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Voices rarely heard: personal construct assessments of Sub-Saharan unaccompanied asylum-seeking and refugee youth in England

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Highlights:

- Unaccompanied refugee minors can suffer distress pre-migration, during their journey and after arrival in asylum-countries
- Eliciting participants' personal constructs and analysis after intervention indicate where support is valued most
- Building new social relationships provides hope by reducing distress, social vulnerability and fear of rejection
- Relationships that resemble family bonds and friendship can provide opportunities for trust, optimism and reducing despair
- Unaccompanied refugee youth benefit from provision of meaningful activities which reduce feelings of discrimination

Unaccompanied refugee minors are particularly vulnerable to stress and risk during the journey to asylum-countries and in the post-migration environment. This study aimed to determine ways in which positive post-migration development and integration could be achieved for this group. Thematic analysis of interviews based on Personal Construct assessments reflected young asylum-seeking and refugee individuals' experiences of their social situation in England. Participants

emphasised the importance of social support as a means for hope, as an escape from distress and as an opportunity to form relationships that resembled family bonds. They expressed their desire to move forward and to achieve their goals, as well as their fear of rejections and issues related to trust. The participants' voices illustrate areas where gaps remain to be filled in terms of providing sufficient support to unaccompanied minors and youth in England, with implications for future research, policy and practice. The importance of providing unaccompanied children and youth with an opportunity to engage in meaningful activities with peers and adults is demonstrated and the need to provide initiatives that seek to prevent discrimination is highlighted.

Keywords: Unaccompanied youth; refugees; asylum-seekers; personal construct theory; qualitative findings.

1. Introduction

“Recovery can take place only within the context of relationships; it cannot occur in isolation.”

Judith Herman (1992, p. 113).

The magnitude of the ongoing refugee crisis increased from 51.2 million forcibly displaced individuals in 2013 to 59.5 million in 2014 (UNHCR, 2015). Most recently, UNHCR (2017a) reported that the number had increased to 65.6 million in 2016, due to continuing conflicts, violence, persecution and human rights violations. The sharpest rise was seen between 2012 and 2015, primarily due to conflicts in Syria, Iraq, Yemen and Sub-Saharan Africa, including the Democratic Republic of the Congo, South Sudan, Sudan and Burundi (UNHCR, 2017a). Conflicts and insecurity in Somalia, Nigeria, the Central African Republic, Mali and Libya, and continued violence and human rights violations in Eritrea, similarly continue to contribute to the number of individuals seeking safety (UNHCR, 2017b).

This means that research and practice that seeks to understand and support asylum-seeking and refugee individuals has never been more urgent and necessary. Risk factors faced by refugee individuals have frequently been divided into three separate stages; whilst still in their country of origin, the journey or flight, and finally, in the asylum-country (e.g. Fazel, Reed, Panter-Brick & Stein, 2012; Lustig et al, 2004). Adult and adolescent individuals who have fled their country of origin due to war, political conflicts or persecution have been found to have survived numerous potentially traumatising and life-threatening events (Berthold, 2000; Carswell et al., 2011; Keller et al., 2003; Marshall, Shell, Elliot, Berthold & Chun, 2005; Mollica et al., 1999), illustrating the pressing need to provide support in asylum-countries. Unaccompanied and separated children and adolescents may be particularly vulnerable, compared to those who are accompanied (Derluyn & Broekaert, 2007; Fazel et al., 2012; Sourander, 1998; Wiese & Burhorst, 2007) or to native youth in asylum-countries (Thommessen, Laghi, Cerrone, Baiocco & Todd, 2012) and special attention should therefore be given to this group on arrival to the asylum-country. The present study sought to determine ways in which positive post-migration development and integration can be achieved by exploring personal constructs and experiences of the social world in a group of refugee and asylum-seeking youth.

Before fleeing from their country of origin, children who later become unaccompanied minors have frequently endured traumatising experiences, lack of education and poverty (UNHCR, 2016). In a study carried out with refugee adolescents in USA, 98 per cent of the youth were found to have survived direct violence and the average experience of different kinds of violence was alarmingly high at 44 per cent (Berthold, 2000).

The long journeys typically made by refugees to European and other Western asylum-countries pose severe threats to the individuals' safety, including exploitation, abuse and trafficking (Derluyn & Broekaert, 2007; Fazel et al., 2012; McKenzie et al., 2014). As the participants in this present study were all from Sub-Sahara Africa, their journeys are likely to have been particularly long. The age at which minors undertake such journeys varies considerably, with studies from the UK (Bronstein, Montgomery & Dobrowolski, 2012) and Australia (De Anstiss & Ziaian, 2010) having included participants as young as thirteen years of age. In a study from Finland, the sample included unaccompanied children as young as six years of age on arrival in the asylum-country and the

average length of the children's journey was found to be fourteen months, with individual journey lengths ranging from two weeks to 42 months (Sourander, 1998). As journeys may last months or even years, the dangers involved in travelling the long distance unaccompanied are exacerbated. Importantly, the physical arrival to an asylum-country does not equal the end of the mental refugee journey or the distress experienced (Nardone & Correa-Velez, 2015).

The disadvantages of being an unaccompanied minor extend to conditions within European and Western asylum-countries. Unaccompanied asylum-seeking minors have been found to experience a great deal of emotional distress (Groark, Sclare & Raval, 2011) and have been found to suffer from psychiatric disorders and depressive symptoms more often than accompanied refugee children (Wiese & Burhorst, 2007). In refugee populations, the post-migration environment can be more predictive of psychological morbidity compared to traumatising events survived pre-migration (Gorst-Unsworth & Goldenberg, 1998) and trauma symptoms can increase over time (Lie, 2002). As unaccompanied youth do not have the support of their family, adverse conditions in asylum-countries may be particularly detrimental for this group.

Factors that may affect the well-being, safety and mental health of asylum-seeking individuals in the asylum-country include the uncertainty involved in waiting for a decision on the asylum application; the process of receiving permanent refugee status may last months or even years in the UK (Carswell et al., 2011; Pitman, 2010; Robbins et al., 2005), USA (Keller et al., 2003), Finland (Sourander, 1998) and Canada (Lacroix, 2006). Further problems, including conflicts with immigration officials, lack of permission for youth and adults to work, poor access to healthcare, loneliness, isolation, discrimination and loss of culture and social support, have similarly been found to be associated with poor mental health in refugee groups (Carswell et al., 2011; Fazel et al., 2012; Lacroix, 2006; Lie, 2002; Mawani, 2014; Silove et al., 1997).

