

BEYOND

THE BOUNDS OF STATUS



THE HBS WAY

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• THE INTERGENERATIONAL TRANSMISSION OF LEGISLATION, BIOLOGY, AND
IDENTITY BETWEEN REFUGEE WOMEN AND CHILDREN FROM WAR-TORN NATIONS •

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EDITORS' NOTE

AS STUDENTS OF THE SOCIETY AND GENETICS DEPARTMENT AT UCLA,

WE UNDERSTAND THE CRITICAL NECESSITY OF ADDRESSING SOCIAL INEQUALITIES, AS THEY OFTEN TRANSLATE INTO OUR BODIES AND ENVIRONMENTS. WE HAVE TAKEN COURSES ON THE TRANSACTIONAL RELATIONSHIPS BETWEEN SOCIAL DETERMINANTS OF HEALTH AND CHRONIC HEALTH OUTCOMES. WE HAVE EXPLORED MEDICAL AND HEALTH-RELATED ISSUES FROM A BIOSOCIAL FRAMEWORK. WE HAVE CHALLENGED OURSELVES TO LOOK BEYOND A WESTERN, EUROCENTRIC, PATRIARCHAL, AND ABLEIST POINT OF VIEW. THIS PROJECT IS A CULMINATION OF OUR DEDICATION TO LEARNING MORE ABOUT THE WORLD AROUND US, WHILE SIMULTANEOUSLY ATTEMPTING TO SPREAD AWARENESS ON SILENCED ISSUES. TAKING ON THE TOPIC OF THE REFUGEE CRISIS IS REPRESENTATIVE OF OUR DEDICATION TO CONFRONTING DIFFICULT PROBLEMS ON A GLOBAL SCALE WITH THE INTENT TO LEARN AND EXCHANGE KNOWLEDGE WITH OTHERS. AS WOMEN AND/OR CHILDREN OF IMMIGRANTS, WE RECOGNIZE THAT SOCIAL STATUS IS A POWERFUL TOOL THAT CAN IMPACT FAMILIES FROM GENERATION TO GENERATION. OUR HOPE IS THAT READERS WILL UNDERSTAND HOW REFUGEE WOMEN AND CHILDREN FROM WAR-IMPACTED COUNTRIES OFTEN MUST UNDERGO ETHICALLY-FOREBODING PROCESSES TO ACCESS FUNDAMENTAL HUMAN RIGHTS. WE CHALLENGE OURSELVES AND READERS TO CONSIDER HOW OUR SMALL, INDIVIDUAL ACTIONS CAN CONTRIBUTE TO THE AMPLIFICATION OF THE RIGHTS AND FREEDOMS OF THE REFUGEE COMMUNITY, IN ORDER TO BREAK A CYCLE OF INTERGENERATIONAL OPPRESSION. WE ACKNOWLEDGE THAT THIS IS MERELY THE BEGINNING OF A LONG JOURNEY, BUT WE HOPE THAT WE, AS A SOCIETY, CAN TAKE THE FIRST STEPS TOGETHER IN MAKING THE WORLD A MORE EQUITABLE AND WELCOMING PLACE FOR REFUGEES. **PLEASE BE ADVISED THAT THIS MAGAZINE WILL COVER SENSITIVE TOPICS. REFER TO THE TABLE CONTENTS FOR FURTHER DETAIL.**

Sincerely,

Ally, Brooklyn, Charina, Jocelyn, and Michelle

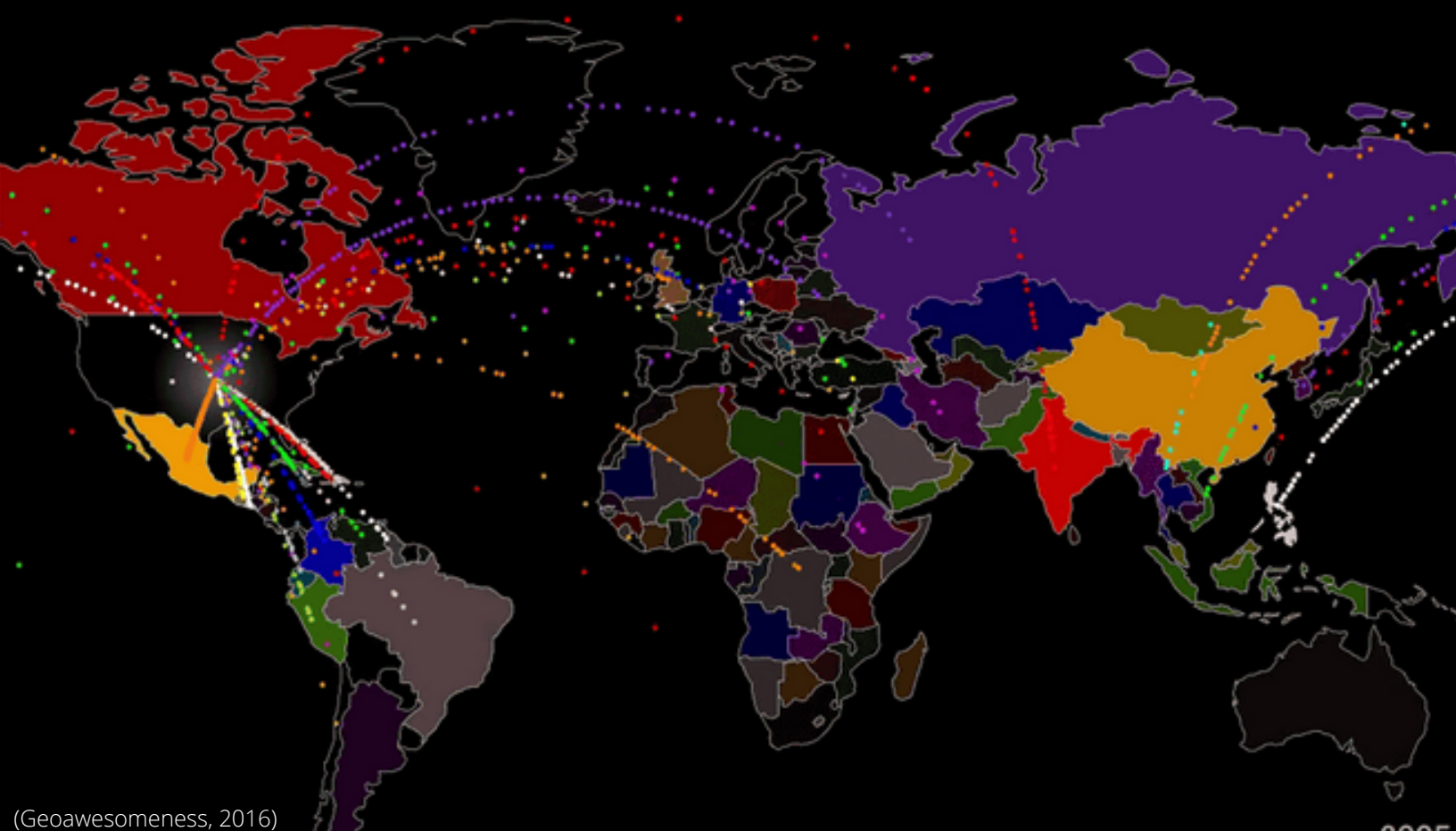
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Key Terms

- Acculturation:** retaining one's individual culture while concurrently adopting aspects of a dominant culture
- Allostatic Load:** cumulative burden on the body resulting from exposure to repeated stressors or chronic stress
- Assimilation:** to fully absorb into the cultural traditions of a population or group
- Asylum-Seeker:** someone whose request for sanctuary and protection has not been processed
- Child Marriage:** any marriage in which at least one party is under the age of 18
- Domestic Country:** the country of origin, country in which a refugee or asylum seeker previously resided in
- Economic Empowerment:** the ability to make and act on decisions that involve the control over and allocation of financial resources
- Epigenetic:** changes involving gene function that do not alter DNA sequences
- Executive Order:** a unilateral declaration of legislation that has the force of law
- Female Genital Mutilation:** all procedures that involve removal or other injury to the external female genitalia for non-medical reasons
- Gender-based Violence:** harmful acts directed at an individual based on their gender identity
- Genocide:** the deliberate and systematic destruction of a racial, political, or cultural group
- Gestation/Gestational:** referring to conception and development in utero
- Host Country:** country in which refugees take refuge or settle in
- Human Rights:** rights regarded as belonging fundamentally to all people
- Implicit Bias:** bias or prejudice that is unconsciously present
- Intergenerational Trauma:** the transference of distressing or disturbing experiences between generations
- International Rescue Committee:** an organization that helps displaced individuals whose lives have been impacted by conflict and disaster recover and regain control
- Intersectionality:** the complex way in which the effects of multiple forms of discrimination combine, overlap, or intersect especially in the experiences of marginalized individuals or groups
- Malnutrition:** poor nutrition due to inadequate or unbalanced intake of nutrients
- Maternal Mortality:** the death of a woman during or soon after pregnancy and delivery
- Neurobehavioral Development:** how individuals' experiences influence the development of the parts of the brain that control complex functions like cognition
- Post-Traumatic Stress Disorder (PTSD):** a psychiatric disorder that may occur after exposure to (or threatened with) traumatic events such as death, conflict or violence
- Refugee:** someone who is unable or unwilling to return to their country of origin due to a well-founded fear of persecution based on race, religion, nationality, membership of a particular social or political group
- Reproductive Health:** physical, mental and social well-being of all things related to the reproductive system and its functions
- The HBS Way:** a way of thinking about questions, problems and controversies through both biological and sociological perspectives
- United Nations High Commissioner for Refugees (UNHCR):** an office within the United Nations created in 1950 to protect and assist refugees around the world
- Xenophobia:** fear and hatred of strangers or foreigners or of anything that is strange or foreign
- 1951 Convention Relating to the Status of Refugees:** first international agreement that spelled out a set of basic human rights which should be at least equivalent to freedoms enjoyed by foreign nationals and/or citizens living in a given country



Globally, fear of wrongful persecution and war-conflict has displaced approximately 80 million individuals (UNHCR, 2020) and, each year, conflict arising from violence compels millions more to flee their countries of origin. Over 51% of these individuals account for women and children, many of which are forced to separate from their families or travel alone during their relocation process (Esses et al., 2017, p. 79).

Overview: The Broad Impact of Refugee Status

In this magazine, we will argue that the refugee status becomes intergenerational through legal policy, impacts on health, and configurations of identity in different refugee communities across the globe. Given the international scope of the refugee crisis, it is necessary to first acknowledge that the effects of these domains may differ based on an individual's gender and place of birth. Therefore, our project will focus on the experiences of refugee women and children from regionally- or culturally-defined groups.

The first section of our magazine will discuss the legal implications of refugee

status, where we will first define the term "refugee" in accordance with "universal" human rights law. We will then introduce central legal processes that have led to mass displacement of civilians from developing countries in order to identify proximal and distal causes of the refugee crisis. By describing outdated, convoluted legislation and invasive foreign policy, we will show how external influences have contributed to the conditions in which generations of civilians must flee their home countries. In many cases, Western intervention and remnants of colonialism have led to the formation of social and economic policies that deepen internal divisions across generations. This can and has resulted in civil violence that enhances the displacement of millions from their home countries. This foundational

investigation will exhibit the ways in which foreign policy probes heritable cycles of oppression for refugees.

Additionally, we will address institutional discrimination experienced in refugee communities by discussing xenophobic barriers to acculturation in host countries. This is necessary in understanding how both governmental systems and social attitudes contribute to intergenerational instability in displaced refugee populations. Our objective is to illustrate why discrimination can transcend beyond first-generation refugees and affect their children who are forced to occupy the same social status as their parents. Further, citizens of host countries can be complicit in perpetuating negative treatment of refugees. Therefore, we aim to offer clarification on why these perceptions exist and how they can be combatted.

Next, we will examine the potential legal barriers that refugee women often encounter when trying to secure refugee status for themselves or their children. This section will center on the experiences of refugee women from the Northern Triangle of Central America in order to illustrate how gender-driven biases inhibit legal recognition of refugee status in women. This will illustrate how gender inequality and disparate access to documentation legally transmits the refugee identity between generations.

