M. N. M. N., & Hou, F. (2006). Ethnic identity, resettlement stress and depressive affect among Southeast Asian refugees in Canada. *Social Science and Medicine*, *63*(1), 137–150. https://doi.org/10.1016/j.socscimed.2005.12.002

Spasojević, J., Heffer, R. W., & Snyder, D. K. (2000). Effects of posttraumatic stress and acculturation on marital functioning in Bosnian refugee couples. *J. Trauma. Stress*, *13*(2 PG-205–217), 205–217. https://doi.org/10.1023/A:1007750410122

Alemi, Q., Siddiq, H., Baek, K., Sana, H., Stempel, C., Aziz, N., & Montgomery, S. (2017). Effect of Perceived Discrimination on Depressive Symptoms in 1st- and 2nd-Generation Afghan-Americans. *The Journal of Primary Prevention*, *38*(6), 613–626. https://doi.org/10.1007/s10935-017-0492-5

Rees, S., & Pease, B. (2007). Domestic Violence in Refugee Families in Australia. *Journal of Immigrant & Refugee Studies*, *5*(2), 1–19. https://doi.org/10.1300/J500v05n02_01

Haar, R. J., Wang, K., Venters, H., Salonen, S., Patel, R., Nelson, T., Mishori, R., & Parmar, P. K. (2019). Documentation of human rights abuses among Rohingya refugees from Myanmar. *Conflict and Health*, *13*, 42. https://doi.org/10.1186/s13031-019-0226-9

Buscher, D., & Mckenna, M. (2006). *Displaced and Refugee Women and Girls at Risk: Problems and Solutions*.

Mills, C. (2014). *Decolonizing Global Mental Health: The psychiatrization of the majority world* (1st ed.). Routledge.

Miller, K. E., Omidian, P., Rasmussen, A., Yaqubi, A., & Daudzai, H. (2008). Daily Stressors, War Experiences, and Mental Health in Afghanistan. *Transcultural Psychiatry*, *45*(4), 611–638. https://doi.org/10.1177/1363461508100785

Riley, A., Varner, A., Ventevogel, P., Taimur Hasan, M. M., & Welton-Mitchell, C. (2017). Daily stressors, trauma exposure, and mental health among stateless Rohingya refugees in Bangladesh. *Transcultural Psychiatry*, *54*(3), 304–331. https://doi.org/10.1177/1363461517705571

D'Avanzo, C. E., Frye, B., & Froman, R. (1994). Culture, stress and substance use in Cambodian refugee women. *J. STUD. ALCOHOL*, *55*(4 PG-420–426), 420–426. https://doi.org/10.15288/jsa.1994.55.420

Roupetz, S., Garbern, S., Michael, S., Bergquist, H., Glaesmer, H., & Bartels, S. A. (2020). Continuum of sexual and gender-based violence risks among Syrian refugee women and girls in Lebanon. *BMC Women's Health*, *20*(1), 176. https://doi.org/10.1186/s12905-020-01009-2

Bekteshi, V., & Kang, S. wan. (2020). Contextualizing acculturative stress among Latino immigrants in the United States: a systematic review. *Ethnicity and Health*, *25*(6), 897–914. https://doi.org/10.1080/13557858.2018.1469733

Lloyd, D. (2000). Colonial Trauma/Postcolonial Recovery? *Interventions*, *2*(2), 212–228. https://doi.org/10.1080/136980100427324

Esala, J. J., Vukovich, M. M., Hanbury, A., Kashyap, S., & Joscelyne, A. (2018). Collaborative care for refugees and torture survivors: Key findings from the literature. *Traumatology*, *24*(3), 168–185. https://doi.org/10.1037/trm0000143

Lipson, J. G., & Miller, S. (1994). Changing roles of afghan refugee women in the united states. *Health Care Woman Int.*, *15*(3 PG-171–180), 171–180. https://doi.org/10.1080/07399339409516110

Wehrle, K., Klehe, U.-C., Kira, M., & Zikic, J. (2018). Can I come as I am? Refugees' vocational identity threats, coping, and growth. *Journal of Vocational Behavior*, *105*, 83–101. https://doi.org/https://doi.org/10.1016/j.jvb.2017.10.010

Costello, C., & Kaytaz, E. (2013). *Building Empirical Research into Alternatives to Detention: Perceptions of Asylum-Seekers and Refugees in Toronto and Geneva*. 1–50.