In order to begin the recovery process, security and stability must be established before integration into the new society can begin (Herman, 1992; Koch & Weidinger-von der Recke, 2009). It may therefore be beneficial to focus on asylum-seeking and refugee individuals' perception of the factors that contribute to their well-being and social integration, in order to provide the most suitable support in the asylum-country. The importance of social support and social relationships for refugee individuals in asylum-countries has been illustrated previously through a range of qualitative findings (e.g. Goodman, 2004; Luster et al., 2008; Mels et al., 2008, Wallin & Ahlström, 2005) and quantitative results (e.g. Berthold, 2000; Carswell et al., 2011; Gorst-Unsworth & Goldenberg, 1998; Kovacev & Shute, 2004; Lie, 2002; Montgomery, 2008). However, first-person expressions are of continued importance in terms of gaining knowledge.

1.2 Aim of the study

The present study involved young adults, who had made the journey to England as unaccompanied minors and aimed to provide qualitative findings about the participants' experiences of their social situation in the asylum-country. First-person accounts were believed to have the potential to be of particular relevance and it was hoped that participants' responses would contribute with personal and novel expressions, thereby adding to the existing knowledge about the importance of social support. Further objectives were to contribute to the present knowledge about how best to support unaccompanied youth in England and other European countries by furthering the current understanding of ways in which integration and well-being can be facilitated. Finally, the present study aimed to shed light on positive development and integration, as well as risk factors and struggles. These issues are of importance for unaccompanied refugee youth in asylum-countries, as they are likely to be particularly vulnerable and appropriate support and care is therefore vital.

1.3 The chosen method and theme

The working tool chosen to explore participants' experiences of their social world was based on George Kelly's Personal Construct Theory (PCT; Kelly, 1955/1991). As far as we are aware, this approach has not previously been applied in a qualitative study involving refugee participants. Previous applications of PCT methods have included clinical, educational and organisational settings, and have explored themes such as relationships, parental or professional roles, or life events. Data collected using PCT methods can be analysed in a range of different ways, including quantitative and qualitative analyses (Walker & Winter, 2007; Winter, 1992).

Kelly's Personal construct theory and technique (1955) is a method used to access an individual's implicit theories about the world and his main interest was in the constructs we use to understand our social experiences. Kelly was concerned to emphasise the uniqueness of each person as they negotiated their individual developmental contexts and thereby produce idiosyncratic meanings in relation to experiences which cannot be assumed by others, including researchers, who may have had very different life experiences. The method is therefore a way of accessing the specific view of the (social) world experienced by each individual involved. Although there are important ways in which each individual is unique, this group of participants share significant types of experience with one another and with other unaccompanied refugee youth. This blend of methods (PCT and thematic analysis following the interviews) was therefore applied in order to extract and explore meaning in a group of individuals undergoing a range of challenges which have commonalities particular to their status.

According to the PCT theory, individuals develop personal constructs of the world in order to make sense of their surroundings and to anticipate events. Personal constructs represent an individual's conceptualisations, which are not necessarily shared by others, especially those from different cultural contexts, and may therefore be difficult for researchers and others to access. When research involves individuals from different nationalities, as in this study, researchers and participants may

have different understandings of the topic under investigation. If so, there is a danger that the researcher may make erroneous assumptions about the participants, or what they mean as they describe their experiences and feelings. As for participants, previously established meaning-making may fail to be useful in the new situation, and may therefore exacerbate participants' distress if they do not feel understood.

The present study sought to explore meaning-making with minimal influence from the researcher, and the PCT methodology was deemed particularly suitable for this purpose. The constructs elicited by an individual can be said to cut directly to that person's meaning-making, and require less interpretation from the researcher than interview material. The qualitative interview that was part of the PCT assessment was expected to lead to personally meaningful material, particularly as this followed the eliciting of constructs. This approach implies that individuals have the ability to change the way they construe experiences and events, thereby incorporating a level of empowerment (Banister et al., 1994). This also means that individuals have the potential to modify the way in which current and past situations are understood, which was seen as particularly important in the work with this present group. In this study, participants chose personal elements (important people in their life), as previous research has indicated the importance of personal relationships, which were then compared for similarities and differences, either stating how two elements were similar but different from a third, or how two elements were similar and different from each other, depending on the individual participant.

2. Method

2.1 Participants

Participants were six asylum-seeking and refugee individuals from sub-Saharan Africa, who had arrived in England as unaccompanied minors and included five males and one female, aged

between eighteen and 28 years. The exact ages at which the participants had left their home country, or when they arrived in England, was not recorded by the researcher, as it was not deemed crucial for the study aim. As some participants were still in the process of seeking asylum, asking for personal details concerning participants' refugee status was avoided as it might have provoked anxiety. However, some individuals chose to disclose these either directly to the researcher or indirectly through themes considered during group discussions. Participants were recruited from an organisation that provides therapeutic care to asylum-seeking and refugee individuals. There was no waiting list, and all individual who wished to take part could do so without delay. Because all participants had mastered a good level of the English language, the study was carried out without interpreters.

2.2 Procedure

Ethical approval was granted from the Research Ethics Committee at the university where the researchers were employed as well as by a committee at the organisation from which participants were recruited. Prior to initiating the research, meetings were held with the researcher, staff and potentially interested participants from the organisation. During these meetings, answers to participants' questions were provided and the meaning of confidentiality was discussed. Similarly, the researcher's intention to audio-record assessments and sessions, and to publish anonymised findings was discussed.