The second section of our magazine will focus on health, where we will discuss the biological processes that make refugee experiences heritable from parent to child. We will explore this firstly by examining refugee women and girls' sexual and reproductive health. This section will explain how refugee women and girls are at an increased risk of sexual- and gender-based violence (SGBV) as a result of their status, where adverse effects on their reproductive and overall health can become transmissible from a mother to her child. The next focus within the health section will analyze access to reproductive and

maternal health in host countries. This will help to contextualize the biological components of psychological distress, intergenerational trauma, poor reproductive health and birth outcomes that can occur from prolonged residence in refugee camps. This will also help exemplify how host countries may fail to address the biological and cultural needs of mothers who seek asylum, but are instead detained. By addressing refugee populations directly impacted by barriers to Western healthcare in host countries, we can also shed light on a growing unconsciousness of refugee experiences.

Our third and final section will consider the role of identity in shaping resettlement opportunities for diverse refugee populations, and the inherent cultural disparities they may face. This will suggest that refugee status and experiences may be influenced by intersectional identities. In many host countries, generational exposure to social stratification can produce a subset of individuals with limited access to education, healthcare, and basic human rights. Critiquing the response of host countries in welcoming individuals based on race, religion, and sexual orientation will reveal the complex variations in social barriers associated with refugee status.

Finally, through deep discussion around the experiences of diverse populations displaced by socio-political conflict, we hope to appropriately articulate why being a refugee is more than a status or homogeneous experience. By delving into the political and biological effects of the refugee status, we will confirm that status is heritable and intergenerational through corrupt legislative policies, poor health outcomes, and forced social identities in refugee women and children.

REFUGEE: A LEGAL STATUS

The legal term 'refugee' comes from international human rights law written in the aftermath of World War II. Article 14 of the Universal Declaration of Human Rights established the legal right to seek refuge in other countries in the face of persecution (UNGA, 1948). In 1951, the Convention Relating to the Status of Refugees officially established 'refugee' as a legal status (UNHCR, 1951). The Convention defined refugee as those who, "as a result of events occurring before 1 January 1951 and owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or... unwilling to avail himself of the protection of that country," (UNHCR, 1951, p. 14). In 1967, this definition was amended so that any individual, including future people, fleeing persecution could be legally recognized as a refugee.

There is an important distinction between asylum seekers and refugees. All refugees are asylum seekers, but not all asylum seekers are refugees. **Asylum seekers** are individuals who have fled their previous country of residence and are looking for international protection, but their asylum claims have not been accepted by the country they seek to take refuge in (Amnesty International, 2019). **Refugees** are asylum seekers who have had their asylum claims accepted. Refugees are granted an additional set of legal rights under the 1951 Convention, such as the right to not be deported on arrival (UNHCR, 1951). Individual countries may have legal protections pertaining to asylum seekers that overlap with those granted to refugees, but these are not recognized internationally, causing domestic policy for asylum seekers to vary by country.

Those that obtain the legal designation of refugee face unique circumstances during and after migration, partially due to the additional legal regulation they are subjected to. Many people become refugees because of legal or governmental changes in their home countries, and most refugees encounter regulation by international and domestic organizations. They are also subject to the domestic laws of countries of refuge. The social and political factors including economic instability, violence and discrimination can have long lasting effects on anyone exposed. For many refugees, the environment of their country of origin can result in legislative and social barriers in countries they seek asylum in. This institutional discrimination has intergenerational effects on refugees and their families.

THE PROCESS OF BECOMING A REFUGEE

Obtaining refugee status can be a long and enduring process. This is one way it is done in the US.



1 REGISTER WITH THE UNHCR

A person who is seeking refugee status must first register with the UN High Commissioner for Refugees (UNHCR). Wait for UNHCR to process documentation and conduct screenings.

2 GET REFERRED TO U.S. STATE DEPARTMENT RSCS

Once approved, the UNHCR will refer applicant to the U.S. State Department Resettlement Support Centers (RSCs).

3 INTERVIEW PROCESS

The applicant is interviewed by RSC official and, after verification process, their application is selected for background checks by a branch of the U.S. national security agency.

4 APPROVAL

If no problems occur, i.e., immigration violations or criminal history, the applicant is approved for relocation to the US. This process can take up to 2 years to complete.

The Consequences of Family Separation

Yareni, a Guatemalan woman fleeing gender-based violence, attempted to seek asylum in the US. at the US border in Mexico, border patrol separated Yareni from her four-year old son, then placed them in different state detention centers. Almost two months later, Yareni and her son were reunited, but her son suffered from "bed-wetting, nightmares, and separation anxiety." (International Rescue Committee, 2019).

During the process of relocation in the United States, families are often forced to separate from one another, particularly in cases where they have not been granted asylum. As a result, children will be sent to detainment facilities that provide insufficient care in the domains of health, nutrition, and hygiene. The trauma that emerges from living in sparse conditions follows families long after resettlement.



questions to consider...

Please keep these focus questions in mind as you read the following section regarding the legal protections, barriers, and implications of refugee status.



How does public perception create barriers to obtaining refugee status? (p. 15-17)

How has foreign policy helped create the conditions that drive refugee migration? (p. 10-14, 18)

How do the intergenerational effects of refugee status vary among different regions of the world? (p. 12-13, 18)

What are the existing legal barriers to women and children securing refugee status for themselves? (p. 19-20)

Why have international solidarity efforts in addressing the global refugee crisis been unsuccessful? (p. 9)

WHAT IS THE GLOBAL REFUGEE CRISIS?

Bara'a is a mother of three children forced to flee Syria and relocate to a refugee camp in Lebanon after receiving death threats as a result of gender-based violence. Four years ago, Bara'a suffered from mental exhaustion, which impacted her ability to breastfeed her youngest child.



Eventually, she learned to craft her own formula milk from sugar and water. However, Bara'a and her children still suffer from mental trauma, as the economic and biological uncertainties of being a refugee made stability difficult (GlobalGiving, 2018). Bara'a is one of many refugee mothers that experienced health complications during pregnancy. Her story brings awareness to the intergenerational trauma acquired from being displaced, while experiencing violence and marginalized healthcare access.

Fifty-five percent of the world's refugee population comes from Syria, Somalia, and Afghanistan (Lischer, 2017, p. 85). In Lebanon, Syrians represent 20% of the national population (Lischer, 2017, p. 86). Concern for refugee expansion in regions across the world has led to a global initiative to address the exodus of displaced communities as a humanitarian crisis. A problem with this approach is that blame for resulting sociopolitical inequalities deliberately falls onto developing countries, rather than the core conflicts arising from socio-political intervention and exploitation from dominant world powers. For example, in Lebanon, many citizens blame Syrian refugees for decreased wages and food and housing inflation (Atrache, 2016). Similarly, in sanctuary countries, the public may fear that an abundance of individuals entering their country may lead to mass destabilization of social function, prompting increased restrictive migration laws.

The global refugee crisis encompasses millions of people fleeing their countries of origin at unprecedented numbers in order to escape poverty, political persecution, and, most commonly, conflict. In recent years, the world has seen the worst mass displacement of civilians since World War II (UNHCR, 2014). This displacement is not only applicable to refugees, but migrants and asylum-seekers, as international migration laws have become poorly-managed, and restrictive systems. International solidarity in addressing humanitarian efforts for countries dealing with internal socio-political strife is approached in three forms: financial, geographical, and/or political support. Financially, international agencies like the UNHCR or nongovernmental organizations (NGOs), implement operations directly into regions needing support, particularly in the forms of food, shelter, and protection. However, given the extent to which the number of internally-displaced individuals have outgrown the resources

currently being distributed, there have been critical cuts to refugees and asylum-seekers that are at risk of malnutrition, disease, and violence (Martin, 2016, p. 7).

Geographically, individuals seeking asylum or with approved refugee status can be accepted by various countries across the globe, as this responsibility is generally shared unanimously. Although some countries do not abide by nonrefoulement—the process in which refugees cannot be returned to countries in which they may be subject to prosecution—refugees are granted asylum or resettlement once crossing international borders. However, according to the UNHCR, in 2015 there were approximately 960,000 refugees that were in need of resettlement plans, but only 80,000 refugee slots available (Martin, 2016, p. 7). Thus, one of the most important issues within the refugee crisis is increasing resettlement quotas to accommodate to the number of refugees under high-risk situations, where they are unable to return to their domestic countries.

Politically, the refugee crisis is reproduced

through generations of people seeking asylum because most interventionist efforts address proximate concerns, i.e., food, water, and health aid. However, these attempts are not truly effective in ensuring that people seeking refuge have a means to escape life-threatening situations. Crisis fatigue is another important factor in understanding how international solidarity in aid and support has failed to meet the needs of the millions of refugees seeking resettlement (Martin, 2016, p.8). The extent to which conflicts have erupted—particularly in Africa, Asia, and the Middle East has overwhelmed the number of displaced individuals that international programs were designed to support. Additionally, natural disasters have mass-produced displaced individuals, and public attitudes about refugees and migrants has contributed to decreased funding to help alleviate the inability to support the crisis. In the context of this magazine, we will focus on individuals that have become refugees as a result of violence and/or conflict in their domestic countries.

CAUSES OF THE REFUGEE CRISIS

In order to understand the long-term impact of the global refugee crisis, it is important to first recognize the factors that drive refugee migration. No single set of circumstances motivates refugees to leave their home countries. However, most mass displacements are due to a combination of economic, political and social conflicts. Scholars have attempted to understand how these factors interact to motivate refugee migration by separating causes of flight into two categories: root causes and proximate conditions (Schmeidl, 1997)

Root causes are the factors present in the country for a significant period of time prior to the mass exodus of refugees. For example, economic pressures are recognized as a motivation for refugee migration (Schmeidl, 1997). The majority of refugees around the world come from developing countries in which economic instability forces many individuals into poverty (Schmeidl, 1997). While economic instability may increase motivation to relocate, it does not explain the refugee crisis fully. Mass migration of refugees usually occurs when root causes are exacerbated by forms of violent conflict, called proximate causes. While the exact mechanisms by which socioeconomic disparities cause violence are unclear, it is well understood that

violence is likely to occur unless these disparities are effectively addressed (Laplanche, 2008). The three primary categories of violent conflict are government oppression and human rights violations, civil war and ethnic conflict, and international conflict (Schmeidl, 1997).

Among these proximate causes, civil and ethnic conflicts result in the largest average increase in number of refugees leaving their home country (Schmeidl, 1997). Genocide and politicide – the deliberate killing of people of a particular national, ethnic, political or social group – increase the number of refugees by 56,000 on average (Schmeidl, 1997). International intervention in civil and ethnic conflicts increases the number of refugees by an average of 59,000 (Schmeidl, 1997). Civil war alone results in an average increase of 29,000 refugees (Schmeidl, 1997).

Root and proximate causes help explain the conditions and events that cause individuals to eventually leave their home countries. Yet they do not explain how these root causes came to be and why they have persisted across generations to eventually motivate violence.



Though international conflict is not a main contributor to the refugee crisis, foreign intervention has played a significant role in creating the root and proximate causes of the refugee crisis. Western countries like the United States have generated and perpetuated the conditions that motivate refugees to flee their home countries in both direct and indirect ways.

Many refugee crises in Africa can be traced back to European colonization (Rodríguez, 2018). Colonial countries established economic, political and social infrastructures that reflected imperialistic ideology. For example, the area that is now separated into two independent countries, the Republic of Sudan (north) and the Republic of South Sudan (south), was divided along ethnic lines under British-Egyptian joint rule (Ottaway, 2012). The division was exacerbated by the infrastructural development during the colonial period that was primarily focused on the Arab-majority northern region as opposed to the Black-majority southern region (Ottaway, 2012). When the regions regained independence and combined to form the country of Sudan, conflict quickly arose as a result of the ethnic, economic and political hierarchies imposed upon them (Ottaway, 2012). In 2011, the southern region seceded to form the independent country of South Sudan, but conflict continued. Because the northern region was the focus of political and infrastructural development, the South Sudanese government has struggled to maintain effective authority over the region due to lack of experience and continued conflict over oil with what is now Sudan (Ottaway, 2012).

This conflict, spanning multiple generations, has led to the displacement of more than 2.3 million South Sudanese refugees since 2013, most of whom are women and children (UNHCR, 2019).

