



I tell my mother that ... sometimes he didn't love us— Young adults' experiences of childhood in refugee families: A qualitative approach

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Abstract

In addition to managing dual cultural identities, children of refugees face the potential burden of living with caregivers struggling in the aftermath of trauma, loss, and adversity. Using an ecological and transactional understanding of child development, this qualitative study explored the subjective experiences of young adults who grew up in a refugee family in Norway. Findings show that parental suffering have affected their daily life and development in different ways. This article elucidates how children of refugees have experienced the relationship with their parents through childhood, adolescence, and into early adulthood, and how they have managed and negotiated developmental tasks, and explored patterns of strategies developed to regulate feelings of relational distress.

Keywords

Exile, parent–child relationship, refugee families, refugees, relational distress

Introduction

At the beginning of 2018, global refugee numbers reached the highest levels ever recorded; 68.5 million people worldwide have been forced to leave their homes, and 24.4 million of these are refugees. Children below the age of 18 years constitute about half of the global refugee population (UNHCR, 2018). We know that a large proportion of refugees have undergone difficult and potentially traumatizing experiences that may be harmful for their mental health (Opaas and Varvin, 2015) and that refugees have a higher

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prevalence of psychological disorders than the general population, especially posttraumatic stress disorder (PTSD) and depression (Fazel et al., 2005). Studies of refugee children in exile show increased prevalence of emotional and behavioral disorders, such as PTSD, anxiety and sleep disorders, and depression (Fazel et al., 2012). However, many refugee children do not show symptoms that necessarily fit into a specific diagnostic category but suffer from a mixture of symptoms (Fazel and Stein, 2002; Montgomery and Foldspang, 2006).

Research on the mental health of refugees has largely focused on the psychological consequences of war-related experiences. There is, however, a growing interest in examining how prior experiences, such as adverse childhood experiences (Opaas and Varvin, 2015) and exile-related stressors (Miller et al., 2002), interact with war-related experiences and contribute to the individual's current levels of distress.

Past adversities in their homeland and during flight strongly influence the well-being of refugee families, but resettlement does not necessarily bring psychological relief. Ongoing challenges and difficult experiences post-migration can make the refugee journey into a long-lasting context of chronic stress. In the process of resettling, many refugees struggle with loss of culture, habits, and place (George, 2012). Important sources of exile-related stressors are loss and disruption of family and important social networks, loss of important life projects, lack of environmental mastery, poverty, inadequate housing, and loss of valued social roles (Betancourt et al., 2015; Miller et al., 2002). Disparate acculturation trajectories between parents and children, as well as between spouses, can also cause acculturation-related interfamilial conflict (Lazarevic et al., 2012). A longitudinal study of refugee youth in Denmark found that exile-related stressors, including discrimination, were more predictive of psychological problems than traumatic experiences that took place before arriving in their new home country (Montgomery and Foldspang, 2008).

Because children are emotionally dependent on caregivers, the quality of relationships with parents and their significant others may buffer or aggravate the potential effect of the multiple risk factors facing refugee children. However, in times of need of special attention and care, severe parental distress may make it difficult for the parents to respond to the emotional needs of their children (De Haene et al., 2010). The prolonged stressful life circumstances experienced by refugee families have been found to be a risk factor for family violence (Timshel et al., 2017) and children in some families may be exposed to abuse and neglect.

From a trauma perspective, important steps have been taken in order to understand the relationship between parents' trauma-related pathology and the potentially negative influence on their children. The phenomenon *intergenerational transmission of trauma* was first studied in Holocaust populations. From this research, conflicting findings have emerged. While clinical studies often describe family pathology and children having severe mental health and adjustment problems, research literature studying cohorts reports a more complex picture, documenting well-functioning children with sometimes even better mental health status than control groups (e.g. Kellerman, 2008; Van IJzendoorn et al., 2003). In later years, research on the intergenerational transmission of trauma has included other populations, such as war veterans, catastrophe survivors, and, more recently, non-Western refugee populations. Evidence of intergenerational transmission of trauma has largely been documented through investigating adjustment and

