



# Protective Factors for Refugee Caregivers' Mental Health and Wellbeing

Julie M. Olomi, Elly Miles, Anne P. DePrince, & Sarah E. Watamura

University of Denver



## INTRODUCTION

As of 2017, approximately 67.8 million individuals are currently displaced, 51% of which are children.

Children rely heavily on their caregivers to provide protection and a model of adaptation in the face of their experienced adversity. Caregivers face particular challenges above and beyond those faced by all refugees, such as moderating their children's exposure to war and its associated traumas as well as managing their own distress response.

In light of their critical role, refugee caregiver wellbeing has been increasingly investigated. As this area of research begins to grow, a synthesis of protective factors identified to date is needed to guide future research and promising interventions.

This review seeks to systematically identify protective factors in the existing literature on displaced or resettled refugee caregivers. Protective factors are defined as individual, family, social, or structural resources capable of interrupting and lessening the impact of risk.

## METHODS

Four databases: PILOTS, Psycinfo, Google Scholar, and Pubmed  
 Dates: Between 1990 and November 2017  
 Search Terms: refugee or asylum seeker or displaced AND parent\* or family or caregiv\* or mother\* or maternal or father\* or paternal

1275 results

Inclusion criteria: (1) pertaining to refugees caregivers, (2) specifically mentioning protective factors, (3) using qualitative, quantitative, or mixed methods (4) were peer reviewed or dissertations, and (5) written in English, Spanish, or French.

251 articles selected for abstract review

55 articles retained for full manuscript review

29 articles identified as fitting the inclusion criteria

Themes								
I. Social Support	n	%	II. Structural Support	n	%	III. Cognitive Strategies	n	%
<b>Ethnic and religious support:</b> support from others from same country, other parents, instrumental support (e.g. helping with pregnancy), friendships	17	59	<b>Community services:</b> culturally appropriate tool, facilitating navigation of host country (help with banks, schools, language, etc.), community services (child care, health care social services, etc.)	8	28	<b>Faith and meaning making:</b> ascribing meaning and perspective taking through faith, cultivating forgiveness, normalizing distress	8	28
<b>Family social support:</b> family ties, maintaining family roles, working towards reunification	9	31	<b>Increased access to economic resources:</b> establishing economic stability and success, resettlement associated with access to basic needs, housing, & education.	8	28	<b>Motherhood as a source of hope:</b> witnessing offspring succeed, feeling close to own children and families	6	21
<b>Maintaining culture of origin:</b> sharing in tradition with others, access to elements from culture of origin locally	3	10				<b>Communication style:</b> talking with family, sharing in old memories, expressing feelings, avoiding traumatic topics	4	14
<b>Host community support:</b> help from strangers, government policies and aids allowing for legal residence	3	10				<b>Flexible parenting:</b> ability to adapt to local child rearing practices in host country, able to meet children's needs	4	14
						<b>Problem solving:</b> taking on proactive activities, addressing issues actively (e.g. seeking new living spaces)	3	10

Table 1. Identified themes of protective factors for refugee caregivers

## DISCUSSION

The review identified 11 protective factors falling into three specific themes:

- **Social support** emerged as a central protective factor across studies. Meaningful forms of support appear to occur in diverse settings such as in religious and ethnic communities, family relationships, with members of the host community
- **Structural support** promoting integration and reducing economic hardships were cited as predictors of wellbeing in the post-migration context. Thus, the alleviation of material and physical hardship may substantially affect caregiver mental health and wellbeing
- **Cognitive strategies** were frequently cited and covered a range of items from religious faith to communication style.

The identification of such broadly relevant factors are useful for global advocacy, policy, and intervention efforts. This review also informs future directions and possible avenues of increased research:

- Fifteen studies investigated only mothers, 3 investigated only fathers, and 12 investigated both. The study of fathers and their impact on child and family functioning have constituted a neglected area of research broadly. A focus on factors that promote fathers' wellbeing is important to further our understanding of protective refugee caregiver factors.
- Only 5 studies were conducted prior to resettlement and only four of these in low and middle-income settings. Very little is known about protective factors which may be unique to less resourced settings and in times when chaos and uncertainty may be higher.
- All but three of the reviewed articles were qualitative studies indicating the need for rigorous experimental designs that may test possible pathways toward enhanced caregiver wellbeing in high-risk contexts. Further, strengths focused programming that is co-provided with mental health treatment may result in substantial gains for refugee caregivers who present with serious mental health symptoms, but this relationship has not yet been studied.