Pitman, R. K., Rasmusson, A. M., Koenen, K. C., Shin, L. M., Orr, S. P., Gilbertson, M. W., Milad, M. R., & Liberzon, I. (2012). Biological studies of post-traumatic stress disorder. *Nature Reviews Neuroscience*, *13*(11), 769–787. https://doi.org/10.1038/nrn3339

Mayblin, L. (2014). Asylum, welfare and work: reflections on research in asylum and refugee studies. *International Journal of Sociology and Social Policy*, *34*(5/6), 375–391. https://doi.org/10.1108/IJSSP-11-2013-0113

Jensen, K. (2019). Asylum after empire: colonial legacies in the politics of asylum seeking. *Ethnic and Racial Studies*, *42*(8), 1380–1382. https://doi.org/10.1080/01419870.2018.1555334

Mayblin, L. (2017). *Asylum after Empire: Colonial Legacies in the Politics of Asylum Seeking* (p. 200). Rowman and Littlefield International.

Lazarevic, V., Wiley, A., & Pleck, J. H. (2012). Associations of acculturation with family and individual well-being in Serbian refugee young adults in the United States. *Journal of Comparative Family Studies*, *43*(2 PG-218–236), 218–236. https://login.proxy.library.emory.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=psyh&AN=2012-29460-005&site=ehost-live&scope=site NS -

Streed Jr, C. G., McCarthy, E. P., & Haas, J. S. (2017). Association Between Gender Minority Status and Self-Reported Physical and Mental Health in the United States. *JAMA Internal Medicine*, *177*(8), 1210–1212. https://doi.org/10.1001/jamainternmed.2017.1460

Utsey, S., Abrams, J., Opare-Henaku, A., Bolden, M., & III, O. (2014). *Assessing the Psychological Consequences of Internalized Colonialism on the Psychological Well-Being of Young Adults in Ghana*. https://doi.org/10.1177/0095798414537935

Mahmood, A. A., Shah, D. D., Michlig, G. J., Hughes, M. E., & Bass, J. K. (2020). Assessing Predictors of Emotional Distress by Immigrant Type: An Exploration of Adult Refugees, Asylees, and SIV Holders in Maryland. *J. Immigr. Minor. Health*, *22*(1 PG-50–60), 50–60. https://doi.org/10.1007/s10903-019-00917-2

Hinton, D. E., Rasmussen, A., Nou, L., Pollack, M. H., & Good, M.-J. (2009). Anger, PTSD, and the nuclear family: A study of Cambodian refugees. *Soc. Sci. Med.*, *69*(9 PG-1387–1394), 1387–1394. https://doi.org/10.1016/j.socscimed.2009.08.018

Cokley, K., McClain, S., Enciso, A., & Martinez, M. (2013). An Examination of the Impact of Minority Status Stress and Impostor Feelings on the Mental Health of Diverse Ethnic Minority College Students. *Journal of Multicultural Counseling and Development*, *41*(2), 82–95. https://doi.org/https://doi.org/10.1002/j.2161-1912.2013.00029.x

Phillips, D., & Lauterbach, D. (2017). American Muslim immigrant mental health: The role of racism and mental health stigma. *Journal of Muslim Mental Health*, *11*(1), 39–56. https://doi.org/10.3998/jmmh.10381607.0011.103

Lipson, J. G. (1993). Afghan refugees in California: Mental health issues. *Issues Ment. Health Nurs.*, *14*(4 PG-411–423), 411–423. https://doi.org/10.3109/01612849309006903

Kira, I. A., Lewandowski, L., Chiodo, L., & Ibrahim, A. (2014). Advances in Systemic Trauma Theory: Traumatogenic Dynamics and Consequences of Backlash as a Multi-Systemic Trauma on Iraqi Refugee Muslim Adolescents. *Psychology*, *05*(05), 389–412. https://doi.org/10.4236/psych.2014.55050

Boswell, C. (2002). Addressing the causes of migratory and refugee movements: the role of the European Union. *New Issues in Refugee Research*, *73*, 1–27.