psychopathological problems in children (East et al., 2018). In a meta-analysis on the correlation between parents' PTSD symptom severity and offspring psychological status, Lambert et al. (2014) found evidence to support that parental symptoms of PTSD can influence their children negatively. In a recently published cohort study on refugees living in Australia, Bryant et al. (2018) tested the effect of refugee caregivers' previous trauma and levels of ongoing stressors on current PTSD, and how this influences parenting behavior and consequently the child's psychological health. Path analyses revealed that caregivers' trauma history and post-migration difficulties were associated with greater subsequent PTSD, which in turn was associated with harsher parenting, again giving rise to higher levels of child conduct problems such as hyperactivity, emotional symptoms, and peer problems. They also identified a direct path from primary caregiver PTSD to children's emotional problems. In studies on non-Western refugee populations, intergenerational transmission of trauma is mainly hypothesized as mediated through parental psychopathological symptoms, leading to disruptions in attachment representations and caregiving abilities (Almqvist and Broberg, 1999; Blankers, 2013; Dalgaard et al., 2015; De Haene et al., 2010; East et al., 2018; Van Ee et al., 2016). Another potential mechanism of transmission suggested is intrafamilial communication style, defined as how parents communicate their traumatic experiences and how they explain (or do not talk about) their symptoms of distress. Dalgaard et al. (2015) found a specific association between parental unfiltered speech style of communication and insecure attachment in the refugee children.

Research based on the assessment of psychiatric symptomatology and identification of psychiatric disorders, as well as the growing number of studies focusing on possible mediating mechanisms, has contributed to important knowledge of the possible impact of parents' trauma-related mental health issues on family life and their children. However, we have limited knowledge of how children of refugees themselves experience the relationship with their parents. In general, giving a voice to refugee children, adolescents, and young adults has not been a priority in the existing research literature. Growing up in a refugee family is a complex issue that needs to be explored from different perspectives, and the PTSD framework might be too narrow to capture "the extraordinary intensity that is carried by the parent-child relationship in refugee families" when parents in many families view their children as vital to their own survival (Weine et al., 2004). Identification and exploration of alternative perspectives call for inductive methodologies where participants get the opportunity to center the discussion around what they consider to be important aspects of their experience and to describe patterns of distress that might not be identified through conventional diagnostic categories (Miller et al., 2002; Montgomery and Foldspang, 2006). The aim of this study was to develop a deeper understanding of how children of refugees have experienced the relationship with their parents through childhood and how they managed and negotiated developmental tasks related to their social situation in exile. This article addresses the stressful and challenging relational experiences with parents as described by the participants and explores patterns of strategies applied to regulate feelings of distress that emerged from the material. The interview guide did not focus on stressful experiences in particular, but was rather aiming at using neutral formulations to facilitate opportunity for the participants to describe what *they* considered important experiences.

Theoretical background

Our theoretical point of departure is an ecological, transactional understanding of child development (Sameroff, 2010), which recognizes children's active role in shaping their environment. This transactional model views developmental outcomes as a result of the continuous dynamic interplay between the child, the caregiver, and the environmental variables that may influence the child, the caregiver, and the family at large:

through their conduct of everyday life in the field of tension between being someone who is dependent on others, being taken care of and arranged for—and, at the same time, someone who is actively participating, arranging and contributing to the reproduction and change of the collective life conditions. (Røn Larsen and Stanek, 2015)

Research that approaches the refugee experience from a process-oriented, ecological perspective can complement the existing literature mainly characterized by trauma-centered, symptom-focused approaches (De Haene et al., 2007). Furthermore, by diving into the particulars of each story told, we can get a broader understanding of relational processes and the complex interplay of forces that influence the psychosocial conditions and well-being of young refugees, as presented by the young people themselves.

Method

The study is part of an ongoing prospective study on severely traumatized adult refugees in treatment (Treatment and Rehabilitation of Traumatized Refugees) at Norwegian Centre for Violence and Traumatic Stress Studies (NKVTS; Opaas et al., 2016; Opaas and Hartmann, 2013; Opaas and Varvin, 2015). A total of 16 young adults who have grown up in a refugee family in Norway were recruited by using two different strategies. One group (n=9) consisted of children of parents included in the mentioned Treatment and Rehabilitation project at NKVTS. Recruitment of these participants was done through contact with the participants' parents in the Treatment and Rehabilitation of Traumatized Refugees project. Informative letters were initially distributed to participants with offspring in the right age group. They were later contacted through phone calls, during which we asked for permission to contact their children between 18 and 24. This was necessary because there was no contact information available on the children. The participants were selected based on one or two parents being included in the NKVTS study, age (18–26), and gender (both male and female). The other group (n=7) consisted of children of refugees recruited through snowball sampling in contact with relevant organizations, schools, and universities. The final group comprised 6 male and 10 female participants with backgrounds from Middle-Eastern countries, Former Republic of Yugoslavia, and East and Central Africa. Mean age at the time of the interview was 21 years; four participants were born in Norway, eight arrived in exile before the age of 4 years, two were approximately 10 years old at arrival, and two were approximately 12 years old at arrival. Ten of the participants were still living at home with their parents, four had moved out on their own, and two were living with partners. All but one participant were studying or working.