Foreign intervention also helps to explain refugee crises in Central and South America. For example, the United States sponsored the 1954 coup against democratically-elected Guatemalan president Jacobo Árbenz Guzmán in an effort to protect U.S. economic interests (Zinn Education Project). The U.S. then supported and supplied authoritarian leader Colonel Carlos Castillo Armas who claimed power after Guzmán's death, leading to decades of civil conflict characterized by violence and oppression (Zinn Education Project). The coup and subsequent U.S. support for authoritarian leaders led to civil and ethnic conflict, including genocidal violence toward indigenous Mayans, and decades of economic and political instability (Park, 2016). Generations of Guatemalans and other Central Americans have been subjected to the violence instigated by U.S. involvement, leading to the migration of more than half a million refugees from the area known as the Northern Triangle of Central America (Park, 2016).

These examples illustrate how foreign policy and intervention have created the conditions that drive the refugee crisis across generations. Yet foreign policies of countries like the United States has continued to focus on immediate interests rather than long-term consequences, potentially subjecting future generations to conflict that will perpetuate the refugee crisis.



"Gloriosa Victoria" - Diego Rivera

This painting by Diego Rivera tells the story of the overthrow of Jacobo Árbenz in 1954 (Zinn Education Project). It depicts Secretary of State John Foster Dulles greeting Colonel Carlos Castillo Armas following the CIA-backed coup (Zinn Education Project). The painting portrays the death and political tension caused by U.S. involvement in Guatemala. The protestors represent the anger many Guatemalans had toward the coup and the death of their democratically elected leader that ultimately lead to decades of civil conflict.

VOICES FROM

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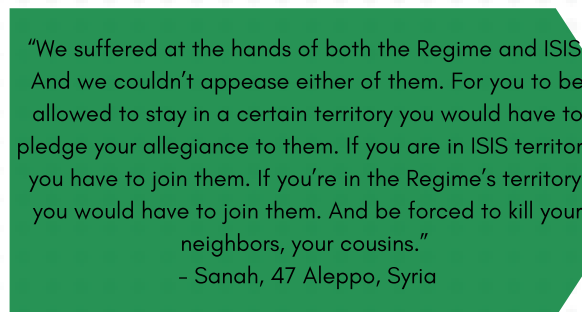


The following quotes are taken from a series of interviews conducted by Matthew K. Firpo for The Refugee Project in January of 2016 (Firpo, 2016). The interviews are a part of a documentary film highlighting the stories of Syrian refugees in Europe. The individuals interviewed had very recently arrived to the Greek islands of Lesbos and Leros (Firpo, 2016). Most were living in camps on these islands until they received confirmation that they would be able to emigrate into Germany. These quotes highlight their experiences in Syria, their reasons for seeking refuge, and their feelings about their experience as a refugee.



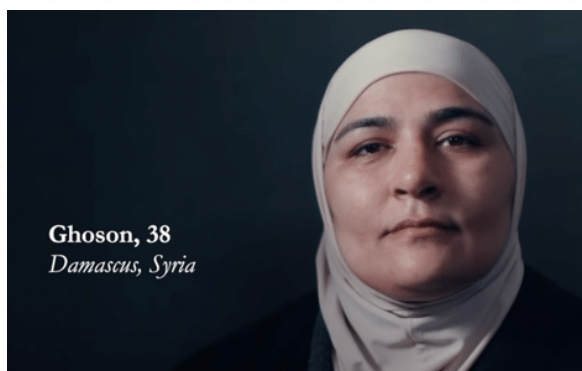
Fatima, 17
Damascus, Syria

"Yes, I'm young. But i feel like an old woman, like I'm 40 or 50 years old. From all the misery I've seen." - Fatima, 17 Damascus, Syria



Sanah, 47
Aleppo, Syria

"We suffered at the hands of both the Regime and ISIS. And we couldn't appease either of them. For you to be allowed to stay in a certain territory you would have to pledge your allegiance to them. If you are in ISIS territory, you have to join them. If you're in the Regime's territory, you would have to join them. And be forced to kill your neighbors, your cousins." - Sanah, 47 Aleppo, Syria

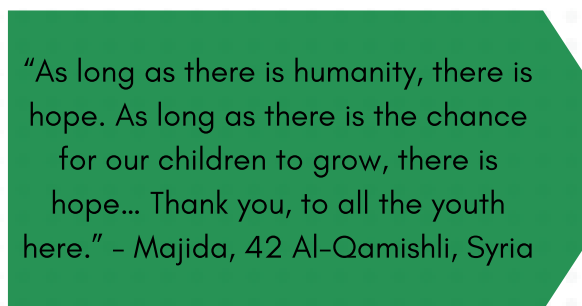


Ghoson, 38
Damascus, Syria



Majidah, 42
Al-Qamishli, Syria

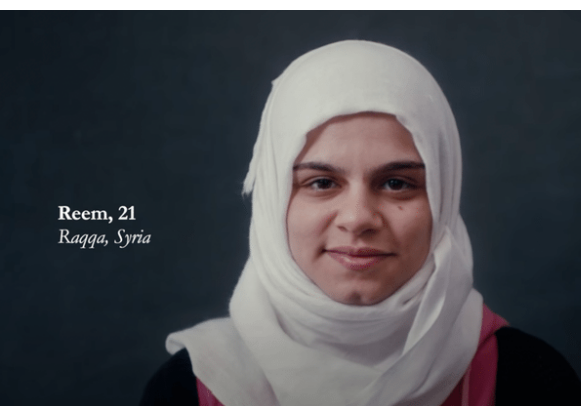
"I didn't have a life in Syria. I wasn't living. My uncles - mainly my mother's siblings - were martyrs. Their children are also dead. Some from bombings. Others from raids. Others from army tanks and artillery fire. Three of my family members died from torture. And that is only my mother's side of the family." - Ghoson, 38 Damascus, Syria



Reem, 21
Raqqa, Syria



"Its a difficult thing to be pregnant [while traveling], and my husband is not here. I am fearful, I feel the weight of the responsibility. I'm alone and pregnant. On top of that I'm trying to help get my husband released from prison. But I can't seem to get anywhere" - Reem, 21 Raqqa, Syria



The Syrian Refugee Crisis

The “war on terror,” instigated by the Bush administration, has resulted in a substantial increase in the number of refugees fleeing countries in the Middle East (Hilal, 2017). It is estimated that more than 37 million people have been forced to leave their home country as a result of U.S. military initiatives since 2001 (Vine et al., 2020). U.S. involvement in Syria is just a piece of this proclaimed war, the attempt to eliminate extremist groups such as ISIS. The conflict in Syria has resulted in the largest refugee crisis in the world, leaving more than 5.6 million refugees, including 2.5 children displaced since 2011 (UNICEF, 2020). As the conflict continues, this number grows every day.

These stories of Syrian refugees illustrate just how severely the conflict has affected their lives. Many of them witnessed the death of friends and family, and many had to leave the family they still have in Syria behind, not knowing if they will ever see them again. Others intended to flee with their family, but were separated in the process. Reem’s husband was arrested by Coast Guard officers on accusations that he was a smuggler. In reality, she states, he was used as bait by those who make a profit through smuggling, forcing her to give birth to and potentially raise her child alone in the refugee camp in Lesbos.

The majority of Syrian refugees are women and children, and almost half of all Syrian refugees are under the age of 18 (UNICEF, 2020). Many of the individuals interviewed by The Refuge Project focused on their children’s lives when they were asked about their motivations for leaving Syria. Testimonies of many parents and children alike discussed how children in Syria are unable to get an education or medical care because of the violence. Among the children interviewed, all of them discussed their hope to continue their education once they relocate. Yet according to Dr. Erica Bouris, many refugees struggle to access basic resources including education after they emigrate to their host country (Bouris, 2021)*. Muhammad, one of the fathers who spoke about his experience as a refugee described his thoughts about the refugee status, stating that “it implies that you’re a second-class citizen.”

Overall, the stories of these refugees reveal how complex the refugee identity is. Each individual's experience is different, yet these stories highlight some of the similarities between Syrian refugees. These stories make it clear that the destruction of Syria as they know it will undoubtedly impact future generations. These testimonies are also a reminder that many refugee stories are stories of hope for the future, hope that future generations will not be subjected to the same fear and violence that was forced upon their parents and grandparents.

*For more information, see our interview with Dr. Erica Bouris on page 21

About The Refuge Project

"The Refuge Project was born from a desire to learn more. We had watched the news, heard the reports, and seen the photos of despair and loss from the shores of the Aegean, but we were left wanting to know more about the people living these headlines.

We wanted to know more about their stories, about what they had lost, what they had left behind, and where they hoped their lives were headed. While news coverage focused on the problem, it often forgot about the human being, so we set out to discover a human story.

The world was changing and we found ourselves at a crossroads in history. We wanted to help in the best way we knew, so we began to document what we saw, and the stories of the people we met. In January 2016, over several weeks on location in Greece, we created The Refuge Project, a multimedia chronicle of human stories from the European refugee crisis, focused on humanity and hope."

- The Refuge Project, 2016

Visit The Refuge Project below to watch the full documentary, see the photo stories and listen to the full stories of refugees living on Lesbos and Leros.



(Firpo, 2016)

TRUMP'S "MUSLIM BAN": IMPACTS ON REFUGEES FROM THE MIDDLE EAST



Image from ABC News (2017)

Former President Donald J. Trump signing Executive Order 13780, "Protecting the Nation From Foreign Terrorist Entry Into the United States." E.O. 13780 was the second draft of the order commonly referred to as the "Muslim Ban" that barred immigrants from seven Middle Eastern countries from entering the United States.

The second version of the order eventually went to the Supreme Court in June. While the Court did prevent the order from being enforced on immigrants and refugees from these countries who have family members in the U.S., they allowed the rest of the order to go into effect (ACLU, 2017). A third version of the ban, signed in September of 2017, which banned travel from these countries indefinitely, was also upheld by the Supreme Court (ACLU, 2017).

Long-Term Impacts of the "Muslim Ban"

Executive Orders 13769 and 13780 are two examples of the legal and social challenges that many refugees face. These executive orders perpetuated the stigma that Islam is tied to terrorism and that Muslim immigrants are a danger to the United States. In reality, many of the individuals affected by this ban are fleeing violence imposed by extremist groups.


President Joseph R. Biden revoked these executive orders when he was inaugurated on January 20, 2021. Though they are no longer in effect, the existence of these orders have long-lasting effects for Muslim individuals. Legislation of this kind perpetuates xenophobia and opens the door to future discriminatory policy. These orders continued to normalize racist and Islamophobic rhetoric that enforces barriers to acculturation for Muslim refugees and immigrants.

The "Muslim Ban" Executive Orders

Former U.S. President Donald J. Trump signed Executive Order (E.O.) 13769 into effect on January 27, 2017, banning the entry of foreign nationals from Iran, Iraq, Libya, Somalia, Sudan, Syria and Yemen for 90 days (Justia, 2017). It also halted the United States Refugee Admissions Program (USRAP) for 120 days and reduced the number of refugees the United States would accept for 2017 to 50,000 (Justia, 2017). E.O. 13769 was quickly challenged within the judicial system on concerns surrounding whether these actions were constitutional. Within a week a Federal District Court issued a restraining order that prevented any part of the order from being enforced (Justia, 2017).

Rather than challenging these claims, Trump revoked the order and issued a new version on March 6, 2017. E.O. 13780 imposed the same restrictions and policies as the first version, except Iraq was not included in the countries listed in the 90-day immigration ban (Justia, 2017). Much like the first order, E.O. 13780 was almost immediately challenged in multiple appellate courts.

The primary concern about both of these orders was the motivation behind them. Organizations like the American Civil Liberties Union (ACLU) argued that the orders were unconstitutional and in violation of federal law. They also claimed that these orders were motivated by a desire of the Trump administration to prevent Muslim individuals from entering the United States, not out of concern for national security.



XENOPHOBIA: AN OVERLOOKED BARRIER

ABOVE

Syrian refugee walking through a refugee camp in Turkey (Yasouf, 2018). Photo by Ibrahim Yasouf. Syrian refugees have not always been met with open arms- A study conducted by Getmansky and others, they showed that the general public in Turkey have a negative perception of Syrian refugees due to multiple factors (Getmansky et al., 2018, p. 491-492).

Refugees coming from war-torn countries often seek relocation to host countries in order to find safer environments. "Conflict, political instability, insecurity, loss of livelihood, and difficulty" (Esses et al., 2017, p. 79-80) may prevent refugees from returning to their home country. However, in new places, they are not always welcome with open arms. Refugees who come into their host countries are often met with intolerance and distrust. Those who reside in these host countries sometimes hold implicit fears of cultural dominance against non-natives that are not even limited to those with refugee status. Some see the influx of refugees into their country as a trade-off between refugees and themselves. Resentment toward refugee populations stem from the view that they are a burden to the economy as they use welfare resources. Furthermore, discontentment also arises from the idea that refugees will replace current host country workers.

