

# **Balancing Family Obligations and Independence: the Challenges Facing Refugee Adolescents**

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## **Abstract**

By definition, refugees are those who are fleeing their home country due to persecution or displacement and are seeking safety in a different country. These individuals and families often experience violence, material want, and undergo immense turmoil in the process of fleeing and resettling in another country. Many refugee families have large numbers of children who are significantly affected by the dramatic change in their routine. In particular, adolescents face a unique assortment of challenges complicated by demanding family obligations. Because of the speed with which adolescents acculturate in comparison to their parents, parent-child role reversal is a common occurrence among refugee families. The increased responsibility for the adolescent can add significant stress and burden to already overwhelmed refugee young people. This paper examines the wide array of factors that play into the adolescent experience of resettlement, the mental health repercussions, and discusses various interventions that could be implemented to improve this.

## **Introduction**

ML is a twenty-one-year-old who has recently immigrated with refugee status from Afghanistan to the United States with his family. He presents to the clinic with fatigue, low energy, and loss of appetite. As the eldest of eight, with a bed-bound father and pregnant mother, ML is responsible for taking siblings to appointments, filling out government paperwork, and buying groceries, all while trying to learn English and keep up high school. ML is suffering from severe depression stemming from the immense stress and responsibility of essentially single-handedly running his large household. His low appetite is causing debilitating weakness that is preventing him from carrying out his obligatory duties and causing increased stress and anxiety. He had discontinued the antidepressant he had been prescribed as it seemed to only make his low appetite and hypersomnolence worse. Fortunately, he was already in therapy with the family medicine counseling services at

our clinic. Unfortunately, the stress and emotional burden causing this patient's mental illness is not an uncommon problem among refugee adolescents. Because of the trauma and severe uprooting of their lives and routines, refugee adolescents have a high risk of mental health disorders.<sup>1</sup> They encounter unique challenges of balancing acculturation and increased family responsibility all while going through a particularly crucial stage in their development. It is important to understand the cultural background behind familial roles and responsibilities in refugee families which can cause role reversal as seen in ML's case. In addition, there are many additional factors that contribute to the emotional and mental stress of adolescents that are important to understand in caring for these patients. Ultimately, fully appreciating the contributions of these various factors on the adolescent refugee experience can give clues into how best care for their mental health and well-being.

### **Challenges facing refugee adolescents**

The process of displacement, fleeing from a country, and attempting resettlement in a different country is a challenging and traumatic experience for anyone, but especially for adolescents. These young people have often witnessed torture or sexual assault and have experienced severe material deprivation along with extended periods of fear and uncertainty.<sup>2</sup> They often have had to travel for weeks or months in dangerous circumstances, may have spent time in a refugee camp, or been separated from their parents along the way.<sup>3</sup> Upon arrival in a new country, they find themselves facing immense social and cultural differences as well as an unknown language. They can often experience discrimination or bullying at school, and have little parental support when it comes to navigating these situations.<sup>2,3</sup>

On top of this, the adolescent phase of development is one in which individuals are forming a sense of independence and shaping their view of themselves and their identity. They begin to challenge authority, develop autonomy, and have a heightened awareness of and desire for inclusion or belonging to a group.<sup>4</sup> This crucial phase of development is made even more complex when combined with the challenges of acculturation to a new country, coping with the trauma of displacement and resettlement, and navigating the expectations of a new society. Often they have to deal with discrimination or stigma which adds further stress to this extremely emotional and transformational stage of their life.<sup>4</sup>

### **Familial roles and responsibilities**

In many refugee families, there is a strong familial bond and adolescents feel a strong sense of obligation to care for their families and even to provide for them in some situations.<sup>5</sup> In addition, many parents

have an expectation that their children will carry on the traditions and practices of their culture.<sup>4</sup> Although these many expectations may sound like sources of stress and anxiety for adolescents, many do find joy in tight family relationships, and those with strong familial support actually have a lower risk of mental health disorders.<sup>6</sup> There is also evidence that strong cultural identity, community cohesion, and the sense of familial obligation itself is a protective factor for mental health, and improved health behaviors and outcomes.<sup>7</sup>