Participants took part in semi-structured interviews between August 2016 and November 2017. The interviews were process-oriented, and the interview guide consisted of open-ended questions designed to explore the participant's subjective experiences of their situation, family relationships (particularly relations to parents), health, social situation, and their personal history during childhood, adolescence, and transition to adulthood. Prior to use, three professionals with extensive experience working with refugee populations reviewed the interview guide. Two pilot interviews were done with young adults with a refugee background. The interviews were conducted in Norwegian, and each interview lasted between 60 and 90 minutes. There were follow-up interviews conducted with two participants.

Analysis

The interviews were transcribed and analyzed using the principles of Interpretative Phenomenological Analysis (IPA) and the six-step analytical process proposed by Smith et al. (2009). This method is concerned with trying to understand lived experience and how participants themselves make sense of their experiences. It focuses on the meanings that those experiences hold for the participants and is therefore suitable for studies concerned with giving voice to a particular group. The findings were divided into general themes derived from the interview material. These were structured and developed further through joint discussions between the authors. The first author carried out the first stage of analysis. The second author then carried out an independent reading of the transcripts before the two authors met to discuss both individual cases and possible connections across cases.

Ethics

Refugees and their families are seen as potentially vulnerable in research. Ethical approval of the research project was obtained from the National Committee for Medical and Health Research Ethics. After receiving written and oral information about the purpose of the study, all participants signed a consent form. Participants were informed that they could withdraw at any time without giving a reason and without any consequences for themselves or their parents.

Efforts were made to ensure *a critically conscious ethical research trajectory* (Aluwihare-Samaranayake, 2012). We made a conscious decision to prioritize the participant throughout the whole research process, from recruitment to the representation of findings, by constantly considering the potential negative effect on the participants. During the interviews, a balance was sought between the value of knowledge to be acquired and the potential feelings of distress in the participants. On several occasions, probing questions were not applied in order to maintain this delicate balance. Follow-up plans were put in place in cooperation with two participants who expressed feelings of distress at the end of the interview.

When using life history and personal narrative in the presentation of findings, there is a possibility of compromising the situation of the participant. In this article, we have

used pseudonyms in the presentations of findings. The material has also been carefully edited in order to protect the anonymity of the participants.

Findings

This study aimed at developing a deeper understanding of how children of refugees have experienced the relationship with their parents through childhood and how they managed and negotiated developmental tasks. Therefore, this section consists of two parts. In *part 1*, we present three salient themes related to participants' lived experience of the parent–child relationship: “attunement to parental state of mind,” “adult responsibilities,” and “trying to make sense.”

In *part 2*, we move on to an analytic level, discussing three patterns of strategies that the participants make use of to manage the relationship with their parents and the conditions of their everyday life. We have categorized the three responses that emerged from the descriptive material as “avoidant,” “enmeshment,” and “unresolved.”

Throughout cases, the participants picture themselves as having been children in need of special attention, care, and support, both within and outside family life. The interviews give insight into how parental distress and symptoms have affected caregiver capacity in different ways. They describe a variety of parenting behavior on a continuum from lack of involvement and mental unavailability to violence and abuse. While some parents have managed to care for the children in sufficient ways for periods, others describe their families as caught in cycles of mental and physical abuse.

An important part of the narratives are concerns influenced by macro-level factors such as issues of economy and housing and acculturation challenges that affect their situation “here and now” negatively. All but one family in this project are two-parent families, and in most cases, the participants describe one parent as better functioning. However, financial strain forces the best functioning parent to work long hours to support the family. This leaves the children either on their own or spending most of their time with a mentally ill parent in a dysfunctional environment.

Part 1: The parent–child relationship

Attunement to parental state of mind. Isak could recall feelings of insecurity and distress, though, as he pointed out, nothing bad really happened to him directly:

I just remember being scared and insecure a lot of the time. Because I knew something was bad. Something was scary in a way. (Isak)

He explained how he felt his parents' distress would rub off on him, and that no one was available for him to explain the situation and acknowledge and validate his emotional reactions. Older siblings looked after Isak after school. They served as kind of substitute parents, while his mother and father had to work long hours. He shared during his interview that he felt his parents loved him, but they were out of reach both mentally and physically:

Yes, I feel like I had to be kind of independent. And I have learned from my siblings to be independent, because my parents were not home a lot. (Isak)

He explained that he cried silently at night, hiding his feelings. If his parents were home, he still kept it all to himself to avoid adding to their burden.