Negative public attitudes towards refugees can have long lasting effects on their identity and mental health. Refugees may feel as if they do not belong in the host country and may struggle with getting accustomed to living in a new place. It may also increase their stress levels, which can have detrimental effects on their physical well-being. Some laws and executive orders made in the host country may also bar them from job opportunities or social experiences. In particular, women and children may suffer from negative public perception, as in some countries they are seen as the most vulnerable population. This further exacerbates the xenophobic views from the local residents because women and children are perceived as more of a burden to society- they are seen as a population that will utilize resources from the host country because they need further assistance.

A Vulnerable Population In Turkey

There has been an increase in the number of refugees since World War II. In more recent times, this number has risen during the Syrian Civil War. The number of Syrian refugees has increased, a large number fleeing to Turkey. Turkey opened their first refugee camp in 2011 and has expanded to more over the years. These refugee camps aided in providing refugees food, shelter, healthcare, and education (Getmansky et al., 2018, p. 493).

With this influx of refugees, the public perception of this group has not always been positive. In fact, there has been negative opinions of refugees in Turkey, ultimately stemming from 3 assumptions: "(1) competition over economic resources and social services (Scheve & Slaughter, 2001; Burns & Gimpel, 2000); (2) 'disruption' of the host country's ethnic balance and increase in intergroup tensions (Loescher & Milner, 2004); and (3) concerns that refugees may bring weapons...and experience in fighting that may fuel conflicts in the receiving country (Weiner, 1992-93)" (Getmansky et al., 2018, p. 491-492). Specifically to refugees in Turkey, negative views in the media stem from possible connections of refugees to rebels. Ethnic identity also contributes to sectarian tensions throughout the country. Moreover, there are public concerns that refugees may disrupt the demographic balance in the host country. Furthermore, they contributed social ills, such as prostitution, of the population on the increase of refugees. Media coverage of refugees to the general public has exacerbated these views, although they have shown positive content as well. Each of these aspects have been embedded in Turkey's public perception of refugees, which has affected they resettlement process.

Refugee women and children resettling in Turkey have caused unexpected negative public perception. For example, Anna Getmansky and others conducted a survey experiment with local residents in central, eastern, and southeastern Turkey. Residents were given either negative or positive primes, or statements that generated either a negative or positive perception of within locals, about the refugees that either reside in the refugee camps or within the actual local population. These primes were created from previous research about public reactions of hosting refugees as well as current Turkish media discourse towards Syrian refugees.



Xenophobia: the fear and hatred of strangers or foreigners or of anything that is strange or foreign.

Merriam Webster Dictionary Definition

This experiment offered 5 experimental conditions: a control and four other treatments with either positive or negative primes, or negative or positive content that describe Syrian Refugees. One of the positive primes that researchers included into this study were the public's reaction towards women and children refugees. The "women and children" treatment was meant to "reflect AKP's justification of its open-door policy towards the refugees" (Getmansky et al., 2018, p. 496).

It was found that, although it was expected that locals would express more empathy towards refugees of this demographic, the women and children prime made non-Kurds less likely to express positive attitudes
(cont. on next page)

towards refugees. This could be attributed to the fact that 75% of refugees in Turkey in 2014 were women and children, and locals perceived them to be an unproductive population that would require more support in the future, exacerbating the notion that refugees were economic burdens. Furthermore, negative attitudes towards children in Turkey stemmed from seeing children begging in the streets.

Additionally, pessimistic views of women may stem from interactions with men of the host population. It was found that Turkish males marrying Syrian refugee women as second or third wives increased the public negative perception of Syrian refugee women. Furthermore, discontent increased towards young Syrian refugees when instances of polygamy and child marriages were reported to the public. Divorce rates also grew and were ultimately blamed on Syrian women (Getmansky et al., 2018, p. 493).

Although assisting refugee women and children were supposed to create a positive outlook amongst the Turkish population, it may have reminded them of the negative aspects of hosting this particular group of people. With this, it may contribute to intergenerational social and health effects that women and children suffer.

A Western View

Xenophobic actions are not limited to other countries. In Western countries, such as Europe and the United States, public opinion of refugees has not always been positive. Similarly to Turkey, Western countries view refugees as a burden to society. In some ways, Western countries have shown to be discriminatory towards refugees through the actions imposed by the government and the laws and order placed that limit access for this group.

In an IPSOS (Independent Polling System Of Society) poll conducted on immigration and refugees, “close to 40% of respondents agreed somewhat or very much with the closing of their borders to refugees entirely at this time” (Esses et al., 2017, p. 81). Astonishingly, these results came from countries such as the United States, Italy, and France. Additionally, this poll recorded that 61% of respondents thought that refugees were actually terrorists trying to enter the country to cause destruction, 51% of

respondents thought that these refugees are not actually refugees but people coming to the country seeking to take advantage of welfare services, and 50% of respondents thought that refugees would be a burden on society because they will obtain jobs and social benefits that would alternatively go to those part of the native population (Esses et al., 2017, p. 81).

An example of how Western countries (specifically the United States) have created an attitude of hostility is the creation of Executive Order 13769 by former President Donald Trump. Executive Order 13769, titled, “Protecting the Nation from Foreign Terrorist Entry into the United States” was signed under former President Trump, and this order barred those of refugee status from obtaining immigration benefits. Additionally, this executive order suspended the US Refugee Admissions Program (USRAP) for 120 days and prevented Syrian refugees from entering the United States indefinitely. This executive order was unconstitutional because it discriminated based off of an individual’s national origin. The document “specifically targets Syrian refugees by permanently suspending their admission exclusively based on their status as Syrian nationals. Syrian refugees who have already entered the United States and are seeking refugee status as asylum seekers maintain a constitutional right to equal protection under the Fifth Amendment’s Due Process Clause” (Randolf, 2017, p. 36). Institutional discrimination can create migration barriers and therefore exacerbate the traumatic experiences of refugee women and children because they are not granted asylum in countries, such as the United States.

This contributes to the intergenerationality of the refugee experience because xenophobia within host countries prevents holistic integration of refugee populations into new communities, lives, and futures. This deprives them of opportunities to establish their own identities and social statuses outside that of a refugee, and shows how inherently racist social structures reinforce the intergenerationality of the refugee experience.

RWANDA, 1994

This photo depicts Rwandan refugees crossing the border to Tanzania in May of 1994 (Reuters, 2006). These individuals were fleeing the genocide of Tutsi and moderate Hutu ethnic people that started in April of that year.



Image by Jeremiah Kasau (1994)

The Rwandan genocide and refugee crisis was a result of the culmination of generations of political and ethnic conflict. The mass killing of the Rwandan ethnic minority, the Tutsis, carried out by the country's ethnic majority, or the Hutus, in 1994 is largely regarded as one of the most severe cases of genocide in history. The ethnic conflict can be traced back to Belgian colonial rule in Rwanda after World War I, where they enforced a hierarchy among the ethnic groups that favored the Tutsis and excluded anyone of Hutu ethnicity from participating in the Rwandan administration (UNHRW). These imperially-created ethnic divisions strengthened throughout the following decades, culminating in considerable social strife and variable governmental control between the two groups.

In 1987, Tutsi refugees in Uganda formed a military coalition known as the Rwandan Patriotic Front (RPF) that began striking back at the Hutu-majority government, killing Rwandan President Juvénal Habyarimana in 1994 (Verpoorten, 2005). This event catalyzed a campaign to eliminate all political opposition to the Hutu government through the mass killing of Tutsis (Verpoorten, 2005). By the time the extremist government responsible for the genocide was overthrown, an estimated 800,000 Tutsi people and 6,000 to 60,000 politically-moderate Hutu people had been killed between April and July 1994 (Verpoorten, 2005). The genocide and subsequent removal of the government caused more than two million people, mostly of the Hutu ethnicity, to flee the country in fear of further retributive acts (UNHCR).

The fluidity of the Rwandan government between Hutu and Tutsi control as a result of colonial rule, as well as the 1994 genocide itself serve as critical junctures for identifying the intergenerationality of the refugee experience. Even before the genocide produced nearly 2 million Hutu refugees, hundreds of thousands of Tutsi people had been fleeing Hutu-controlled Rwanda and living in neighboring countries as refugees for upwards of 30 years (UNHCR, 2021). The inarguable trauma, lack of physical and political protection, and the impenetrable ethnic divide caused both a consistent flow of Rwandan refugees across time and space, and the manifestation of physical and psychological ill-health across generations.

THE NORTHERN TRIANGLE OF CENTRAL AMERICA



Within the past two decades, epidemic levels of violence have swept three South American countries that have come to be known as the Northern Triangle of Central America (NTCA): Honduras, El Salvador, and Guatemala. The UN Office on Drugs and Crime ranks El Salvador first, Guatemala third, and Honduras seventh for rates of female homicides globally (UNHCR, 2015, p. 2). These gender-targeted acts of violence push thousands of women from the NTCA to seek refuge in the US, where sixty-four percent of women interviewed by the UN from these regions described “being the targets of direct threats and attacks by members of criminal armed groups as at least one of the primary reasons for their flight,” (UNHCR, 2015, p. 2). Image of map depicting the NTCA region sourced from (A regional approach: developing a regional approach to managing... 2020).

Outdated Policies, Contemporary Abuse: Legal Barriers to Women Seeking Refugee Status

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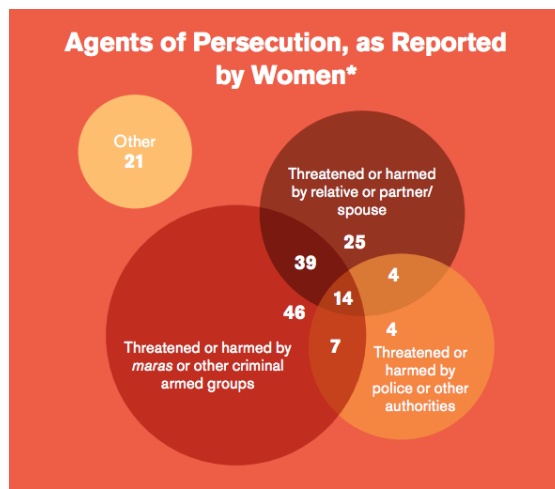
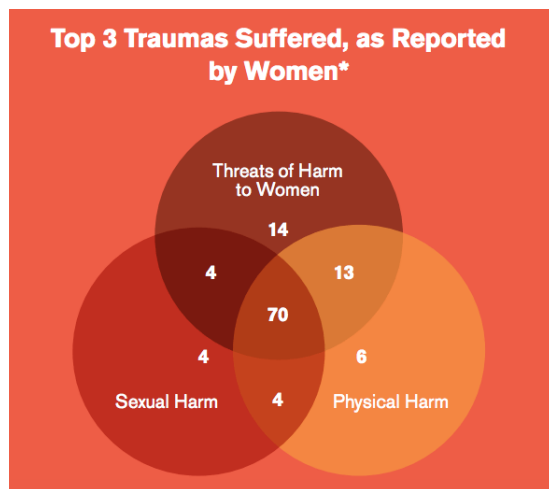
Norma, a Salvadoran woman married to a police officer, exemplifies the gender-based struggles women face from lack of state protections that may cause them to pursue refugee status. Because her husband was a police officer, Norma and her family were being targeted by a criminal armed group known as M-18. Four men from this group abducted Norma in late 2014 and raped her, after which she contracted a sexually-transmitted disease (UNHCR, 2015, p. 5). She says, **"Sometimes, I wake up and think it was just a nightmare, but then I feel the pain and remember it was not,"** (UNHCR, 2015, p. 5). Soon after this incident, Norma fled El Salvador to the US. Her haunting story emphasizes that while the legal protections pertaining to refugees and the attainment of refugee status are already highly contingent and precarious processes, the affair becomes even more restrictive and uncertain for women refugees. Because women and girls such as Norma are often targeted specifically as subjects of gender-based violence (GBV) and gender-based persecution, they require distinct forms of legal protections under both individual states' and international policies that recognize their needs for specific protections. However, the primary definition for what constitutes being a refugee is still grounded in the 1951 Convention Relating to the Status of Refugees, which states that a refugee is “someone who is unable or unwilling to return to their country of origin owing to a well-founded fear of being persecuted for

reasons of race, religion, nationality, membership of a particular social group, or political opinion,” (UNHCR, 1951).