Alongside the benefits of close family relationships, there are extreme family dynamic changes that occur post-migration that can cause immense stress for adolescents. One of the primary causes of familial conflict among refugee families is the large acculturative gap that occurs between parents and their children.<sup>4</sup> Children naturally learn a new language much more quickly than their parents, and, as they go to school, they quickly pick up new social norms and practices. Because the older generation is slower to adapt to new behaviors and traditions, there can be intergenerational conflict surrounding parental misunderstanding of the new practices taken up by their children. As children quickly assimilate into the new culture, they may feel distant from their parents who more strictly adhere to their native culture. This can cause increasing disconnect felt between the generations and can even hinder adolescent development.<sup>4</sup>

The difference in language ability between parents and young adult children often leads to the children assuming a more administrative and representative role in the family. The children often must translate for their parents which requires them to attend appointments and complete paperwork for their parents. This language brokering, or the act of translation by a child for a family member and a native language speaker, is

stressful for the child and highly inappropriate.<sup>8</sup> It causes children to often assume the role of decision-maker for the family which not only puts a lot of pressure on the child, but also leads to role reversal where parents become dependent on their children. Language brokering can be associated with decreased self-esteem and confidence in adolescents, especially when they feel nervous or uncomfortable which most often occurs in the setting of low parental support.<sup>9</sup> Translating for parents and having to accompany them to appointments not only puts an increased level of responsibility onto the child, keeping them from a regular school schedule and routine, but also can decrease parental confidence as power has been somewhat shifted to the child. In some situations, the child also becomes the primary income earner.<sup>2</sup>

The acculturative rate discrepancy, changes in family dynamics, and difference in language ability among parents and children together often lead to an increased prevalence of role reversal in refugee families. Role reversal, as briefly mentioned above, is defined as a parent-child relationship in which a child adopts parental behaviors (e.g., caretaking, supporting, nurturing) while the parent acts helpless, seeks reassurance, and engages in other dependent behaviors.<sup>10</sup> Often in role reversal, parents expect to receive support and affection from the child, but the child does not receive proper attention, caregiving, or parental guidance as would be typically necessary. This can lead to severe problems in children including depression, anxiety, low self-esteem, disrupted identity development, or an inappropriate overcontrolling tendency in relationships.<sup>9</sup> These negative effects usually most often occur in situations caused by parents' psychological or physical problems. In the refugee population, it can be related to the

parent or caregiver's level of experienced trauma. One study found that Cambodian refugee caregivers' post-traumatic stress disorder (PTSD) symptoms were associated with more role reversing in relationships with their adolescent children, which mediated higher levels of adolescent anxiety.<sup>11</sup> However, if role reversal takes place in the context of a normal family, it can have extremely positive effects on children including increased self-confidence and self-esteem because of the increased interpersonal responsibility. Role reversal is thus a complicated situation which can have mixed psychological effects on adolescents, but it always certainly adds increased responsibility to individuals who are themselves trying to understand their identity and role in the world.

### **Rates of trauma and mental health disorders in adolescents**

Research studies have suggested that the rates of mental health disorders are elevated in refugee young people. A 2020 study by Blackmore et. al found that in 779 child and adolescent refugees and asylum seekers across five countries, the overall prevalence of PTSD was 22.71% (95% CI 12.79-32.64), depression 13.81% (95% CI 5.96-21.67), and anxiety disorders 15.77% (95% CI 8.04-23.50).<sup>1</sup> Another study, performed in 2022, compared the rates of PTSD, behavioral difficulties, and well-being between refugee and non-refugee migrant young people.<sup>12</sup> It shows evidence that the rates of post-traumatic stress symptoms (PTSS) are significantly higher in refugee young people than non-refugee migrant young people. Migration-related family separation was more prevalent in refugee than in non-refugee migrant participants and was associated with higher levels of both PTSS and internalizing behavioral difficulties in the refugee population. In addition, a higher level of

daily material stress was associated with decreased levels of overall wellbeing more in the refugee young people, and perceived discrimination has a particularly negative effect on mental health and specifically is a trigger for recurrent feelings of PTSD.<sup>12</sup> It is evident that refugee adolescents' mental health is impacted by a large variety of factors, many of which actually do not necessarily pertain to family dynamics. Regardless, because of the higher rates of mental health disorders among refugee adolescents, it is important to address their mental health in whatever way possible.