The participants describe how the parent–child relationship with the mentally ill parent is forged on parental emotions of the moment, leaving the child in unpredictable relationships and in lack of consistent, responsive caregiving. When asked to describe how she experienced the relationship with her mother as a child, Stella emphasized the unpredictable:

Well, it is kind of an unstable relation in a way. Because you would never know if she would get aggressive or not, right? So, you had to try not to make sudden moves or make noise. So, we have become quite quiet. (Stella)

Stella painted a picture of constantly navigating unpredictable territory, anticipating the unexpected. Most of the time, the children would just try to stay out of their mother’s way. Occasionally, only when her mother was busy talking on the phone, she would allow Stella to sit close to her and lean on her shoulder.

Luca could recall memories of his mother being a well-functioning and caring parent. But then all had changed:

- Luca: It’s been like ... my mother has been ... my mother is ill ... eh ... after the war and things like that ... so she got Post ... what is it called?
- Interviewer: Posttraumatic Stress Disorder?
- Luca: Yes, so for her it was very difficult if we were not home or went to practice or something like that.

Luca went on to recall memories connected to how he experienced the changes in his mother:

I remember that it was very difficult in the beginning. At that time, we just had to be close all the time. We all had to be in one room. And it happened that she would wake us up in the middle of the night asking us if we were okay. It was quite overwhelming, actually. (Luca)

When Abdul was invited to discuss memories of his relationship with his father as a child, the first memory he could recall was a picture of his father sitting in front of a television. Abdul explained,

He was watching the news from our home country every day and wanted to see the development of the war and things like that. And he wanted to go back and rebuild his life. (Abdul)

Abdul remembers how this made his father feel distant and that his preoccupation with the war in their home country caused many arguments between his parents. However,

things had changed for the better since his father after many years in exile had started to accept his new home country.

Adult responsibilities. Zahra felt the responsibility to take care of her younger brother growing up:

I feel like we were left to ourselves and I used to look after my younger brother when we were younger. I felt like I had to ... I did not want it to be like this for him, if you know what I mean? Because it was bad when he was as if ... you could see that it was affecting him, and I felt like I had to make it up to him. (Zahra)

Stella had assisted her mother for as long as she could remember. Parental mental illness and language barriers had made her feel obligated to accommodate the practical and emotional needs of her mother:

... Yes, I also wanted to mention that she does not know Norwegian. So, as a child it was me who would translate all letters, call different places and having that kind of role. Recently I read a letter describing illnesses and so on. Usually I would translate for her, but parts of this letter I did not translate. I thought it was too private. (Stella)

As Stella described, having adult responsibilities can leave the children facing difficult dilemmas without anyone to discuss. In her case, she was now keeping a secret about her mother's medical condition in an attempt to protect and respect her privacy.

Under conditions of difficult challenges, Luca saw it as necessary to take it upon himself to care for his siblings:

Well, it has always been as if ... my father took care of my mother, so it was me who had to look after them. Sometimes I had to leave my sister ... to help out my brother. I even tried to switch to his class to help him move on. (Luca)

Luca points out that his parents never expected this from him. However, he saw that his siblings were struggling in the absence of parental support and felt the obligation to keep them from falling:

Yes, I've had a lot of responsibility, but it never was something I was told to do. It's just been me thinking "*you know what? I have to stretch out.*" It's been something I just did without thinking, it's just been like that. (Luca)

Trying to make sense. When confronted with translating her childhood relational experiences with her father into a narrative, Miriam struggled to find words. Her responses revealed that she was still in a process of trying to make sense of and contextualize her father's behavior. Now, as a young adult, she had started to "test" her reflections on her mother, thoughts she used to keep inside:

I tell my mother that ... sometimes he didn't love us. And then she will say "*No, he loved you, but he experienced ...*" So, it's very strange in a way. I always told myself that even though he is angry and even if he ... his thinking and things like that ... he gets angry with us because of

what happened to him. So, I keep thinking that even if he does this, I know that he is the best father in the world. And I know he loves us. And I know he has a good heart. (Miriam)

Later in the interview, Miriam was reflecting on how the nature of this relationship had affected her:

Fear has actually been a part of my life. I have been scared a lot. I have been scared of what could happen today and what the next day would bring. Sometimes ... some people know what their next day is going to be like and can make themselves ready, but for me it was like I had to wait and see what would happen and just take it along the way. (Miriam)