This definition is non-inclusive for many women, such as women from the NTCA, because it does not recognize those who are seeking claims to refugee status because they fled gender-based persecution for not abiding by their society's social laws surrounding women. Under this definition, fleeing social customs or morals is not grounds for claiming refugee status, even when small transgressions of such moral and social codes from wearing makeup to being transgender can mean violence and death for women in some societies (UNHCR, 1991). This is evident in a UN-conducted interview of one transgender woman from El Salvador, who shared that: “I was constantly beaten and raped when doing sex work – by clients [and the] police... I did eventually go and put in a claim with the national police office because I thought I should. I was very scared. But I knew I had to leave” (UNHCR, 2015, p. 29).

This woman's story illuminates how the foundational documents for differentiating who qualifies as a refugee do not include gender, because flight from gender-based persecution as a result of social norms does not inherently qualify them for refugee status (UNHCR, 1991). Although the UNHCR suggests that various states include gender in their consideration of granting refugee status, it is not concretely or cohesively recognized by all states.

Aside from these foundational discrepancies regarding refugee status that directly impact women, there are also several accessibility obstacles for women in obtaining refugee status that disparately affect their legal and social protections within host countries. Because of the gender-based disparities in the granting of refugee status, women often find themselves without adequate registration and documentation that permit them to live in host countries. For example, registration officials in some countries only provide documentation to the male head of the family unit and not to any other adjoining members. If the man leaves the family unannounced or is not present under any circumstance, it automatically leaves the wife and likely their children in the extremely vulnerable position of having no legal documentation or proof of residency to remain in the host country (UNHCR, 1991). This subjects the remaining family to deportation to their original, often dangerous, country and the considerable adversities they may face on the trek back.



Data collected from 160 interviews of refugee women from the NTCA, conducted by the UNHCR. These data reflect the traumas and agents of persecution from which women from the NTCA may flee and seek refugee status in bordering nations. (UNHCR, 2015, p. 21)

Even when legal documentation can be obtained directly by women, there are a number of barriers preventing them from having the same extent of access as men. For example, because women such as those from the NTCA are at an extremely heightened risk of experiencing gender-based violence and persecution such as bodily mutilation or torture, they are likely to be traumatized as a result of this violence and can be in distressed psychological states. These traumatic and highly personal experiences may be difficult for them to speak or answer questions about during refugee determination interviews (UNHCR, 1991). As these interviews are also frequently conducted by men, traumatized women may refuse to explain their particular lived experiences, why they deserve refugee status, or be unable to speak to a male interviewer at all ("Resolution 1765 (2010) - gender-related claims for asylum," 2010). What's more, perpetrators of gender-based violence may even be men of authority in refugee camps or in the documentation-granting process, further alienating women from exposing the truth of their experiences and trauma in fear of never receiving documentation ("Resolution 1765 (2010) - gender-related claims for asylum," 2010). Even in the absence of gender-based violence and persecution, some women from more socially conservative countries may not be able to speak to male interviewers at all in accordance with their sociocultural values (UNHCR, 1991). Thus, even when refugee women have access to legal documentation processes such as refugee determination interviews, there are particular gender-based obstacles in place that bar them from exercising the same freedoms as men throughout refugee registration processes.

Further, it is important to recognize the legal obstacles that this vulnerable population faces not only as women, but as mothers as well. During these inherently stressful and oftentimes chaotic legal procedures, women seeking refugee status may be pregnant or have children already in tow. Different countries have various legislation and policies concerning the ascription of nationality to children, where a child might not be attributed nationality of the

host country even if the child is born on its territory because the parents have nationalities from a different country (UNHCR, 1991). The original country may also not recognize the child's nationality as their own because it was not born on their soil (UNHCR, 1991). Thus, the pressures of women obtaining legal refugee documents apply not only to themselves, but to their living and unborn children as well.

These failures to produce status documentation have further psychological and social implications, where women may be seen as failing to legally and practically provide for their children and families. In this manner, the experiences of women attempting to legally obtain refugee status for themselves, their families, or both elucidates the intergenerationality of the process, where even if they manage to individually overcome the many barriers to securing refugee status for themselves, there are no such guarantees for their children. The inherently traumatic, chaotic, and stressful processes of obtaining such a significant title may seem as though it would fall primarily on the shoulders of both the original and host countries. However it can and does easily shift to heavily burden the mother and her children in ways that legally transmits the refugee identity between generations.



A family crosses a river as they migrate from the NTCA region (UNHCR, 2015, p.10)

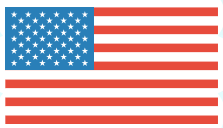
INTERVIEW WITH ERICA BOURIS ON ECONOMIC EMPOWERMENT IN REFUGEE COMMUNITIES

Dr. Erica Bouris serves in the Economic Empowerment Sector of the International Rescue Committee (IRC). The Economic Empowerment Sector helps refugees, asylum-seekers, and migrants reach economic stability through career and employment-planning. As director, Dr. Bouris is responsible for overseeing the establishment, implementation, and assessment of economic empowerment programs in over two dozen communities located in the United States. This interview shows how economic development and empowerment are inherently tied to the intergenerationality of the refugee experience through the various structural disparities in asylum-granting countries. *Disclaimer: These answers are a summary of the responses we received from our virtual interview with Erica and are not direct quotations.

What have you observed as significant legal and economic barriers preventing refugees from acculturating into host countries?

Legal and economic protections of refugees vary from country to country, where each has different socioeconomic processes and implications for asylum-seekers. In the US, after refugees have gone through the asylum-granting process, their status comes with some social protections. This includes residency, legal authorization rights, and eligibility to work in the US as soon as they arrive. However many of the available jobs are low-skill, low-wage engagements that do not allow for much economic security or improvement. While this method of integration may allow them a small safety net, there is not much room for further empowerment.

In contrast, Germany utilizes a different model of resettlement where the government provides allocated federal funds to pay for housing, food, etc., to legally-recognized refugees/asylees while they are provided further career-building skills. While this model allows asylees to enter the job market more competitively, it can also prolong the resettlement process by not allowing for economic autonomy, opportunity to learn the language, or other methods of integrating into a new society.



How might these barriers become experienced by multiple generations of one refugee family/unit?



Refugee families are unique in many ways, but very quickly experience similar obstacles as other low-income or low-wage workers in host countries. Both groups experience similar challenges to equitable housing, education, and wages. In these ways, such barriers become intergenerational for refugees much like they do for other lower socioeconomic groups over time, as they are perpetuated by inherent structural disparities. Further, children of refugees must often mature at an earlier age because they are typically exposed to more social environments and learn languages faster than their parents, often making them spokesperson for their parents in medical or legal appointments, chores, and other family involvements. As a result, the everyday lived realities of taking care of their families in a new country that they are more integrated into than their parents reinforces social and legal statuses in children of refugees.

Asylum-seeking women are more likely than men to experience persecution as a result of domestic and family violence, rather than political persecution caused by war conflict. Immigration courts are not as willing to recognize domestic violence, sexual abuse, and persecution of women and girls in the same ways as political persecution of men. International asylum and protection laws are very narrow in scope in this way, where individuals have to prove that they are being persecuted. Sexual abuse and violence might be more intertwined with the cultural impact on economic empowerment than is often legally acknowledged. Looking at the transit experience, there is no doubt that women face a much different set of risks.

In what ways are refugee women barred from access to economic welfare?



questions to consider...

Please keep these focus questions in mind as you read the following section regarding refugee women and girls' sexual and reproductive health, accessibility to maternal care, and implications of psychological trauma on refugee women and children.



How does sexual- and gender-based violence infringe upon the reproductive health and rights of refugee women and girls? (p. 26-29)

How might trauma experienced by refugee parents be transmitted to their children? (p. 33-34)

How is maternal health a medium for adverse health outcomes among women and children, i.e., pregnancy complications, maternal/infant mortality, and neurodevelopment disorders? (p. 30-32)

How do barriers to acculturation impact the health of refugee women? (p. 24-25)

What demographic variables of discrimination increase the onset of psychological distress among refugees?(p. 33) How does the body's stress response system work and how does extended exposure to stress impact the body? (p.34)

HEALTH



A healthcare worker providing care to a 23-year-old Burundian refugee who just gave birth at a clinic in Kalobeyei settlement, Kenya (Otieno/UNHCR, 2020). Image by Samuel Otieno.

The process of resettlement can create physical and mental stresses on women and children refugees, which can manifest into diseases that are often overlooked. The biological implications of these diseases can transcend into multiple generations of families if left untreated and/or unaddressed. For example, women's sexual and reproductive health can be neglected throughout the process of relocation causing a multitude of health complications. Due to their heightened exposure to abuse when in transit, there is a higher prevalence of sexual- and gender-based violence (SGBV) inflicted upon refugee women and girls (McGinn, 2000, p. 178-179). With this, they are subjected to several impacts on their reproductive health. For example, higher risks of unintended pregnancies among refugee women as a result of SGBV can lead to further reproductive and psychological health complications that can affect the mother and ultimately the child. Additionally, STIs, such as HIV/AIDS, are prevalent amongst the refugee camp population and leaves refugee women more prone to these sexual diseases, which can ultimately be passed onto their children.

In conjunction with sexual and reproductive health, maternal health is also an aspect of women's health that is often overlooked. Pregnancy is a vulnerable time in which the experience of resettlement can be detrimental to the mother's overall health as well as the unborn baby's. Due to a lack of proper resources, such as adequate access to housing and financial security, nutrition and prenatal care, women may suffer unnecessary stress that could, in turn, affect the health of the child. Additionally, these factors can ultimately lead to pregnancy complications, premature infant birth, low infant birth weight, and mother and infant mortality. For example, malnutrition that stems from food insecurity in refugee camps can have epigenetic effects that can create neurodevelopment disorders that can be passed down to multiple generations. Maternal stress stemming from the relocation process can also create neurodevelopment disorders as well as anxiety disorders that can affect her child later in life. As mentioned above, these health effects, which are almost always ignored and neglected in Western healthcare, can become part of a woman's biology and can be passed on when she has a child.

Due to the traumatic and chaotic nature of fleeing from a war-torn country and seeking asylum in another country, mental health can be severely impacted. Furthermore, women and children refugees who are relocating to another country are subject to major changes in lifestyle, which can generate a great deal of stress. This stress can in turn increase one's allostatic load, or the wear and tear on the body due to chronic stress, which can inhibit the body from properly responding to illnesses. Additionally, post traumatic stress disorder (PTSD) has been shown to contribute to long-term effects on a refugee's health, such as increasing mortality rates and non-communicable diseases (Levine et al., 2014, p. 1). Further, children are often exposed to parental PTSD, which can affect their physical development as well as have enduring effects on their mental health when transitioning into adulthood.

In the process of resettlement, women and children's mental and physical health are negatively impacted due to the lack of resources and sanitary living conditions caused by legal policies that bar them from receiving access to Western healthcare. Moreover, these ailments can transcend into multiple generations because they affect the mother early on during the resettlement process, and these chronic illnesses can be transferred to her children. Additionally, the chaotic process of resettlement and the circumstances they face can affect the health of the children themselves, and the chronic ailments they bear can affect their future families.

TOO - OFTEN TARGETS: THE IMPACT OF SEXUAL AND GENDER-BASED VIOLENCE ON REFUGEE WOMEN AND GIRLS AND THEIR REPRODUCTIVE HEALTH

The decision to leave one's home country, loved ones, and lives behind for an unknown future is already an immeasurably difficult judgement to make, but women do so with an entirely different set of potential risks ahead of them that threaten the safety of not only themselves, but often of their children as well. The violence and persecution that refugee women and girls may face frequently involves abuse as a result of their gender, where sexual and gender-based violence (SGBV) inflicted upon them can have ongoing implications for their overall physical and reproductive health that contribute to the intergenerationality of the refugee experience.

Sexual and gender-based violence is the most serious and prevalent form of discrimination committed against refugee women and girls today (UNHCR, 2008). Sexual and gender-based violence are defined by the United Nations High Commissioner for Refugees as "physical, sexual and psychological harm that reinforces female subordination and perpetuates male power and control," and are "violations of fundamental human rights that perpetuate sex-stereotyped roles that deny human dignity and the self-determination of the individual," (UNHCR, 2003). SGBV unfortunately takes many forms aside from rape and assault, including attempted rape, forced or attempted sodomy, defilement, incest, sexual exploitation and harassment, and forced prostitution (UNHCR, 2003).