2.3 Structure of the study

The study included three phases. This three-phase procedure was chosen to gain a deeper understanding of participants' experiences. In phase one, participants took part in an individual assessment involving the PCT method. In phase two, all of the individuals participated in group sessions with a qualified therapist over four consecutive days. These sessions, each two hours long, were aimed at discussing individual challenges and providing peer support. Having completed these

group sessions, the participants took part in a final individual PCT assessment (phase three). The aim was to assess meaning-making and personal constructs before, during and after working in group sessions where individuals shared their experiences with others in similar situations to themselves. Phase one was carried out within a week before the group sessions took place and phase three was carried out within a week after phase two had been completed. All of the participants lived in one of the larger cities in England, and the study took place in that city. One researcher carried out all of the PCT assessments and took part in the four group sessions. Two additional researchers were involved in the data analysis process, to increase the trustworthiness of the findings and for triangulation purposes, as well in preparation of the manuscript.

2.4 Phase One

To begin the PCT assessment, participants were given the following instructions: *“I would like to invite you to talk about some people you know, who you feel are important to you. These people do not necessarily need to be in this country, they can be anywhere in the world. Can you think of anyone who you find important in your life?”* Participants were encouraged, individually, to choose as many important people (elements) as they wanted, which resulted in numbers of elements ranging from three to five. No instructions as to which categories the elements should be from, such as ‘a good friend’ or ‘someone you have difficulties getting along with’ were given, although this was suggested by Kelly (1955/1991). This was because the researcher did not wish to influence participants’ choices; the researcher was concerned that referring to specific roles or individuals could bring back potentially distressing or painful memories, and might also divert participants’ attention as they tried to recall people who fulfilled specific roles.

In the original version of the method, participants are asked to randomly choose three elements and are asked how two out of the three elements are similar, but different from the third. In this way, bipolar, dichotomous constructs can be elicited (Kelly, 1955/1991). This procedure was attempted,

however, keeping three elements in mind at the same time, and stating how two were similar but different from the third, was found to be too demanding for some participants. In these cases, an immediate adjustment was made so that only two randomly chosen elements were considered, as suggested by Walker and Winter (2007). That is, the only adjustment made was that two randomly chosen elements were compared, rather than three. All of the participants were able to compare two elements.

2.5 Phase Two

The group sessions were planned and carried out by an experienced therapist and were open only to the participants, the therapist and the main researcher. The focus of the group sessions was to enable the participants to discuss the individual challenges and difficulties they had experienced in a supportive context amongst peers. Sessions were not planned to address specific traumatising experiences or events directly, rather, participants were encouraged to reflect on their resources and strengths and to share the coping strategies they found useful. An exploration of the participants' values, attitudes and beliefs was incorporated and themes such as discrimination, injustice, isolation, dreams and hopes for the future and identity were discussed. These themes were not provided by the researcher; they developed through discussions between the therapist and the group.

2.6 Phase Three

After taking part in the group sessions, each of the participants met the researcher once again for a final PCT assessment, following the same procedure as described above under 'phase one'.

3. Data analysis

In order to assess participants' personal constructs, relating to their meaning-making about their social world, the individual assessments and group sessions were audio-recorded in full with

participants' consent and agreement. The audio-recordings were later transcribed verbatim and analysed by conducting a thematic analysis (Braun & Clarke, 2006; 2012). Braun and Clarke (2006; 2012) outline an inductive method of analysis where the researcher does not seek to fit data into a pre-existing coding frame, instead, the analysis is data-driven. A thematic analysis at the latent level, as outlined by Braun and Clarke (2006) seeks to examine the underlying assumptions, conceptualisations and ideas in the data, and to identify recurring patterns across the data set as a whole. As highlighted by Braun & Clarke (2012), the researcher is active in generating and constructing themes based on the data, themes do not simply *emerge*. As suggested by Braun and Clarke (2006; 2012), the analysis included detailed familiarisation with the data set, generating codes, identifying themes, reviewing and defining themes before naming the final themes. Importantly, the process of analysis was flexible rather than following a strict and linear course (Braun & Clarke, 2006) and the three authors discussed themes in the data set as part of an investigator triangulation process. That is, in order to increase the trustworthiness of the findings, themes were discussed and developed by three researchers.

4. Findings

4.1 PCT constructs

Participants chose elements (people) from the past and present, including those from their home country as well as the asylum-country. The constructs focused on the support and security gained from caring individuals versus isolation, loneliness, insecurity and adversity. Constructs also focused on hope versus distress and on the characteristics of individuals who had been helpful versus unsupportive towards them. The constructs were expressed in these exact words by participants during the PCT assessments, and have not been altered by the authors.

Overall, the constructs seem to illustrate themes of despair and distress experienced in England (*pressure, stress, detention, isolation, suicidal thoughts, feeling insecure, and being on my own*) and the personal opposites to those constructs (*hope, relationships, support, like a mum, like a home, people I can rely and depend on, makes me happy, laugh, have fun*). The context of these constructs, for instance, if they related to participants' past or present situation and whether they described their native country or their situation in England, became evident through the context in which they were expressed. When considering how these youth made sense of their social situation and when reflecting on how societies can support such individuals, the constructs described above indicate some ways forward. For instance, the importance of hope, social relationships and opportunities to have fun - perhaps as a break from stress and adversity, seem to be themes that are represented in the constructs.

In the PCT assessments before the group sessions (from phase one), five out of six participants focused on trust and people who provided them with emotional support. In some cases, this was contrasted to others who made them laugh and helped them forget about their difficulties. Trusting and supportive individuals were also contrasted to individuals who they were not able to be completely honest with, as the participants did not know if they could trust them, resembling previous findings from unaccompanied minors (Ní Raghallaigh, 2014). The elicited constructs highlight the appreciation of having some people (though few) who the participants felt able to share emotional responses and difficult thoughts with. Examples of constructs include *Family, like a mum* and *feel at home*.

Through the constructs, participants also emphasised a desire to enjoy life, laugh and distract themselves from the sadness, loneliness, and longing for their families, which was a part of their meaning-making. This was seen in constructs such as *happy and confident, I can joke and play or have fun with this person, or this person reminds me of my friends and past*. When considering how

asylum-countries can support young asylum-seeking and refugee individuals, these constructs emphasise the importance of hope, and of providing opportunities for social engagement to develop. The constructs highlight participants' desire take part in enjoyable activities, which could be described as typical for any group of their age. Constructs also highlight adversity and stress experienced, such as isolation, insecurity and feeling alone.