Imungi, M. G. (2009). Acculturative stress and psychological distress in adult female liberian refugees in the United States [ProQuest Information & Learning]. In *Dissertation Abstracts International Section A: Humanities and Social Sciences* (Vol. 70, Issues 2-A PG-689–689).

https://login.proxy.library.emory.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=psyh&AN=2009-99151-075&site=ehost-live&scope=site NS -

JE, N., Brown, C., EB, R., & Khamphakdy-Brown, S. (2008). Acculturation, partner violence, and psychological distress in refugee women from Somalia. *J Interpers Violence*, *23*(11 PG-1654–63), 1654–1663. https://doi.org/10.1177/0886260508314310

Fang, K. B. (1999). Acculturation as a predictor of attitudes toward seeking professional psychological help in the Hmong community (emotional stress, counseling) [ProQuest Information & Learning]. In *Dissertation Abstracts International: Section B: The Sciences and Engineering* (Vol. 60, Issues 6-B PG-2939–2939). https://login.proxy.library.emory.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=psyh&AN=1999-95024-220&site=ehost-live&scope=site NS -

Salo, C. D., & Birman, D. (2015). Acculturation and Psychological Adjustment of Vietnamese Refugees: An Ecological Acculturation Framework. *Am. J. Community Psychol.*, *56*(3-4 PG-395–407), 395–407. https://doi.org/10.1007/s10464-015-9760-9

Edberg, M., Cleary, S., & Vyas, A. (2011). A trajectory model for understanding and assessing health disparities in immigrant/refugee communities. *Journal of Immigrant and Minority Health*, *13*(3), 576–584. https://doi.org/10.1007/s10903-010-9337-5

George, M. (2010). A Theoretical Understanding of Refugee Trauma. *Clinical Social Work Journal*, *38*(4), 379–387. https://doi.org/10.1007/s10615-009-0252-y

Coimbra, B. M., Carvalho, C. M., Ota, V. K., Vieira-Fonseca, T., Bugiga, A., Mello, A. F., Mello, M. F., & Belangero, S. I. (2020). A systematic review on the effects of social

discrimination on telomere length. *Psychoneuroendocrinology*, *120*(April), 104766. https://doi.org/10.1016/j.psyneuen.2020.104766

Stark, L., & Ager, A. (2011). A systematic review of prevalence studies of gender-based violence in complex emergencies. *Trauma, Violence, and Abuse*, *12*(3), 127–134. https://doi.org/10.1177/1524838011404252

Robinson, S. R., Ravi, K., & Voth Schrag, R. J. (2020). A Systematic Review of Barriers to Formal Help Seeking for Adult Survivors of IPV in the United States, 2005–2019. *Trauma, Violence, & Abuse*, 1524838020916254. https://doi.org/10.1177/1524838020916254

Joarder, T., Sutradhar, I., Hasan, M. I., & Bulbul, M. M. I. (2020). A Record Review on the Health Status of Rohingya Refugees in Bangladesh. *Cureus*, *12*(8), e9753. https://doi.org/10.7759/cureus.9753

Vargas, S. M., Huey Jr., S. J., & Miranda, J. (2020). A critical review of current evidence on multiple types of discrimination and mental health. In *American Journal of Orthopsychiatry* (Vol. 90, Issue 3, pp. 374–390). Educational Publishing Foundation. https://doi.org/10.1037/ort0000441

Krause, U. (2015). A Continuum of Violence? Linking Sexual and Gender-based Violence during Conflict, Flight, and Encampment. *Refugee Survey Quarterly*, *34*(4), 1–19. https://doi.org/10.1093/rsq/hdv014

Culcasi, K. (2019). “We are women and men now”: Intimate spaces and coping labour for Syrian women refugees in Jordan. *Transactions of the Institute of British Geographers*, *44*(3), 463–478. https://doi.org/10.1111/tran.12292