While these acts are direct violations of refugee women and girls' inalienable human rights and are considered crimes against humanity, they also have direct implications for their reproductive health. Among the potential



A refugee mother and her daughter move their shelter after it was flooded during heavy rains in Chad (UNHCR, 2008, p. 4) Photo by H. Caux, July 2004

impacts of SGBV are unwanted pregnancies, where women may then have to decide whether to continue or terminate the pregnancy. However, because refugee women and girls from high-conflict areas may not have full access to medical facilities or resources that condone a safe and sanitary abortion procedure, they may resort to unsafe abortions to terminate their pregnancies. This can include ingestion of toxic substances, insertion of foreign bodies by unqualified individuals, and use of harmful traditional concoctions (World Health Organization, 2020). Not only do these methods have immediate health repercussions such as hemorrhage, infection, heavy bleeding, and damage to the genital tract or internal organs, but they also have long-term effects that can impact the woman's future ability to have children by damaging the uterus or jeopardizing her life (World Health Organization, 2020). In fact, as many as 25 to 50% of all pregnancy-related deaths in refugee settings can be attributed to unsafe abortions (Lehmann, 2002). In this case, there is an identifiable reversal in the intergenerationality of the refugee experience, where women are at a heightened risk of losing their ability, and their right, to have children altogether as a result of SGBV and their refugee status.

A further potential health impact of targeted-SGBV for particular populations of refugee women and girls are sexually-transmitted diseases and infection, most notably HIV/AIDS. In conflict-affected areas of sub-Saharan Africa such as Sudan, Burundi, Rwanda, Sierra Leone, and the Democratic Republic of the Congo, mass rape is estimated to contribute to at least 5 HIV infections per 100,000 women (Supervie et al., 2010). This high prevalence and the health implications that result from HIV/AIDS can also increasingly affect refugee women and girls from these conflict-affected areas because they are more susceptible to HIV infection than men and boys, they bear the burden of the disease in separate ways than men, they have less access to women-centered HIV prevention methods, and they are more likely to experience greater stigmatization and discrimination as a result of their HIV-positive status (UNHCR, 2008). HIV/AIDS also presents as a particularly important intersection for identifying the intergenerationality of refugee status because it can be transmitted from a pregnant HIV-positive mother to her fetus, where in 2019 alone as many as 110,000 children acquired HIV as a result of vertical transmission of the disease (UN AIDS, 2020). This illuminates the biological transmission of both HIV/AIDS and SGBV between generations as a result of some women's experiences as refugees in conflict-affected areas like sub-Saharan Africa.

Further, certain refugee women and girls are at an increased risk for being the victims of harmful traditional



A pregnant Sudanese woman carries her baby on her back after fleeing an armed rebel group attack. (UNHCR, 2008, p. 174) Photo by S. Mann, 2002

and cultural practices that can negatively impact their sexual and reproductive health (SRH). One such practice known as female genital mutilation (FGM), which involves the cutting of young girls' genital organs for non-medical, sociocultural reasons, is best considered in the personal experience of Esther, a young Sierra Leonean refugee (UNHCR, 2003). Esther describes:

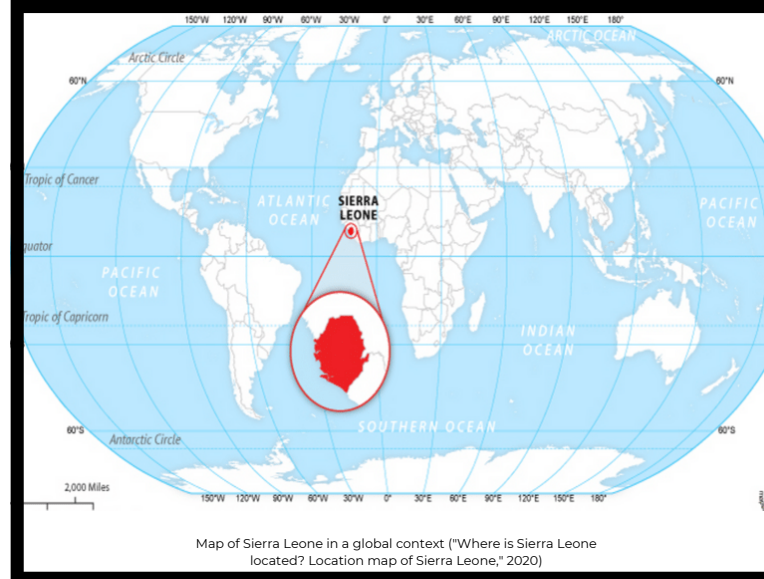
"I lived in Freetown in Sierra Leone. I had a happy childhood... The only difficult thing I had to face was that my aunts used to come from the village to see my father and tell him it was time for me to join the secret society. That meant that it was time for me to be cut, to be circumcised. My father ... didn't want me to go, he

said, it's evil. ... He protected me and said I didn't have to do it." (UNHCR, 2003).

Esther then describes how warfare caused her to lose her parents and immediate family, and because she was left unprotected, she was then sexually-assaulted by soldiers (UNHCR, 2003). Esther further describes:

"I couldn't stay in Freetown because everyone knew I had been taken to the bush by [soldiers] but I couldn't go back to the village, because I didn't want to be circumcised. I knew I didn't want to do it because I have heard how it is done - they don't even sterilize the knife and the girls bleed a lot and sometimes they die. The government has tried to stop it, I know, but they had to back down because all the people protested. So if a family member wants to do it there is no one to stop them." (UNHCR, 2008). Esther was visited by an uncle from the United Kingdom, who then helped her move to England and she is now 18, going to college, and wants to be a social worker (UNHCR, 2008).

Esther's experiences with FGM in her society reveal importantly that this practice is specific to only certain regions of the world such as Sierra Leone, and must not be considered in the context of all refugee women and girls. Nonetheless, although Esther was fortunate to evade being a victim of this practice herself, many refugee girls are at a heightened risk of FGM because of the deep sociological roots through which it is culturally maintained, such as the belief that it ensures a girl's virginity until marriage, that it brings honor and prestige to the family within their community, and that it controls girls' sexual desires (Klein et al., 2018). While it is often viewed positively as a rite of passage in certain practicing cultures, FGM can have severe immediate and long-term health consequences of reproductive morbidity, such as extreme pain, staphylococcus infections, recurring urinary tract infections,



hemorrhaging, formation of cysts and keloids, dysuria, and even death (Klein et al., 2018). FGM can also affect future obstetric and fetal health outcomes, where it increases chances of infertility, maternal hospitalization time, low birth weight, obstructed labor, and the need for a cesarean section (Klein et al., 2018). These effects highlight the intergenerational underpinnings of FGM, where it can impact the health not only of the women it is done to but their children's health as well. It is particularly important to focus on disrupting this practice in the context of young girls in refugee camps because as awareness spreads of its need to be extinguished, FGMs may instead be performed in secret so as to maintain the tradition, causing them to go unnoticed in camps ("Combating FGM in Kenya's refugee camps," 2003).



A refugee woman carrying her baby as they join thousands fleeing conflict in the northern Tigray region. (Elhag, 2020)



Esther's story and those of girls like her who could not escape the procedure themselves reveal how FGM is an extreme and direct violation of the victim's sexual and reproductive health and rights. In camps and other regions where FGM does occur, refugee women's sexual and reproductive health must continue to be advocated for to bring attention to and prevent the harm that can result from FGM.

A second potentially harmful traditional practice that is also necessary to consider through the experience of a refugee herself is forced child marriage, defined as "the union of two persons at least one of whom is under 18 years of age" (UNHCR, 2008).

Madiha is an 11-year-old Sudanese refugee living with her family in the Mile refugee camp in Chad (UNHCR, 2008). Madiha's father had arranged a marriage between Madiha and one of his friends, who was 38 and had already paid the bride price for Madiha. Madiha's mother, however, who had also been married at 11 and gave birth to Madiha only three years later, stepped in to stop the marriage. This intervention on Madiha's marriage came at a price however, both in the form of the lost bride price and the resultant abuse of Madiha's mother by her father. Madiha's mother then had to sell the remainder of her jewelry to pay off the bride price. (UNHCR, 2008).

While it is again critical to note that child marriages are not an experience shared by all refugee women and girls, Madiha's story illuminates the contention surrounding child marriages in the regions of the world such as Sudan or parts of sub-Saharan Africa where they do occur. As seen through the case of Madiha, this practice can occur as a result of scarce resources, where girls may be seen as financial burdens in the family or the family may simply need the money to survive (UNHCR, 2008). It is important to note the economic underpinnings and exchanges surrounding the sociocultural practice of child marriages, especially for refugee families such as Madiha's who are unable to secure financial stability while living in

refugee camps. This economic insecurity is further exacerbated by humanitarian crises and host governments' inadequacy in processes of physical and financial resettlement, often times pressuring families into seeking husbands for their young daughters. However, this practice can directly impact not only the young girl's SRH, but her entire life. At 11 years old, Madiha would have been denied her childhood, time with her family, and physical and psychological developmental periods necessary for her growth. She likely would have moved in with her new husband and in-laws, which could have resulted in her abandoning her education while also placing great psychological and emotional stress on her shoulders (UNHCR, 2008). As was the case for Madiha's mother and other women like her, child marriages can also coincide with the girl reproducing and having children at a significantly young age, which may result in ulterior health impacts for the mother and fetus such as preterm delivery, low birth weight, and infant mortality (Magill & Wilcox, 2007). Madiha's story elucidates how child marriages can infringe upon refugee women and girls' enjoyment of their sexual and reproductive health and rights, while her mother's story demonstrates how child marriages contribute to the early transmission of the refugee experience from a young mother to her children.

While sexual and gender-based violence unfortunately impacts the realities of many refugee women and girls around the world today, its high prevalence only further emphasizes the importance of not only protecting but strengthening the sexual and reproductive health and rights of refugee women and girls. Importantly, it is also a necessary challenge for interrupting the intergenerationality of the negative biological consequences of the refugee experiences as a result of targeted SGBV, which will persist until every refugee woman and girl has their sexual and reproductive health and rights secured.



Accessibility to Maternal Care

INVESTIGATING PREGNANT WOMEN'S EXPERIENCES IN GERMANY'S RECEPTION CENTERS

Pregnancy is a critical time for the development of the fetus because it is influenced by both the external environment and the carrier's individual health. The environmental impact on gestation occurs through epigenetics, and encompasses the intergenerational aspect of maternal health. A pregnant woman may go through periods of severe malnutrition, experience heightened levels of stress and anxiety, or encounter extensive housing and financial insecurities as they wait on being granted asylum. All of these factors have been reported as contributing to pregnancy complications, premature birth, infant mortality, and maternal mortality (Powrie et al., 2010, p. 601). Additionally, these risks may often go unaddressed and translate into the next generation with no regard to how the environmental circumstances of gestation impacted fetal development. This next section will examine the experiences of refugee women in Germany's reception centers to consider how these factors contribute to the epigenetic effects on refugee women and the generations that follow.



MALNUTRITION

Pregnant women residing in Germany's reception centers reported poor food quality and were only allowed two meals per day (Gewalt et al., 2019, p. 8). They also reported having to ration out their meals and adjust their eating schedules to prevent feelings of constant hunger, whereas the financial aid they received from the reception center was too minimal for being able to purchase healthy foods from local grocery markets (Gewalt et al., p. 8). The reception center also did not provide culturally-based foods, which further exemplifies the reception center's continued dismissal of access to appropriate nutrition for their prenatal and cultural needs (p. 9). This may be true for most countries who place refugee populations in camps and reception centers, which is alarming for the effects of malnutrition on fetal development. Without proper nutrition, the pregnant woman is at risk for gestational complications, adverse birth outcomes, and miscarriage. The fetus, on the other hand, would be at risk for preterm birth, low-birth weight, and infant mortality, as well as neurodevelopment disorders in the later course of their life (Kinsella & Monk, 2009, p. 437). The epigenetic effects of malnutrition are also present in gene expression of generations that follow the initial person that experienced the food insecurity (Barua & Junaid, 2015, p. 87). This accounts for the increased risk of neurodevelopment disorders among children and grandchildren who's relative had the experience of staying at a reception center as they waited to be granted asylum, which is a process that can take years to complete.