The number of constructs elicited in phase three (44 constructs) was almost twice as many as in phase one (23 constructs). This may in part be due to the participants' familiarity with the PCT method and with the researcher as the study progressed, but some constructs also appear to be qualitatively different from those elicited in phase one. In particular, constructs from phase three show evidence of increased reflection on the group support, their peer group, and on feeling understood and accepted. Having had the experience of the group sessions may have intensified those reflections and may also have led to more constructs relating to feeling full of joy and the need for friendships characterised by laughter, fun and joking around. This may have been because participants valued the group experience that the sessions provided. Alternatively, it is possible that focussing on fun and laughter in the constructs elicited was a coping strategy to deal with their difficulties. This explanation would resemble previous findings with unaccompanied minors (Mels, Derluyn & Broekaert, 2008).

Participants' constructs after the group sessions (phase three) focused on themes such as gaining courage and support from others who had gone through similar difficulties, and how that made them feel understood and less alone in their difficulties versus feeling alone and isolated. Examples include: *Opening up and explaining to people, I am not the only one in this situation, I am not the only one with these difficulties, learning to trust others, opening up, feeling secure, comfort, helpful, and kind.* Moreover, the constructs chosen by participants in phase three contained more links to the participants' childhood and families in their country of origin. Examples include: *makes me feel like*

I felt when I was a child: loved, like a dad to me, my new family, feeling full of joy, full of laughter and sunshine, and reminds me of myself as a child – makes me forget my problems. There was also a focus on characteristics of helpful and supportive relationships versus the negative opposite of such relationships. This focus was stronger in the constructs elicited in phase three compared to phase one. It therefore seemed that the group sessions and assessments led to an increased reflection on past and current social connectedness and support. Finally there was an emphasis on having fun and laughing as opposed to feeling sad and thinking about problems. All of the constructs presented above were the precise words chosen by the participants, thus, they are not themes created by the authors. In the sections below, however, themes have been developed by the three researchers.

4.2 Findings from group sessions and individual PCT assessments

In addition to the descriptive changes in the participants' constructs about their social world, a thematic analysis was carried out based on the four daily group sessions and the two individual PCT assessments. Derived from this combined data, the following three main themes were developed: Firstly, *Social support as a means for hope* with two subthemes: *Relationships that resemble family bonds* and *Friendships as an escape from distress*, secondly, *Living a double life; social vulnerability and fear of rejection* and finally, *Looking ahead – hope versus despair*.

The theme that was found to be most prominent across all assessments was the importance of meaningful relationships and social connectedness. As the overall theme of the social world was provided by the researcher in the PCT assessment, although not in group sessions, these findings were not unexpected. The detail provided, and the richness of their expressions, however, contributed to noteworthy findings. Whilst supporting already established findings in the literature, these narratives also provide new knowledge about areas where additional support is needed.

4.3 Super-ordinate theme: Social support as a means for hope

Below, two sub-ordinate themes that were part of the super-ordinate theme: *Social support as a means for hope* will be presented.

Sub-ordinate theme - Relationships that resemble family bonds

P1 (male): *I trust her as well. Yes, I've known her since I was 15, as a young refugee in the country, so she's been like a mother. Oh, she, she's done a lot. When you are new in the country, and you can't find your way - she kind of - that's why I call her like a mother - because she kind of showed me the way. And she tried to make it happen, you know. If it wasn't for people like her, maybe I wouldn't go to University, or maybe I was just going to forget about my dreams and forget about my goals and - cause I've been through a lot - that's why I call her like a mother.*

P5 (male): *If I think about my partner, I would say that even though we are encountering some kind of problems now, she has also played a very significant role in my life, because she gave a son to me, who I love very much, and whenever I'm with my son I feel very comfortable, I feel good about myself, and that has helped me to be able to put my past aside, and to put my past away, and that gives me courage; that gives me more courage for the future. And because of that, my partner is really a very important person to me. This makes her a very, very important person to me.*

P6 (female): *They make me feel safe and welcome all the time and I get to understand like, if I had had a mum, what it would have felt like. Because I just see her, like, what she does for my friend and how she is with my friend and I just feel like maybe that would be what I would have, if I had my mum as well... and it's good for me to understand what it would feel like to have a family. So when I see them, I know it makes me sad but then I learn...*

In addition to relationships that either resembled bonds to lost family members or new families in the asylum-country, such as partners and children, the participants spoke about the importance of friends, and how friends provided a positive distraction from their difficulties:

Sub-ordinate theme - Friendships as an escape from distress

P2 (male): *This friend is like, we do something together; do something – happy and whatever - he doesn't get angry or upset. He likes to play with young people, and to make them happy, you know, and to do something different with them and to try to help them. You can laugh, you can tickle him or whatever – it doesn't mind – he doesn't get angry or something like that. These two people are more about help; family, mum, dad, brother, sister... and this one is more like doing something, playing football or doing something – and it makes me remember when I was back home, and I would normally do something with my friends, like we would be riding bicycles or playing football or playing together or doing something together, you know... that was nice.*

P1 (male): *Yes, someone who understands you and you understand him as well, because a friendship is about you two people helping each other, you know, nobody is selfish – so that's why we're friends. Because before choosing a friend, we need to go through somehow, then I can learn if that's a good friend or not – because you can't just take anyone in your life and say "that's my friend" because you need to know if you're in need, if that friend will be there. A friendship always needs to go through a road; a long road, a long road that we have been through and that's why I can call him a friend.*

In addition to extracts that illustrate social support, there were also examples of lack of social support and of feeling labelled and stigmatised. These extracts illustrate the importance of facilitating social relationships to develop, as unaccompanied minors may feel marginalised and stigmatised.