Miriam has difficulties with fitting her image of a loving father in with his behavior toward her. There is an atmosphere of uncertainty in her narrative. As part of the journey, she keeps redefining his behavior to establish a sense of proportion, where the spectrum of negative experiences is kept from taking precedence over nice experiences that occasionally take place. A common episode during interviews with all participants is that they start out describing relational experiences with parents, but then jump back and forth in time and between different situations, trying to make sense of and justifying parental behavior by placing it into context. Aisha described her mother as the one taking care of all the children. About her father, she said,

Even if he has lived with us ... he has been kind of distant. I have never really had a conversation with him, really. Like a real conversation. I remember him saying things like "how are you?" but being really distant. (Aisha)

In the process of describing her relationship with her father, she was also debating his reasons for being mentally distant:

We grew up with a father that didn't participate for many different reasons. Maybe it was because of his experiences with war, or maybe my mother pushed him away. (Aisha)

Later in the interview, she returned to talking about her father, revealing that she was disappointed in him for not having been able to work and make use of his opportunities in exile. Then, like going through a hermeneutic circle, she went back to his prior history in an attempt to make sense of this behavior:

I probably should not say like that because they have experienced things we cannot even imagine ... eh ... like mass murder and seeing family being slaughtered in front of your eyes ... and get shot and be in war and being weeks without food and ... yes prison and things like that. (Aisha)

Isak is also negotiating his father's behavior and trying to make sense of it by viewing his father in the light of earlier experiences:

Like ... he's got back pain and he has had that problem for a long time, even so he went to work yesterday and today too. I think for him it's as if he uses work to avoid thinking, right? Because he has had a more difficult childhood than me and my mother. (Isak)

He returns to this meaning-making process at different stages in the interview. When asked if he feels like he knows his father, he explained,

The more personal things I know about my father I got to know through my mother. Maybe he meant something, but I didn't always get it, right? I am understanding more and more of his behavior now because I am getting older. (Isak)

Part 2: Participants as social actors in managing close relationships and daily life

All participants show great generosity talking about their parents, and they describe feelings of deep gratitude toward them for providing the opportunity to live their life in Norway. They are very aware of the sacrifices involved in leaving everything behind and moving the family to a foreign country. However, with few exceptions, they look back at themselves as children and adolescents growing up under difficult circumstances. They all, directly or indirectly, describe how they have tried to find tolerable ways of managing and reducing feelings of distress and insecurity. Two participants could remember that they had stopped talking for periods of time. In Stella's case, this lasted for years. It made her socially isolated and school life very difficult. Others remember eating and sleeping problems. In retrospect, they see this as reactions to an overwhelming situation. Now as young adults, several participants still struggle with different illnesses and symptoms that they themselves relate to a stressful childhood.

An overarching, significant theme in the participants' stories is the complex process of regulating closeness and distance to parents and other close family members. Intimacy and attachment invite the risk of loss of autonomy, being overwhelmed or rejected and in many cases abused. For some of the participants, fear of the possible consequences resulted in avoiding close contact. Through the descriptions of episodes from childhood and adolescence, the narratives give insight into dilemmas they have faced on how to behave and act in close relationships. To avoid things that can upset and provoke parental distress, the participants have cautiously navigated through better or worse days. With focus on the family unit rather than on the individual, Minuchin (1974) proposed that families function on a continuum of boundaries ranging from rigid boundaries on one end resulting in disengagement, to clear boundaries in the middle, to diffused boundaries leading to enmeshment at the other end (Navarre, 1998). Inspired by his structural family therapy, we have identified two central patterns on each end of this continuum in the narratives: avoidance and enmeshment. Few participants describe a family history with clear boundaries. However, some participants described a sense of mastery in being able to flexibly navigate and shift strategy when stress levels increased. The third category referred to as "unresolved" characterize participants who struggle to find relief.

Avoidant strategy. This category refers to participants who try to keep an emotional distance to their parents and focus on their own development and achievement of goals. When caregivers are emotionally absent, inconsistent, frustrating, violent, intrusive, or neglectful, children can become intolerably distressed and unlikely to develop a sense that the external environment is able to provide relief (Van der Kolk, 2005). A possible coping strategy during such times is to establish physical and emotional distance to other

people and focus on keeping emotions inside. This could be seen as self-care and an effort to maintain a balance in the inner emotional economy. From an attachment theoretical perspective, it can be viewed as a defense mechanism. People with avoidant attachment can be described as independent of the attachment figure both physically and emotionally (Behrens et al., 2007) and will not seek contact with the attachment figure when distressed because of experiences with a caregiver who is insensitive and rejecting of their needs (Ainsworth, 1979). Now, as a young man, Amir describes the avoidant strategy as a conscious choice:

Interviewer: If you can think of times in your life when things felt difficult. Did you feel like you had someone to turn to for support?