HOUSING AND FINANCIAL INSECURITY

According to Gewalt et al., (2019) Germany's reception centers were located in the Southern parts of the country. The populations they received were from West Africa, West Asia, South Asia, and East Europe (p. 7). There are only a few reception centers that assign pregnant women to different facilities, but they are often met with the same amenities as other facilities with populations of non-pregnant women. These women can be transferred between facilities multiple times with no regard to how strenuous it may be for the woman or her baby. They described the reception centers as highly unsanitary, crowded, and strict in their regulations (p. 3). The state accommodations provided small allowances that would help with costs of their needs. However, the amounts were based on the standard of the state's minimum accommodations rather than the financial costs of their basic needs (p. 2). The living conditions that these women are forced to bear demonstrates the state's priority in providing basic care that generalizes the needs of all women over the individualized needs among the populations they received. The variety in countries of origin indicates that these women come from differing backgrounds and may need specific forms of care that support their individual, cultural needs.

MATERNAL STRESS

Stress during pregnancy has also been reported as a contributing factor to neurodevelopment disorders in fetal brain development. Maternal stress particularly affects parts of the brain that are associated with mental illnesses (Kinsella & Monk, 2009, p. 428). Psychological distress experienced by the mother can translate into an increased likelihood of pregnancy complications and anxiety disorders throughout their child's life. Pregnancy complications occur because of hormonal imbalances that restrict the fetus from receiving an appropriate amount of cortisol for neurobehavioral development (Kinsella & Monk, p. 431). During gestation, the fetus responds to the lack of cortisol with decreased fetal heart rate and blood flow to the uterus, which translates into low birth weight and preeclampsia (p. 436). Pregnant women in Germany's reception centers are prone to stress from insecurities regarding their health, nutrition, housing, and finances, while their children become prone to depression, attention deficit hyperactivity disorder (ADHD), and anxiety in their child and adolescent years (p. 426).

All of these risk factors are followed by a higher prevalence to maternal and infant mortality (Powrie et al., 2010, p. 601). The intergenerational biological effects begin with a pregnant woman's social experience as a refugee. In addition to the experiences associated with that status, the time intermitting between relocating and being granted asylum have significant impacts on maternal health. These lived experiences become engrained in one's biology and their health consequences can be passed on through the genetic expression of an infant's gestational and perinatal environment. Pregnancy is one medium to account for the environmental factors influencing the genetic expression of fetal neurodevelopment, and can have lasting effects on the generations that follow.

LACK OF PRENATAL CARE

Pregnant women also reported lacking appropriate prenatal care and maternal health advice while residing in Germany's reception centers (Gewalt et al., p. 9). The prenatal period is critical for monitoring maternal and fetal health, and lack thereof can leave gestational risks and abnormalities undiagnosed and untreated. One woman admitted that she was dissatisfied with her experience in the reception center because there were no health-specific practices that would improve the overall health of pregnant women at the reception center, despite being assigned to specific facilities based on their physical conditions (Gewalt et al., p. 9). The reception center restricted their amenities to a basic level of care that was not sufficient in maintaining optimal health. Strict regulations also restricted their ability to seek care elsewhere and forced them to withstand the circumstances they were placed in. With the amount of stress, food insecurity, and financial barriers these women experienced, adequate prenatal care and maternal health screenings would have potential in reducing the epigenetic impact of waiting to be granted asylum.

CYCLE OF TRAUMA: VIETNAMESE REFUGEES LIVING IN CANADA AND THE US

Intergenerational trauma is the transmission of trauma from one generation to the next. The idea of trauma being heritable is driven by the generational associations that accompany psychiatric disorders and adverse behaviors in families. Consider the history of Vietnamese refugees in the United States and Canada. In 1959, the second Indochina war erupted between North and South Vietnam in an attempt to secure the 'Viet Cong's' independence. With military support from the US, the anti-communist South finally possessed the weaponry and financial means to successfully defend their self-determination. However, due to national criticism over US involvement in foreign war conflict, the US withdrew from the alliance, resulting in the death of millions of Vietnamese civilians. (Dinh, 2009). By the end of this war, approximately one million of surviving Vietnamese communities were displaced and forced to relocate to refugee camps or granted asylum (Lambert, 2017).

In a study conducted to analyze the impact of intergenerational trauma on second-generation Vietnamese refugees from Canada, 12 Vietnamese and Tamil Refugees were interviewed. One Vietnamese participant's recollection of her childhood is cited below:

"There was a lot of anger in me. I couldn't express it because my parents considered expressing emotions to be disrespectful. [...] I have a lot of memories of my parents being angry and shouting at each other and me being very scared. I was disconnected to what my [emotional] needs were and how to express them, because they weren't really met" (Jeyasandurum et al., 2020, p. 418).

This response suggests that when parents avoid discussing the circumstances that led to their relocation, children grow up with resentment towards their parents, followed by family dysfunction, depression, anxiety, and loneliness due to the internalization of their inability to understand their parent's history of trauma (Jeyasandurum et al., 2020, p. 418).

In another study implemented to determine the extent to which psychological trauma impacts foreign-born Vietnamese Americans, researchers measured whether

undergoing forced displacement (refugee status) has a greater impact on the onset of trauma, than voluntarily choosing to leave domestic countries (immigrants). In Vietnamese refugees, findings revealed that sex, age at which a person immigrates, and pre- and post-migration trauma were positively correlated with psychological distress (Kim et al., 2018, p. 389). Whereas, in Vietnamese immigrants racial discrimination was the only variable that was significantly, positively-correlated to psychological trauma (Kim et al., 2018, p. 389). Therefore, these differences suggest that refugees and migrants have uniquely different risk factors that exacerbate trauma, with there being potentially more external influences for refugees.

HOW IS THIS IMPORTANT?

Repeated exposure to trauma during migration can foster negative mental health outcomes in first and second-generation families. This occurs when stress is expressed through acute health problems immediately after migrating, but persists long after resettlement due to demographic variables (Sangalang & Vang, 2016, p. 746). Additionally, children of refugees exposed to parental post-traumatic stress disorder (PTSD) may acquire the psychosocial transmission of distress (Sangalang & Vang, 2016, p. 52), as parents may withhold addressing critical mental health disorders or trauma.



Featured in this image is the Truong family. After escaping Vietnam in 1975 and in the aftermath of the second Indochina War, when the Northern Vietnamese Army defeated the South in Saigon, they sought refuge in the United States.



*This image was provided Thu-Thuy Truong (on the far right).

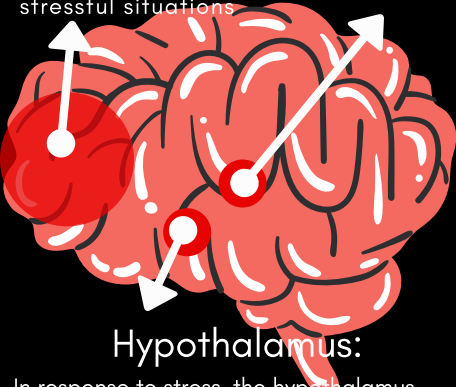
The Biology of PTSD

Prefrontal Cortex:

Plays a central role in anxiety responses to stressful situations

Amygdala:

Stimulates anxiety responses to stressful situations



Hypothalamus:

In response to stress, the hypothalamus releases hormone to the pituitary gland, which allows for the release of cortisol by adrenal glands

Heart:

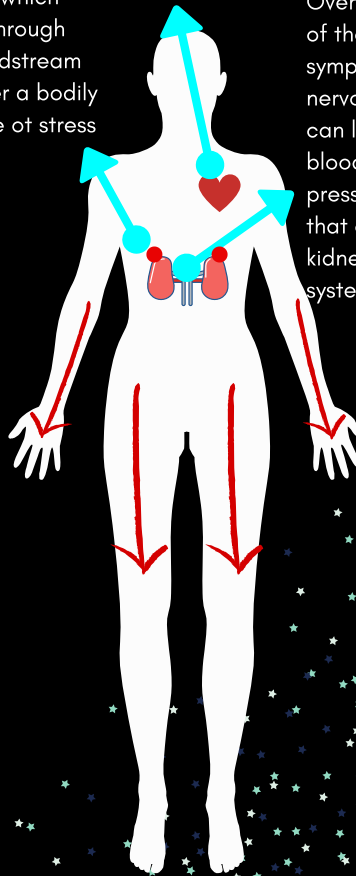
Stressors lead to increased heart rate, which increases blood pressure and heart disease

Adrenal Glands:

Mediates the release of cortisol, which travels through the bloodstream to trigger a bodily response of stress

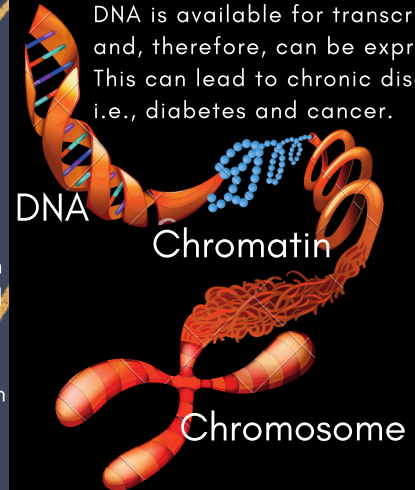
Kidneys:

Overstimulation of the sympathetic nervous system can lead to high blood sugar and pressure levels that alter the kidneys' filtration system



Epigenetic Factors:

The binding of epigenetic factors to histone tails on DNA affects what DNA is available for transcription and, therefore, can be expressed. This can lead to chronic diseases, i.e., diabetes and cancer.



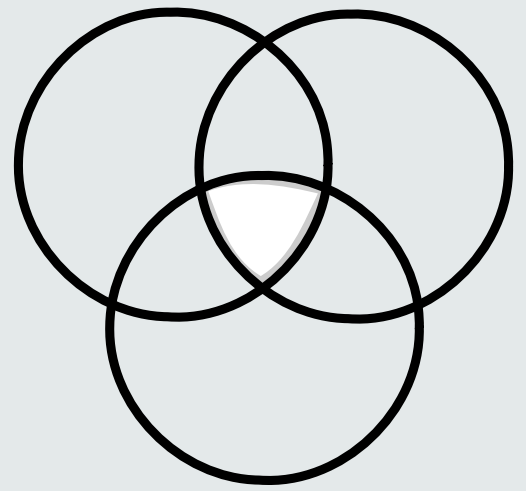
The neurological and physiological systems of the body enable humans to either take action, run, or react quickly to stressors. Thus, the brain is an important component to both how humans respond to and perceive trauma. Trauma spectrum disorders are generally associated with a reduced hippocampal volume, which may result in impaired learning and memory processing. Despite having similar inner functional changes, individuals exhibiting these disorders will also demonstrate delayed responses that largely vary as they encounter different stimuli. Trauma spectrum disorders show a definitive link to stress and typically include PTSD, Major Depression, Dissociative Identity Disorder, and Borderline Personality Disorder (Clow & Smyth, 2020, p. 15). These conditions often result in a buildup of norepinephrine, a chemical neurotransmitter released by the body within the 'fight or flight' response of the sympathetic nervous system (Bremner, Krystal, Southwick, & Charney, 1996a, 1996b). Therefore, understanding brain circuitry is critical to preventing overactivation of stress systems that can induce unintended responses in the body, i.e. epilepsy, anxiety, and depression.

The allostatic load is an important component to the experiences of both refugee women and children from war-impacted countries. The allostatic load refers to the accumulation of chronic stress overtime that can lead to the "wear-and-tear" of the body. Prolonged exposure to trauma-evoking events weakens the body's capacity to fight against foreign pathogens by increasing cortisol levels and altering the responses of the immune system. In a study conducted on Somali, refugee children to measure the correlations between refugee minors and depressive disorders, data revealed that there was a positive association between child refugees and PTSD and depressive symptoms (Kia-Keating & Ellis, 2007). Consequently, refugee status may present a stable predictor for the onset of low mental health outcomes between generations.