Hilario, C. T., Oliffe, J. L., Wong, J. P., Browne, A. J., & Johnson, J. L. (2017). “Just as Canadian as Anyone Else”? Experiences of Second-Class Citizenship and the Mental Health of Young Immigrant and Refugee Men in Canada. *American Journal of Men’s Health*, *12*(2), 210–220. https://doi.org/10.1177/1557988317743384

Bartolomei, L., Eckert, R., & Pittaway, E. (2014). “What happens there... follows us here”: Resettled but still at risk: refugee women and girls in Australia. *Refuge*, *30*(2), 45–56. https://doi.org/10.25071/1920-7336.39618

Shiu-Thornton, S., Senturia, K., & Sullivan, M. (2005). “Like a bird in a cage” Vietnamese women survivors talk about domestic violence. *J. Interpers. Violence*, *20*(8 PG-959–976), 959–976. https://doi.org/10.1177/0886260505277677

Pittaway, E., & Pittaway, E. (2004). ‘Refugee woman’: a dangerous label: Opening a discussion on the role of identity and intersectional oppression in the failure of the international refugee protection regime for refugee women. *Australian Journal of Human Rights*, *10*(1), 119–135. https://doi.org/10.1080/1323238X.2004.11910773

Komolova, M., Pasupathi, M., & Wainryb, C. (2020). “Things like that happen when you come to a new country”: Bosnian refugee experiences with discrimination. *Qualitative Psychology*, *7*(1 PG-93–113), 93–113. https://doi.org/10.1037/qup0000127

Sullivan, M., Senturia, K., Negash, T., Shiu-Thornton, S., & Giday, B. (2005). “For Us It Is Like Living in the Dark”: Ethiopian Women’s Experiences With Domestic Violence. *Journal of Interpersonal Violence*, *20*(8 PG-922–940), 922–940. https://doi.org/10.1177/0886260505277678

Appendix

Search Strategy

Table 1. PubMed, Scopus, and PsychInfo Database

Search Conducted in March 12th, 2021

Database	Search	Results
Pubmed/ Medline	"acculturation"[mesh] AND "refugee" AND "women" AND "United States" (1990:2021[pdat])	20
Scopus	TITLE-ABS-KEY (acculturation AND "refugee" AND (woman OR women OR adult*) AND ("Alabama" OR "Alaska" OR "Arizona" OR "Arkansas" OR "California" OR "Colorado" OR "Connecticut" OR "Delaware" OR "Florida" OR "Indiana" OR "Iowa" OR "Kansas" OR "Kentucky" OR "Louisiana" OR "Maine" OR "Maryland" OR "Massachusetts" OR "Michigan" OR "Minnesota" OR "Mississippi" OR "Missouri" OR "Montana" OR "Nebraska" OR "Nevada" OR "New Hampshire" OR "New Jersey" OR "New Mexico" OR "New York" OR "North Carolina" OR "North Dakota" OR "Ohio" OR "Oklahoma" OR "Oregon" OR "Pennsylvania" OR "Rhode Island" OR "South Carolina" OR "South Dakota" OR "Tennessee" OR "Texas" OR "Utah" OR "Vermont" OR "Virginia" OR "Washington" OR "West Virginia" OR "Wisconsin" OR "Wyoming")) PUBYEAR > 1990	48
PsychInfo/ EBSCO	Acculturation [AB Abstract] AND Refugee [AB Abstract] AND (woman or women or adult) AND United States AND (Alabama or Alaska or Arizona or Arkansas or California or Colorado or Connecticut or Delaware or Florida or Georgia or Hawaii or Idaho or Illinois or Indiana or Iowa or Kansas or Kentucky or Louisiana or Maine or Maryland or Massachusetts or Michigan or Minnesota or Mississippi or Missouri or Montana or Nebraska or Nevada or New Hampshire or New Jersey or New Mexico or New York or North Carolina or North Dakota or Ohio or Oklahoma or Oregon or Pennsylvania or Rhode Island or South Carolina or South Dakota or Tennessee or Texas or Utah or Vermont or Virginia or Washington or West Virginia or Wisconsin or Wyoming) AND PY 1990-2021	46
	Total:	114