Amir: Yes, but I never talked to anyone. I know that my parents always have been there, well not like you could talk to them about everything. They say so, of course, but you have the cultural norms that dictate what is ok to talk about and what is not. But, for me it's been very important to just grit my teeth and achieve my goals. That has been my thoughts. So, I do not complain about not having anyone to talk to. I know from school that there are many numbers to call with experts waiting to talk to you. I never searched for anyone, but when I have gone through stressful times, and something has been in my head, I have just said to myself that I am going to fix this. If you bite the wound, you get it.

Interviewer: So, you never talked to anyone in your family or network?

Amir: I have had the opportunity, but I wanted to build a personality who denied it to myself. It is stupid, I know it. However, at the same time I have not been exposed to something so difficult that ... eh ... that it would be harmful not to talk to anyone. That said, I would not recommend other people to do the same as me, it is just that because of my background I wanted to make it on my own.

Enmeshment. On the other end of the continuum, it emerged a pattern of enmeshment. The interviews show how the participants as children and adolescents have subjugated their own needs in favor of attuning to the needs of parents and siblings in an effort to self-regulate. On a cognitive level, they describe this as a moral obligation. Miriam's narrative disclosed that she seemed unable to separate her own emotional experiences from those of her father. She described a relationship with him where emotional boundaries were blurred and fluid. She was internalizing her father's feelings of what she described as deep and pervasive feelings of grief, shame, and loss, and she appeared desperate to help him, maybe as a way of evoking positive feelings toward her, or maybe, because of lacking the ability to self-regulate; she needed him to feel better in order for herself to feel better. She was now taking practical steps to help him see his family:

I know he thinks about them a lot. And it is very strange that I have met them, but he not, right? He has not been able to see them ... he really wants to, and I am trying really hard just to ... I have said to them "if you could just come meet us in ... or anywhere and he will meet you there." And I am trying so hard, but it is difficult. (Miriam)

Miriam's narrative also shows that she feels rejected and uncontained by her father. She has even started questioning if he loves her. In an effort to fill this gap and seek acceptance, she works hard to help him and other family members.

Unresolved. The participants describe navigating the relationship with parents as a delicate and fragile balance. Except a few consolidated patterns, most participants have actively adjusted their behavior and interaction with parents in an effort to manage shifting demands and overwhelming feelings. For example, they may try to keep their parents on a distance for periods of time, but then their voice of conscience or longing for intimacy will bring them back into old patterns. They might use internalizing strategies or act out. In Mina's case, she was struggling. Her stepfather was a violent man and she was desperate to avoid his anger:

It was like that with my stepfather ... he could laugh, but then beat someone five minutes later. So, it was very difficult to know what one should do. (Mina)

At the same time, she felt emotionally neglected by her mother and sometimes acted out in a move to get her attention, knowing she could risk provoking her stepfather:

There have been times when I was pretty stubborn. It has been fights like ... where I just said "No, I won't do it." For example when it comes to cooking ... I said that my brothers could cook too, because they also have arms and legs. (Mina)

Caught between trying to be invisible and visible, she now describes the violence and the emotional neglect as equally damaging to her sense of self-worth.

The ability to shift strategies and to flexibly navigate could be considered a strength. However, when the environment is not giving the desired response or feels uncontrollable, it may add more stress to the situation.

Discussion

Refugees and their families are increasingly seeking health and social services. They represent major challenges due to frequent traumatization background, ethnic plurality, and language problems. There is a growing demand for research-based knowledge in order for health and care personnel to be able to meet these challenges.

While many different factors affect the mental health and well-being of refugee children, this article has attempted to provide detailed descriptions of complex micro-level parent-child relational processes as experienced by the participants. Within such an exploratory analysis, the ambition is not to cover all aspects of the phenomenon, but to present selected patterns of relevance to the aim of the study (Malterud et al., 2016). The findings are grounded in the individual cases. Each participant has their own way of talking about their experiences, and reality is constructed between the storyteller and those who listen.