Epigenetics is the study of how environments and behaviors can cause heritable changes to our phenotype, without directly altering DNA sequencing. Epigenetics is critical to understanding how trauma has chronic effects on populations with increased exposure to stressors. The impact of stress disorders is uniquely-expressed in each person. However, research on the transmission of PTSD in refugees tends to focus on its psychiatric functions. From an evolutionary perspective, mammals have a select means of evaluating threatening or non-threatening conditions. Human bodies respond to stress-evoking events through physiological mechanisms that often require accelerated responses from the heart. Typically, this requires the activation of the body's defense systems yet, for individuals with PTSD, this may lead to overactivation or stimulation of stress pathways in the hypothalamic-pituitary-adrenal (HPA) axis and the sympathetic nervous system (Levine et al., 2014, p. 3). As a result, PTSD is a risk factor for increased early mortality rates and chronic diseases—e.g., hypertension, obesity, cardiovascular diseases, and diabetes (Levine et al., 2014, p. 1). Although rates of PTSD may decrease over time, incidences of depression remain stable among refugees (Huemer et al., 2013), suggesting that trauma persists long after resettlement.

The Intersections of Identity

Health outcomes of refugee populations are a biological response to their social experiences in the host country. This section will examine how identity is an essential indicator for an individual's social and biological experience as a refugee. Refugee individuals fleeing from conflict in their home countries may experience the same, or worse, level of conflict in the host country. The legal barriers that prevent refugee women and children from being granted asylum into host countries can leave a biological imprint that affects the overall quality of health for the generations that follow. Hence, individual identity is crucial in examining the intergenerationality of physical, mental, and reproductive health, as their social experiences are defined by the culture and politics of the host country.



GENDER AND SEXUALITY

The gender identities of transgender individuals are often not supported by members of their home country. As a result, they are fifteen times more likely to experience discrimination, violence, and sexual abuse within refugee camps and private detention centers (Hoffman, 2015). For example, a transgender Guatemalan woman named Nicoll Hernandez-Polanco escaping gender oppression from her home country continued to experience gender oppression and sexual violence when she sought asylum at the U.S.-Mexico border. U.S. Customs and Border Protection agents placed her in an all-male detention facility and she was repeatedly assaulted by agents and male inmates (Hoffman, 2015). Hernandez-Polanco's attempt to flee from persecution forced her to relive her trauma and left no room for healing from those experiences. The implicit homophobia and transphobia embedded in U.S. culture is demonstrated in their disregard for Hernandez-Polanco's gender identity and failure to protect her from gender-based violence.

RACE AND ETHNICITY

It is also important to recognize the polarities between the experiences of refugee and asylum-seeking individuals in terms of race. Black individuals may be denied refugee status, or be prolonged as an 'asylum-seeker,' because of racist structures of the dominant society within the host country. An example of this is how European host countries, particularly the United Kingdom, Germany, France, and Italy, maintain a hierarchy of those that are deserving of refugee status based on their economic interests and their perception of the applicant's ability to fulfill those interests (Schuster, 2003, p. 237). The countries with the least amount of applications approved consisted of individuals from Somalia and the Democratic Republic of the Congo (Schuster, 2003, p. 246). The same is true for Black individuals seeking asylum in the United States, whom also reported higher rates of discrimination from U.S. citizens and immigration authorities. This was especially true for Somali asylum-seekers, who were targeted for deportation by ICE in 2017 (McKanders, 2019, p. 23). In contrast to the UNHCR's regulations on refugee populations' rights to asylum, host countries are delaying the process of granting asylum based on those they racially stereotype as dependents to government welfare.



Another prominent influence on the experiences of refugee and asylum-seeking individuals are their spiritual beliefs and religious practices. The largest producers of refugee populations fleeing conflict due to religion are countries with high populations of Muslim individuals, particularly in Iran, Libya, and Syria (Toft, 2007, p. 34). There is also a considerable refugee population of Hindus from India that faced conflict with Buddhist populations in Sri Lanka (Centre for Documentation and Research, 2021). When refugee and asylum-seeking individuals enter a host country to escape persecution and violence for their religious beliefs, they are subject to experience additional prejudice that stems from xenophobia in the country's dominant culture. Coupled with xenophobic prejudice, government policies like Executive Orders 13769 and 13780 target the accessibility of refugee status for asylum-seeking Muslim populations to create a legal barrier that renders these individuals as threats to national security. Hence, the sociopolitical pressure of refugee and asylum-seeking populations can also be a factor of their religious affiliation and practices.





Children's art by Syrian Refugee Children In the Azraq Camp (Artista, 2018). Joel Artista, the co-founder of Artolotion, aims to alleviate the lack of trauma relief and mentorship programs by creating artistic projects, such as mural painting, for refugee populations in Jordan.

Identity is essential for understanding how a refugee individual experiences the barriers to being granted asylum. The intergenerational effects of refugee status are not just biological, but also social. Systems of oppression, such as racism, sexism, transphobia, and xenophobia, contribute to the cycles of intergenerational trauma experienced by these populations. In an effort to present refugee individual's experiences through their perspectives, we will include some artwork, films, and other forms of media that encompass the topics covered in this magazine.

ARTWORK BY REFUGEES

Description for image pictured above:

Joel Artista is an artist and activist who collaborated with Syrian artists at the Za'atari and Azraq refugee camps in Jordan to create an educational art program. He believes that "there is a lack of arts and culture that enrich the human experience and no platform for refugee voices to reach out to the world to tell their own stories" (Artista, 2018). With this, he co-founded a program that provided creative and artistic activities for youth to participate in, as well as trauma relief and mentorship programs. Such a program provides a reversal of intergenerational effects, as it gives a creative outlet for children and their families to alleviate stress and find mentors that can help ease the strain of such a stressful situation.



Hoping to Survive, by Razieh Gholami (2019), was part of a series of artworks done by refugees in the Moria camp in the Greek island of Lesbos. The theme of the gallery was to reshape the perspectives of refugees by providing a visual representation of their first-hand experiences. This image depicts populations of refugees arriving in European countries that are bound to be flicked away, which conveys a common response of European countries.



Mother Earth, by Hamid Heidari (2019), was also part of this series. The painting depicts a pregnant woman's silhouette carrying an Earth in her womb. This work expresses how pregnant women manifest their physical environment and emotional self into their womb. Considering the topics we covered, we can understand this as a common issue among refugee populations.

FILM PORTRAYALS

***The Red Sea Diving Resort* (2019) [Movie]**

This movie tells the story of an Israeli agent who leads Ethiopian refugees from Sudan into Israel. The plot is rooted in true events that occurred in the 1980s as part of a secret mission by the Israeli military and the U.S. military to smuggle refugees through a camp disguised as a hotel and resort for tourists. Although the film provides some insight on the refugee crisis in Ethiopia, it uses an approach that centers a white man's perspective on the issues of Ethiopian refugees. The refugees are portrayed as helpless individuals escaping to a better life in Israel, which can be misleading in its promise of a happy ending for refugees who successfully fled from conflict in domestic countries.



FILMS TO WATCH



***Human Flow* (2017) [Documentary]**

This documentary takes a first-hand approach to the lives of refugees in camps through the director's interactions with the individuals themselves and those that provide aid. There were some scenes that captured incidents of xenophobic violence against refugees, which demonstrates the reality of how these populations continue to face persecution in the host countries with preconceived notions of their identities and purposes for migrating. The viewer can witness the conditions that these individuals withstand to survive the long process of being granted asylum.

***Exodus: The Journey Continues* (2006) [Documentary]**

This film provides an intimate perspective on the lives of Syrian, Arabic, Iranian, and African refugees that have relocated to eastern Europe and the United States, and that are residing in camps while waiting to be granted asylum. The insights on how these individuals attempt to conceal their identity to be accepted into the host country is an example of how identity influences one's experience as a refugee. It also shines light on the ways host countries politicize the influx of refugee populations due to negative perceptions that paint them as terrorists or economic burdens.



Amplifying Refugee Voices: Ways You Can Help

To citizens of host countries that accept refugee women and children, it is important to acknowledge the ways in which their society oppresses this particular group of people. Refugee women and children coming to seek asylum from war-torn countries have gone through something very traumatic in nature, and it is imperative that a space is created in which the host population may come together and advocate for the needs of this particular population. Moreover, the process of resettlement has allowed refugee women and children to neglect their physical and mental well-being. Speaking out on the lack of accessibility of resources for refugee families can, in the long run, bring these issues into the public eye so that reform can occur. Once these legal and medical changes have been made, the intergenerational legal, health and social effects of refugees may lessen. With this, refugees may be able to have fuller access to proper resources in their host country and be able to independently support themselves. Additionally, bringing awareness can lessen the negative public perception of refugees. This can also alleviate the chronic stress that refugees face as well as reduce the detrimental effects of sexual, reproductive, and mental health on refugee women and children since these health effects often go overlooked.

Image below: A protest was held in London to show solidarity with refugees (Karmi, 2016). Photo by Andrew McConnell.



STAY CAUTIOUS ABOUT BEING COMPLICIT

It is easy to fall into the cycle of complicity, especially when host countries may already have a negative perception of refugees. This negative perception is largely based on the vulnerability of this particular population. However, it is important to acknowledge these implicit biases are due to the perceived fears of having refugees enter the country. Having compassion for this population will ultimately contribute to their success in integrating into their host countries.

OPPORTUNITIES

Ways you can help

There are various ways in which you can help out refugee women and children. Depending on how much time and resources you have, you may:

Donate Items/Money

The IRC (International Rescue Committee) assists those who are affected by conflict and disasters. They help refugees rebuild their lives in the United States and in other countries. IRC offices welcome all donated goods. Find an IRC office near you:

<https://www.rescue.org/where-we-work>

Donate money here:

<https://help.rescue.org/donate/help-refugees-in-winter>

Welcome a Refugee

Finding housing after relocating to a host

country may be difficult for refugees. The IRC has partnered with AirBnB to create OpenHomes, a program that allows local residents of host countries to provide temporary housing to refugees that are in need of stable housing. Learn more here: <https://www.airbnb.com/openhomes/refugee-housing>

Volunteering Opportunities

UNHCR Volunteer Opportunities

The UNHCR provides International volunteer opportunities as well as home country opportunities: Apply here: <https://www.unv.org/become-volunteer>

Access California Services

AccessCal is a culturally-sensitive organizations based in Orange County that aims to give back to and empower underserved populations. Apply to become a volunteer here: <https://www.accesscal.org/join-us/volunteer/>

ACTION

EDUCATE YOURSELF ON THE REFUGEE EXPERIENCE

The refugee experience is undeniably complex, and every experience is different. However, it should be noted that these experiences are often underrepresented and unfortunately ignored. It is important to be educated on world affairs and the international conflicts that create the displacement of several groups of people. With the increase of refugees due to war conflicts, understanding why there is an influx will allow the residents of host countries to better understand the circumstances that refugees face.

EXAMINING THE EXPERIENCES OF REFUGEE POPULATIONS IN THE HBS WAY

Throughout this magazine, we examined the legal, social, and biological factors that shape the experiences of refugee and asylum-seeking populations. The migrant groups we dedicated our magazine to were refugees fleeing from conflict incited by war, civil tensions, lack of socioeconomic opportunity, and persecution of their individual gender and cultural identity. By examining the experiences of refugee and asylum-seeking populations in contemporary contexts, we have revealed that the global refugee crisis is a result of a system that fails to protect refugees from oppression in domestic and host countries. The United Nation's Declaration of Human Rights demonstrates itself as an insufficient measure for granting one the necessary accommodations for relocating after experiencing such human rights violations, especially when considering the conditions refugees and asylum seekers are forced to survive upon entering the host country. With that said, we are emphasizing that this is not just a social issue, but a biological one as well. The health implications of refugee status are transcribed by their social experiences, and, therefore, should urge attention to these issues so that the intergenerational effects are barred from the refugee experience.

Nonetheless, if we take the steps to combat these oppressions with awareness of the refugee experience and a redefinition of "human rights" that would cater to the individual's needs, there is strong potential to achieve equitable access to quality health outcomes and social mobility for these populations. It is not enough to provide the bare minimum to individuals seeking aid after such excruciating circumstances because it creates complicity to larger systems of oppression such as racism, sexism, classism, and xenophobia. The responsibility of dismantling the refugee crisis should not be left for NGOs to accomplish; it should be a network of international, domestic, and social support from industrialized countries that reverse the effects of imperialist intervention, sociopolitical corruption, and economic destabilization within developing countries. More importantly, attention to these issues begin with the individual that has no experience with displacement and trauma from structural and social oppression. We hope that this magazine incites increased awareness of the interrelations of a refugee and asylum-seeking individual's status, health, and identity so that it encourages motivation to take action against the ills of international and domestic immigration policies.

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