P3 (male): *Like people on the street, people who are going to work, youngsters or people who form friendships. You see them in bars, the park or in even in the cafe. We cannot associate with them. They even try to justify it, to behave differently - to behave like that. Even the way they speak to us or when they're talking about us, it will not be friendship. (...) So if you have asylum issues, or you only have a part-time job instead of full-time, or you're not achieving your goal because you're looking after your siblings. They look at you like – people don't have time for you.*

P1 (male): *I think it's a part of you, it's a part of you all the way. A part of you that people outside don't like, that society doesn't like. Society doesn't like that part of you, they think different about that part of you. It doesn't matter how much you explain yourself, it will always be there. Like the Somali runner Mo Farah. You're different when you're a refugee. Even when you win a medal in the Olympics. They'll say he came when he was 2 or 3. How old is he now? And it's still coming to him! They will not mention it directly to you... As soon as he won the medal they said he was a refugee.*

In relation to the aim of the study to contribute to knowledge about young unaccompanied asylum-seeking and refugee individuals' experience of their social situation, the findings above highlight important areas. The themes above indicate two types of social support that may facilitate well-being, positive adjustment and development in asylum-countries, as well as the experience of lack of social support as a potential risk factor. Furthermore, the *descriptive* constructs elicited also support these themes. The analysis suggests that young asylum-seeking and refugee individuals need social support that focuses on providing security to talk about difficulties in a trusting and safe environment, as well as opportunities to engage with other young people in more cheerful and playful settings. Access to professional and therapeutic support is therefore essential, in line with the recommendations and guidelines in relation to dealing with unaccompanied minors provided by UNHCR (1997).

4.4 Living a double life; Social vulnerability and fear of rejection

While discussing friendships and relationships in the group sessions, participants voiced how they felt forced to keep secrets about their backgrounds and what they had gone through; secrets that they did not share with their partner or friends out of fear that people close to them would abandon them. They seemed to fear losing their new friends and new family members if they were to learn about their past, which leads on to the second theme of *Living a double-life; social vulnerability and fear of rejection*. Out of fear of rejection and abandonment, several of the participants did not disclose the fact that they were asylum-seekers to anyone, not even the people closest to them. One participant explained why he could not tell friends at college about his background, due to their negative comments about asylum-seeking individuals:

P1 (male): *Like at college, after hearing everything what they've been saying about asylum-seekers, "they are here to get our jobs", blah, blah, blah, and then you're just like, "oh yes, and I'm one of them"...*

Yes, like, because I have been in relationships with British girls and sometimes you can't... sometimes they just want to know so much about you, and in my head I'm just like, maybe after telling them my problem they might switch – they might change - our relationship might change and stuff like that. So you're just trying to keep everything in you, it's not easy; it's not an easy situation.

P6 (female): *Like me, at college, when I started, I don't want them to do me any favours. I don't want them to give me a course because I come from wherever, I want them to take me because of me. I don't want anyone to write above, like a reference - Oh, she has been in this country for three years. I don't want it. I want them to take me for me. They will categorise you and put you in that frame or thing, like your name will be in bold letters. I don't want that, I want me, take me for me.*

Another participant explained the same issue, of not disclosing his status and the details about his past, in the following way,

P5 (male): *At this moment I prefer to leave it like that because I don't want to face another obstacle again. Now the relationship has reached a point that if I lose her then it might affect me, if I bring it back again maybe just to square one. Because now I would say I have no family here but they are my family now, right, so if I happen to lose them again - I lost my family once and I found another family again. So I cannot afford to lose this family again. If I happen to lose again this family for the second time then I don't know what my situation will be.*

P1 (male): *(...) I even feel scared when I go for a job interview and I take my refugee passport to present. And I'm just thinking; the manager will already put me in another group. And then they always see, oh, he has a background of coming from war; he is from a dangerous country. Why do you have to mention that? It's just your background. You want to establish yourself but I don't think it's possible. Even in 100 years, you will never escape it. Are you going to pretend for the rest of your life?*

It's like the theatre. While you are at the theatre, you know there is a real world outside, there is something else there, like a door at the back of the theatre: which is just normal for us. In the theatre, they just play a role, but at the back there is someone else as well, the real me. There is a real world. In the theatre I play something else, that's how I feel. I feel like an actor. I'm playing this movie but there is also a real me. People just see the actor, but there is also a real me.

P4 (male): *Some people expect you to just trust them straight away, like they are your mum or dad or your blood – they expect you to trust them right away. It's not possible.*

The extracts above illustrate fear and distress about their current situations, and the secrets participants felt forced to keep from their social environment in order to avoid further rejection, discrimination, isolation, loss or stigmatisation. In addition to the day to day stress and hassle experienced, such as problems with asylum cases, difficulties with accommodation, and financial difficulties, the participants told stories of an additional and constant strain of having to safeguard their secret of being an asylum-seeker or details about their past. Kohli (2006) discusses asylum-seeking youth's maintenance of silence and secrets as part of their healing process as well as a way in which to manage and conceal suffering. As such, a strategy of secrets and silence may involve both protective and burdensome aspects for the individual.

4.5 Looking ahead – Hope versus despair

Despite the adversities faced by participants at young ages, they expressed a strong desire to develop, to create a better future and to make the most of their lives. Creating a new family was a priority for several participants, and perhaps this was seen as a way to create stability in their lives, and a sign that they had resettled and integrated in the asylum-country. Participants also focused on education, and as the extracts below illustrate, there was a remarkable amount of hope in the expressions of some, though not all, participants.

P5 (male): I want to be able to look after my family and look after myself and achieve my goals. I can live like anyone; I can do this or that. Yes, you can't automatically say that everything will be fine, but you will find a way of minimising it, you will find a solution for how to get rid of it. Find a way of living a better way. Because there will be a barrier between you and your monster, a big barrier. And there will be a point when your children grow up, that you can sit them down and explain yourself to them, it's another way of getting rid of it. You'll feel good about yourself, you will feel like you have achieved. Yes,

you will feel like a man. Yes, you came from a long way, I was there and I thought I couldn't make it. But I made it.

P4 (male): *I learnt from the situation with the person from the group and his partner and their baby, about arguing and listening to each other. I learnt a lot from that – and from that explanation. Because I could be in that situation as well, and now, already before I'm in that situation, I know how I have to handle it, and what I have to do. Because I know I'm going to be in that situation one day.*

In the final group session, one of the participants offered his advice to the rest of the group, as words of encouragement:

P5 (male): *But if you get fed up because of your problems, you cannot focus, you will not get an education, you will not make a family. Daytime - my problem, night-time - my problem, daytime - my problem. There comes a time that your problem will never go, or even if you find a solution to let it go. It will go and come back again, because you have no way of getting rid of it. If you really work hard – you will get rid of it! Now we are finding it hard, but in the next five to ten years – there will be big changes. If we focus, if we work hard, if we are determined, trust me; we will see big changes in our lives.*

One of the group members replied that this participant should be a politician because of the eloquence with which he gave this advice, which made the rest of the group smile and laugh, and consequently led to a light and cheerful ending to the work, despite the difficult themes that had been discussed previously in the session. In this way, and in many other examples, participants showed care for one another, in actively seeking to help, encourage and give each other advice.