### **Interventions**

Understanding the multiple factors behind adolescent acculturation and transition to life in the United States can provide insight into ways to best support these young people and promote healthy development. In particular, with the complexity of familial dynamics examined in this paper, it is evident that interventions focused on the family as a unit, in addition to individual interventions, are key for the mental health and development of the refugee adolescent. In the past, research into the psychiatric health of the refugee population has been mostly focused on the etiological significance of war trauma, however, it is now shifting to emphasize the stressors associated with forced migration as well as other societal and contextual variables such as discrimination, or gender and power differentials.<sup>7</sup> This includes a focus on the family as a target of intervention.

Multiple sources have emphasized the importance of parental interventions to promote positive development in the adolescent.<sup>2,6,7</sup> There are many recent innovations in family- and caregiving-focused interventions for refugees, however, there are few effective caregiving programs focused on the specific needs of

adolescents.<sup>13</sup> A recent in-depth literature review of refugee adolescent development noted several interventions that have the potential to more effectively target adolescent needs.<sup>6</sup> The Family Strength Intervention (FSI-R) offers in-home counseling for parents or caregivers that focuses on communication, problem-solving, and positive caregiving skills to improve family functioning and promote the mental health of school-aged children. They include conversations on how to discuss drinking, use of substances, and sexuality. There is also a focus on navigating the US school system including how report cards work and the role of curriculum nights and caregiver-teacher meetings. There is also a program that was developed in Sweden which first covers children's rights and caregiving styles and then teaches caregivers how to carefully respond to their children's behavior while balancing their own emotions and reactions.<sup>6</sup>

Parental involvement in their children's education is also likely to be helpful in promoting mental health. As noted previously, the FSI-R has a section focusing on helping parents understand the US education system.<sup>6</sup> In addition, Dr. Stevan Weine in his 2008 article emphasizes that involving parents in their children's education will lead to improved mental health outcomes, peer relations, employment, and earning capacity for the young people. Their involvement may also facilitate family level changes including familial advocacy for youth, communication, and integration in communities.<sup>7</sup>

There are also interventions on a more individual level to address both sides of the family conflict. For parents, better explanations of service systems and supports, accessible resources for learning English, and normalizing the challenges of raising adolescents will help empower

parents to take on their role as the leader and caregiver of the home.<sup>2</sup> For the young people, encouraging involvement in after school programs and organizations can help them establish a sense of identity and belonging as they work for a cause together with like-minded peers.<sup>6</sup>

In addition to individual and family interventions, systemic interventions like ensuring that parents and children are not separated at any point along their immigration journey is important and can only help the resettlement transition. Another crucial piece of ensuring that these aforementioned services and resources are easily accessible and utilized is to offer them in areas where families frequent such as schools, resettlement agencies, or ethnic community-based organizations (ECBOs).<sup>6</sup> Overall, engaging families before starting any preventive intervention is of utmost importance.<sup>7</sup> Spending time understanding parental concerns, compassionately setting an agenda that encourages collaborative goal-setting, and facilitating group sessions with other refugee families are ways to actively engage refugee families and ultimately improve their acculturation experience.

Patient ML clearly had a case of major depressive disorder. Based on his presentation and symptoms, it is evident that his depression was due to the immense familial obligations that he was having to carry out. Because his current medication regimen was not working, we prescribed him a different class of medication as well as an appetite stimulant to help curb the physical symptoms he was experiencing. ML's case is an extreme case of parent-child

role reversal and the effects it can have on an adolescent. He clearly had a desire to help and serve his family and found gratification in doing so. However, simultaneously, the stress of everything was taking a severe toll on him mentally and physically. Because of the complexity of these role reversal situations and the relationships and values that ground refugee families, it would likely be beneficial to have ML's parents and entire family receive counseling services and therapy in addition to ML himself.

### **Conclusion**

Refugee adolescents must overcome a host of obstacles upon immigrating to a new country. Among these obstacles is the challenge of finding themselves in a role reversed situation with their parents where they are making decisions, scheduling appointments, and driving younger siblings around. This can add extra burden to the already overflowing plate of adolescents trying to learn a new culture and discover their own identity and can cause increased anxiety and stress. However, families are typically an important source of support for adolescents, and dedicated involvement in their family's needs can enhance an adolescent's self-esteem and have beneficial effects on their mental health. In summary, keeping the family unit as the focus of intervention, attending to the parent's needs as well as the child's, and addressing additional sources of adolescent stress and anxiety will yield effective and comprehensive mental health care for refugee adolescents.

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