Being in a dependent position, young children have limited opportunity and ability to understand, make sense of, and process stressful experiences. Prepubescence, adolescence, and young adulthood are accompanied by not only challenges but also opportunities. Cognitive development and expansion of the social world can facilitate viewing the

parent–child relationship from the point of view of a bystander, which in turn can lead to different ways of understanding the relationship and the rationality behind parental behavior. Because many have experienced parental abuse and neglect growing up, the moral obligation to support their parents is challenged by feelings of resentment. There is an apparent paradox in the narratives between expressing empathy and tolerance, while disclosing resentment and blame. For many of the participants, the interview became an opportunity to begin to make sense of their lived experience. In many cases, this was the first time they discussed these issues with anyone, and the meaning-making process became an integrated part of the interview. Now, being young adults, they viewed as meaningful many things that they probably would not at an earlier point in life.

Our research findings elucidate the importance of including children of refugees' voices through qualitative research, as it allows opportunity to discover different aspects of the refugee experience that are important to consider in developing health and social services. The theoretical framework used in this study facilitates an exploration of the participants' social worlds and how they as active agents apply different strategies to manage their daily life and developmental tasks. By foregrounding the participants' recollections, experiences, and perspectives, we are better able to acknowledge their active involvement in the making of their lives. Findings from this study show that a transactional and child centered perspective can give insight into the complexity of the psychosocial situation of young refugees.

Supporting the findings from Bek-Pedersen and Montgomery's (2006) study on young refugees' construction of a family identity in exile, ambiguity characterizes the relationship with parents in this study. In this article, we have not focused on categorizing the different patterns as either maladaptive or health promoting, but rather tried to illuminate key dilemmas in the participants' narratives of their efforts to manage their stressful environment and balance parental and sibling needs with their own autonomy and well-being. We believe that these patterns capture something of central importance about the participants' daily life, which needs to be explored further. The findings also point to the importance of implementing family-based interventions when working with vulnerable refugee mothers and fathers. Only three participants could remember someone from health or child welfare services asking him or her directly about their situation.

This study also highlights the need to incorporate knowledge from other intersecting areas, such as research on children with parents with mental health illnesses, substance abuse, and family violence in our work with vulnerable refugee families. In addition to war-related experiences, it is important to consider that the parenting may also be compromised by their previous history such as own childhood maltreatment. In addition to refugee-specific challenges, the narratives show that the participants share many of the same concerns and difficulties reported by other children living in adverse circumstances (e.g. Yamamoto and Keogh, 2018). In searching for what makes the situation of refugees different, we might run the risk of forgetting what they have in common with other vulnerable groups.


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References

- Ainsworth MS (1979) Infant–mother attachment. *American Psychologist* 34: 932–937.
- Almqvist K and Broberg AG (1999) Mental health and social adjustment in young refugee children y 3½ years after their arrival in Sweden. *Journal of the American Academy of Child & Adolescent Psychiatry* 38: 723–730.
- Aluwihare-Samaranayake D (2012) Ethics in qualitative research: A view of the participants' and researchers' world from a critical standpoint. *International Journal of Qualitative Methods* 11: 64–81.
- Behrens KY, Hesse E and Main M (2007) Mothers' attachment status as determined by the adult attachment interview predicts their 6-year-olds' reunion responses: A study conducted in Japan. *Developmental Psychology* 43: 1553–1567.
- Bek-Pedersen K and Montgomery E (2006) Narratives of the past and present: Young refugees' construction of a family identity in exile. *Journal of Refugee Studies* 19: 94–112.
- Betancourt TS, Abdi S, Ito BS, et al. (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: 114–125.
- Blankers E (2013) *A New Generation: How Refugee Trauma Affects Parenting and Child Development*. Utrecht: Utrecht University.
- Bryant RA, Edwards B, Creamer M, et al. (2018) The effect of post-traumatic stress disorders on refugees' parenting and their children's mental health: A cohort study. *The Lancet Public Health* 3: 249–258.
- Dalgaard NT, Todd BK, Daniel SIF, et al. (2015) The transmission of trauma in refugee families: Associations between intra-family trauma communication style, children's attachment security and psychosocial adjustment. *Attachment & Human Development* 18: 69–89.
- De Haene L, Grietens H and Verschueren K (2007) From symptom to context: A review of the literature on refugee children's mental health. *Hellenic Journal of Psychology* 4: 233–256.
- De Haene L, Grietens H and Verschueren K (2010) Adult attachment in the context of refugee traumatization: The impact of organized violence and forced separation on parental states of mind regarding attachment. *Attachment & Human Development* 12: 249–264.
- East P, Gahagan S and Al-Delaimy W (2018) The impact of refugee mothers' trauma, post-traumatic stress, and depression on their children's adjustment. *Journal of Immigrant and Minority Health* 20: 271–282.
- Fazel M and Stein A (2002) The mental health of refugee children. *Archives of Disease in Childhood* 87: 366–370.
- Fazel M, Reed RV, Panter-Brick C, et al. (2012) Mental health of displaced and refugee children resettled in high-income countries: Risk and protective factors. *The Lancet* 379: 266–282.
- Fazel M, Wheeler J and Danesh J (2005) Prevalence of serious mental disorder in 7000 refugees resettled in western countries: A systematic review. *The Lancet* 365: 1309–1314.
- George M (2012) Migration traumatic experiences and refugee distress: Implications for social work practice. *Clinical Social Work Journal* 40: 429–437.