5. Discussion of findings

Through conversations in group sessions and individual assessments, and as seen in the constructs, the importance of social support and social connectedness was emphasised through personal examples, supporting the existing literature. Evidence from previous research has illustrated how the perception of social support contributes to well-being in refugee populations from a range of different cultures and nationalities (e.g. Andermann, 2014; Goodman, 2004; Hodes et al., 2008; Kovacev & Shute, 2004; Mawani, 2014, Stewart, 2014). Similarly, the lack of social support is associated with increased mental health difficulties (e.g. Berthold, 2000; Carswell et al., 2011; Gorst-Unsworth & Goldenberg, 1998; Hodes et al., 2008; Montgomery, 2008).

5.1 Recommendations for future research

As the extracts illustrate, these young people had experienced great losses and many feared losing everything once again. The anxiety related to telling people about their status or details about their past led to another important issues for this group, that of trust. Understandably, the young individuals, who had experienced suffering, and who expressed being met with distrust in the asylum-country, had difficulties trusting others. Related to this finding, Ní Raghallaigh (2014) discussed how mistrust in asylum-seeking minors is often influenced by experiences that led to forced migration and that the post-migration environments can intensify mistrust. The topic of trust was apparent in participant's chosen PCT constructs as well as in findings from the thematic analysis. Similarly, participants focused on supportive individuals, who in some cases were compared to 'mother' or 'father' figures. As highlighted by Andermann (2014), most refugees were not patients or clients prior to their forced migration, but have a foundation from which to develop further in the asylum-country, if provided with the opportunities to do so. Research exploring how mistrust can be minimised, as well as how to facilitate trust in unaccompanied youth, seems an important area to examine in the future. This area could possibly benefit from the collaboration of researchers and psychotherapists.

This study found social support, social connectedness and meaningful social relationships, or sometimes the lack thereof, to be important themes when discussing participants' perception of their social world. One individual expressed how he had enjoyed having something to get up for during the week when the research took place, while another person expressed that he felt like he had a job for that week, which to him was a positive experience. For some of these participants, being part of this research process seemed to make them feel part of a group and provided structure and meaning. This again exemplifies the importance of having meaningful social relationships and also emphasises the value of enabling asylum-seeking and refugee groups to take part in activities. This relates to extracts that illustrate a desire to move forward in life in terms of education, work and creating a new family, which corresponds to previous findings concerning refugee children's and youths' high aspirations for education (e.g. Goodman, 2004; Hopkins & Hill, 2010) and UNHCR (1997) guidelines. The present findings highlight the importance of providing access to appropriate educational opportunities during, as well as after, the asylum-process – which is an area that would benefit from further research.

5.2 Recommendations for practice

Based on the participants' expressed need for social support it seems that there is an important gap for asylum-countries to fill, particularly for young individuals who find themselves in a foreign country without their families. These findings are important in terms of practice and policymaking and relate to the objectives of this study by contributing to existing knowledge about how unaccompanied youth can be supported and by shedding light on potential risk factors in the asylum-country. Young asylum-seeking and refugee individuals are likely to benefit from care and support programmes that focus on providing opportunities for social relationships to develop as soon after their arrival to the asylum-country as possible. For example, mentors or contact persons can provide vital support and guidance in terms of legal, educational or general assistance

(UNHCR, 1997), a topic which has been explored in unaccompanied youth in Sweden (Thommessen, Corcoran & Todd, 2015).

There may also implications for housing and living situations, as participants expressed distress about feeling isolated and lonely. Findings are in line with recommendations from UNHCR (2016), arguing that unaccompanied minors should be placed in suitable child-care authorities in cases where placement with relatives is not an option. Preferably, this should be in a foster-care placement, giving the child or youth the opportunity for a stable family environment (UNHCR, 1997). Similarly, unaccompanied minors should never be placed in detention, which is a practice in some European countries (UNHCR, 2016). As the importance of social support has been highlighted by studies in various different contexts with unaccompanied asylum-seeking and refugee youth (e.g. Goodman, 2004; Hodes et al, 2008; Mels, Derluyn, Broekaert, 2008) this seems to be a general factor that may facilitate positive development and integration.

5.3 Limitations

One of the limitations of this study is the fact that the participants were recruited from an organisation where they had been offered therapy, which may have influenced their perception of the social world. Participants, therefore, may not be representative of other young asylum-seeking individuals in England in different contexts, or those who have not been offered such support. A related matter is the possibility that refugee individuals who suffer the most may be less likely to participate in research, thereby leaving the distress of the most vulnerable individuals undocumented (Carswell et al., 2011). Further, it may be acknowledge that mental health issues such as PTSD, anxiety or depression influenced participants' perception of their social world. Research exploring the relation between mental health and individual perceptions of, and need for, social support would be an important topic for the future. A methodological limitation is that some

participants compared three elements whereas others stated how two were similar and different, and the PCT procedure was therefore not standardised, due to individual differences. However, this flexibility was also strength of the method.

Generalising findings to other refugee contexts is limited by sample size, the countries of origin and the asylum-country. However, the findings echo those found in previous research from various countries and with individuals from different countries, for instance in relation to the importance of social support (Goodman, 2004; Groark et al., 2011; Mels, Derluyn & Broekaert, 2008) and meaningful activities such as work and education (Goodman, 2004; Hopkins & Hill, 2010). Future research may benefit from longitudinal evaluations of refugee and asylum-seeking individuals' experiences of their social situation, for instance using a PCT method in combination with other measures, in order to assess adjustment in the asylum-country and potential changes over time.

6. Implications and Conclusions

The method based on George Kelly's PCT was found to be effective in that it successfully accessed the participants' meaning-making, personal constructs and perceptions of their social world. Specifically, the structured prompts - asking participants about their chosen elements - appeared to open up discussion and reflection. Perhaps because of the indirect and open nature of the PCT method and the non-judgemental environment, the participants were able to reflect deeply on their experiences in the asylum-country and the difficult situations they found themselves in. Eliciting constructs across the two phases contributed to gaining a better understanding of the participants' experiences. Constructs provided a window into their struggles and strengths and the related interview findings benefitted greatly from participants' willingness and abilities to share these with the researcher.

The only direction that was given was the focus on the social world; that is, elements and constructs were chosen entirely by participants. The PCT method therefore provides an example of how qualitative methods can enable rich and detailed investigations and individualised assessments that may complement measures of symptoms and distress in asylum-seeking and refugee individuals. For instance, individual constructs and potential changes in constructs may give an indication of the style of intervention needed in a therapeutic context and PCT interviews were found to contribute to an in-depth understanding of individual meaning-making.

Despite the hardship experienced at an early stage of life by the participants, the findings illustrate remarkable strength and the aspiration to move forward and achieve individual goals. Participants expressed a desire to contribute to society, to complete an education and to establish a new family. Although the extracts typically demonstrated personal strengths and determination, their experiences also portray a picture of a society which is not always facilitating these goals, and which does not provide the necessary foundation to enable the participants to move forward or to re-establish trust. The findings therefore shed light on risk factors and struggles that participants faced. Unaccompanied children and youth should be provided with an opportunity to engage in meaningful activities with peers and adults where trust can develop. Initiatives that seek to prevent discrimination, stigmatisation and isolation, and that aim to facilitate social relationships to develop, should be supported, for instance in professional care systems and school contexts.

This paper concludes with a quote from one of the participants, P3 (male):

I didn't even choose to come here

It wasn't my choice to wake up as a teenager here

It changed everything in my life

I didn't want to do it

Who would, if you had asked them?

Not many of us

To wake up as a teenager in a different country and to have to adapt

And everything changed in life

Everything!

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References

- Andermann, L. (2014). Reflections on Using a Cultural Psychiatry Approach to Assessing and Fortifying Refugee Resilience in Canada. In L. Simich & L. Andermann (Eds.), *Refuge and Resilience: Promoting Resilience and Mental Health among Resettled Refugees and Forced Migrants* (pp. 61-72). Springer: London.
- Berthold, S.M. (2000). War Traumas and Community Violence: Psychological, Behavioral, and Academic Outcomes among Khmer Refugee Adolescents. *Journal of Multicultural Social Work, 8*, 15-46.
- Braun, V. & Clarke, V. (2006). Using thematic analysis in psychology, *Qualitative Research in Psychology, 3*, 77-101.
- Braun, V. & Clarke, V. (2012). Thematic analysis. In: H. Cooper, P. M. Camic, D. L. Long, A. T. Panter, D. Rindskopf & K. J. Sher (Eds.), *APA handbook of research methods in psychology, Vol. 2: Research designs: Quantitative, qualitative, neuropsychological, and biological* (pp. 57-71). Washington, DC, US: American Psychological Association.
- Bronstein, I. Montgomery, P. & Dobrowolski, S. (2012). PTSD in Asylum-Seeking Male Adolescents From Afghanistan. *Journal of Traumatic Stress, 25*, 551-557.
- Carswell, K., Blackburn, P. & Barker, C. (2011). The Relationship Between Trauma, Post-Migration Problems and the Psychological Well-being of Refugees and Asylum Seekers. *International Journal of Social Psychiatry, 57*, 107-119.
- De Anstiss, H. & Ziaian, T. (2010). Mental health help-seeking and refugee adolescents: Qualitative findings from a mixed methods investigation. *Austrian Psychologist, 45*, 29-37.

- Derluyn, I. & Broekaert, E. (2007). Different perspectives on emotional and behavioural problems in unaccompanied refugee children and adolescents. *Ethnicity & Health, 12*, 141-162.
- Fazel, M., Reed, R.V., Panter-Brick, C. & Stein, A. (2012). Mental health of displaced and refugee children resettled in high-income countries: risk and protective factors. *The Lancet, 379*, 266-282.
- Goodman, J. H. (2004). Coping with Trauma and Hardship Among Unaccompanied Refugee Youth from Sudan. *Qualitative Health Research, 14*, 1117-1196.
- Gorst-Unsworth, C. & Goldenberg, E. (1998). Psychological Sequelae of Torture and Organised Violence Suffered by Refugees from Iraq. *British Journal of Psychiatry, 172*, 90-94.
- Groark, I. Sclare & H. Raval (2011). Understanding the experiences and emotional needs of unaccompanied asylum-seeking adolescents in the UK, *Clinical Child Psychology and Psychiatry, 16*, 421-442.
- Herman, J.L. (1992). *Trauma and recovery: From domestic abuse to political terror*. New York: Basic Books.
- Hodes, M., Jagdev, D., Chandra, N. & Cunniff, A. (2008). Risk and resilience for psychological distress amongst unaccompanied asylum seeking adolescents. *Journal of Child Psychology and Psychiatry, 49*, 723-732.
- Hopkins, P. & Hill, M. (2010). The Needs and Strengths of Unaccompanied Asylum-seeking Children and young people in Scotland, *Child and Family Social Work, 15*, 399-408.
- Keller, A.S., Rosenfeld, B., Trinh-Shvin, C., Sachs, E. Levis, J., Singer, E., Smith, H., Wilkinson, J., Kim, G., Allden, K. & Ford, D. (2003). Mental Health of Detained Asylum Seekers. *Lancet, 362*, 1721-1723.
- Kelly, G.A. (1955, 1991). *The Psychology of Personal Constructs*. New York: Routledge.
- Koch, S.C. & Weidinger-von der Recke, B. (2009). Traumatized refugees: and integrated dance and verbal therapy approach. *The Arts in Psychotherapy, 36*, 289-296.
- Kohli, R.K.S (2006). The Sound Of Silence: Listening to What Unaccompanied Asylum-seeking Children Say and Do Not Say. *The British Journal of Social Work, 36*, 707-721.
- Kovacev, L. & Shute, R. (2004). Acculturation and social support in relation to psychosocial adjustment of adolescent refugees resettled in Australia. *International Journal of Behavioural Development, 28*, 259-267.
- Lacroix, M. (2006). Social Work with Asylum Seekers in Canada. *International Social Work, 49*, 19-25.
- Lie, B. (2002). A 3-year follow-up study of psychosocial functioning and general symptoms in settled refugees. *Acta Psychiatrica Scandinavia, 106*, 415-425.