- Kellerman N (2008) Transmitted Holocaust trauma: Curse or legacy? The aggravating and mitigating factors of Holocaust transmission. *The Israel Journal of Psychiatry and Related Sciences* 45: 263–270.
- Lambert J, Holzer J and Hasbun A (2014) Association between parents' PTSD severity and children's psychological distress: A meta-analysis. *Journal of Traumatic Stress* 27: 9–17.
- Lazarevic V, Wiley A and Pleck JH (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: 217–236.
- Malterud K, Siersma VD and Guassora A (2016) Sample size in qualitative interview studies: Guided by information power. *Qualitative Health Research* 26: 1753–1760.
- Miller KE, Worthington GJ, Muzurovic J, et al. (2002) Bosnian refugees and the stressors of exile: A narrative study. *The American Journal of Orthopsychiatry* 72: 341–354.
- Minuchin S (1974) *Families and Family Therapy*. London: Tavistock Publications Limited.
- Montgomery E and Foldspang A (2006) Validity of PTSD in a sample of refugee children: Can a separate diagnostic entity be justified? *International Journal of Methods in Psychiatric Research* 15: 64–74.
- Montgomery E and Foldspang A (2008) Discrimination, mental problems and social adaptation in young refugees. *European Journal of Public Health* 18: 156–161.
- Navarre SE (1998) Salvador Minuchin's structural family therapy and its application to multicultural family systems. *Issues in Mental Health Nursing* 19: 557–570.
- Opaas M and Hartmann E (2013) Rorschach assessment of traumatized refugees: An exploratory factor analysis. *Journal of Personality Assessment* 95: 457–470.
- Opaas M and Varvin S (2015) Relationships of childhood adverse experiences with mental health and quality of life at treatment start for adult refugees traumatized by pre-flight experiences of war and human rights violations. *The Journal of Nervous and Mental Disease* 203: 684–695.
- Opaas M, Hartmann E, Wentzel-Larsen T, et al. (2016) Relationship of pretreatment Rorschach factors to symptoms, quality of life, and real-life functioning in a 3-year follow-up of traumatized refugee patients. *Journal of Personality Assessment* 98: 247–260.
- Røn Larsen M and Stanek AH (2015) Young children and their conduct of everyday life. *Nordic Psychology* 67: 195–209.
- Sameroff A (2010) A unified theory of development: A dialectic integration of nature and nurture. *Child Development* 81: 6–22.
- Smith J, Flowers P and Larkin M (2009) *Interpretative Phenomenological Analysis*. London: SAGE.
- Timshel I, Montgomery E and Dalgaard NT (2017) A systematic review of risk and protective factors associated with family related violence in refugee families. *Child Abuse & Neglect* 70: 315–330.
- UNHCR (2018) *Global Trends—Forced Displacement in 2017*. Geneva: United Nations High Commissioner for Refugees (UNHCR).
- Van der Kolk B (2005) Developmental trauma disorder. *Psychiatric Annals* 35: 401–408.
- Van Ee E, Kleber RJ, Jongmans MJ, et al. (2016) Parental PTSD, adverse parenting and child attachment in a refugee sample. *Attachment & Human Development* 18: 273–291.
- Van IJzendoorn M, Bakermans-Kranenburg M and Sagi-Schwartz A (2003) Are children of Holocaust survivors less well-adapted? A meta-analytic investigation of secondary traumatization. *Journal of Traumatic Stress* 16: 459–469.
- Weine S, Muzurovic N, Kulauzovic Y, et al. (2004) Family consequences of refugee trauma. *Family Process* 43: 147–160.
- Yamamoto R and Keogh B (2018) Children's experiences of living with a parent with mental illness: A systematic review of qualitative studies using thematic analysis. *Journal of Psychiatric and Mental Health Nursing* 25: 131–141.