- Luster, T., Qin, D.B., Bates, L., Johnson D.J., and Rana, M. (2008). The Lost Boys of Sudan: Ambiguous Loss, Search for Family, and Re-establishing Relationships with Family Members. *Family Relations*, 57, 444-456.
- Lustig, S. L., Kia-Keating, M., Knight, W. G., Geltman, P., Ellis, H., Kinzie, J. D., Keane, T., & Saxe, G. N. (2004). Review of child and adolescent refugee mental health. *American Academy of Child and Adolescent Psychiatry*, 43, 24-36.
- Marshall, G.N., Schnell, T.L., Elliot, M.N., Berthold, S.M. & Chun, C.A. (2005). Mental health of Cambodian refugees two decades after resettlement in the Unites States. *Journal of American Medical Association*, 294, 571-579.
- Mawani, F. N. (2014). Social Determinants of Refugee Mental Health. In L. Simich & L. Andermann (Eds.), *Refuge and Resilience: Promoting Resilience and Mental Health among Resettled Refugees and Forced Migrants* (pp. 8-27). Springer: London.
- McKenzie, K. J., Tuck, A. & Agic. B. (2014). Mental Healthcare Policy for Refugees in Canada. . In L. Simich & L. Andermann (Eds.), *Refuge and Resilience: Promoting Resilience and Mental Health among Resettled Refugees and Forced Migrants* (pp. 181-194). Springer: London.
- Mels, C., Derluyn, I., Broekaert, E. (2008). Social Support in Unaccompanied Asylum-seeking Boys: a case study. *Child: care, health and development*, 34, 757-762.
- Mollica, R.F., McInnes, K., Sarajlic, N., Lavelle, J., Sarajlic, I. & Massagli, M.P. (1999). Disability associated with psychiatric comorbidity and health status in Bosnian refugees living in Croatia. *Journal of the American Medical Foundation*, 282, 433-439.
- Montgomery, E. (2008). Long-term effects of organized violence on young Middle Eastern refugees' mental health. *Social Science & Medicine*, 67, 1596-1603.
- Nardone, M. & Correa-Velez, I. (2015). Unpredictability, Invisibility and Vulnerability: Unaccompanied Asylum-Seeking Minors' Journeys to Australia. *Journal of Refugee Studies*, 28, 1-20.
- Ní Raghallaigh, M. (2014). The causes of mistrust amongst asylum seekers and refugees: insights from research with unaccompanied asylum seeking minors living in the Republic of Ireland. *Journal of Refugee Studies*, 27, 82-100.
- Pitman, A. (2010). Asylum application process: the psychiatric patients experience. *The Psychiatrist*, 34, 344-348.
- Robbins, I., MacKeith, J., Davison, S., Kopelman, M., Meux, C., Ratnam, S., Somekh, D., & Taylor, R. (2005). Psychiatric problems of detainees under the Anti-Terrorism Crime and Security Act 2001. *Psychiatric Bulletin*, 29, 407-409.
- Silove, D., Sinnerbrink, I., Field, A., Manicavasagar, V. & Steel, Z. (1997). Anxiety, Depression and PTSD in Asylum-seekers: Associations with Pre-migration Trauma and Post-migration Stressors. *British Journal of Psychiatry*, 170, 351-357.

Sourander, A. (1998). Behaviour Problems and Traumatic Events of Unaccompanied Refugee Minors. *Child Abuse and Neglect*, 22, 719-729.

Stewart, M.J. (2014). Social Support in Refugee Resettlement. In L. Simich & L. Andermann (Eds.), *Refuge and Resilience: Promoting Resilience and Mental Health among Resettled Refugees and Forced Migrants* (pp. 91-108). Springer: London.

Thommessen, S., Corcoran, P., & Todd, B. K. (2015). Experiences of Arriving to Sweden as an Unaccompanied Asylum-Seeking Minor from Afghanistan: An Interpretative Phenomenological Analysis. *Psychology of Violence*, 5, 374-383.

Thommessen, S., Laghi, F., Cerrone, C., Baiocco, R., & Todd, B. K. (2013). Internalizing and externalizing symptoms among unaccompanied refugee and Italian adolescents. *Children and Youth Services Review*, 35, 7-10.

UNHCR (1997). *Guidelines on Policies and Procedures in dealing with Unaccompanied Children Seeking Asylum* (accessed July 2017): <http://www.unhcr.org/publications/legal/3d4f91cf4/guidelines-policies-procedures-dealing-unaccompanied-children-seeking-asylum.html>

UNHCR (2015). *Global Trends: Forced Displacement in 2014*. (Accessed July 2017): <http://www.unhcr.org/556725e69.html>.

UNHCR (2016). *Unaccompanied Minors and Separated Children: Young, Alone and Vulnerable* (accessed July 2017): <http://www.unhcr.org/ceu/90-enwhat-we-docaring-for-the-vulnerableunaccompanied-minors-and-separated-children-html.html>

UNHCR (2017a). *Global Trends: Forced Displacement in 2016*. (accessed July 2017): <http://www.unhcr.org/statistics/unhcrstats/5943e8a34/global-trends-forced-displacement-2016.html>

UNHRC (2017b). *The Central Mediterranean Route: Working on the alternatives to dangerous journey*. (accessed July 2017): <http://reliefweb.int/sites/reliefweb.int/files/resources/UNHCR%20Central%20Mediterranean%20Route%20SB%20Jan-Dec%202017%20-%202017JUL17.pdf>

Walker, M. B. & Winter, D. A. (2007). The Elaboration of Personal Construct Psychology. *Annual Review of Psychology*, 58, 453-477.

Wallin, A.M.M. & Ahlström, G.I. (2005). Unaccompanied Young Adult Refugees in Sweden, Experiences of their Life Situation and Well-being: A Qualitative Follow-up Study. *Ethnicity and Health*, 10, 129-144.

Wiese, E. B. P. & Burhorst, I. (2007). The mental health of asylum-seeking and refugee children and adolescents attending a clinic in the Netherlands. *Transcultural Psychiatry*, 44, 596-613.