



Resilience among young adult refugees, the role of connectedness and gender

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Abstract

Due to the ongoing war in Syria, 6,3 million people have been displaced since 2011. As a result of this, over 2,500 Syrian refugees seek asylum in the Netherlands every year. Promoting resilient coping in refugees is essential to aid them in overcoming adversity and integrating into their new communities. Previous research has shown that young people who experience social support from adults in their community have a tendency to cope with adversity more effectively than those who do not. As of yet, it is unclear if community connectedness is positively associated with resilient coping in young adult refugees. The current study aimed to gain insight into this relationship, and also investigated whether this association was moderated by gender. Fifty-six young adult Syrian refugees now residing in the Netherlands completed self-report measures relating to their feelings towards their new milieu and the capacity to which they utilise a resilient coping style. No evidence was found for a statistically significant relationship between community connectedness and resilient coping. Furthermore, no evidence was found to show gender moderating this potential association. Despite the non-significance of the results of the present study, this area is one that requires attention in order to support refugees in the Netherlands as much as possible.

Keywords: refugees, community connectedness, resilient coping, gender

Introduction

With war raging in Syria since 2011, 6,3 million refugees have been displaced, (Refugees, 2019). While the vast majority of Syrian refugees are hosted by countries neighbouring Syria, in the Netherlands, the total number of first applications for asylum in 2018 was 20,510 including 2,960 Syrian refugees ("Statistics - Netherlands | Asylum Information Database", 2019). Asylum seekers and refugees are more likely to experience poor mental health, such as depression, PTSD and other anxiety disorders than the local population (Talbot, 2007). In light of these staggering statistics and the ongoing global refugee crisis, it is essential that researchers, policymakers, and clinicians comprehend what is needed to foster successful adjustment in people from refugee backgrounds. This particular research aims to investigate broader social context and individual factors together, namely the effect of positive relationships with the new community on resilience for young adult Syrian refugees in the Netherlands.

The importance of protective psychological factors in the prevention of mental health symptoms is now well established (Taylor, Kemeny, Reed, Bower & Gruenewald, 2000). Protective factors are aspects of individuals or their environment that promote or maintain healthy development. People who make a good adjustment in spite of being at high risk are regarded as showing resilience (Kerig, Ludlow & Wenar, 2014). Resilience is a multidimensional construct which allows individuals to cope with traumatic life events (Campbell-Sills, Cohan & Stein, 2006). Specifically, resilient coping can be conceptualised as a tendency to efficaciously use cognitive appraisal skills in a flexible, devoted approach to active problem solving, despite stressful circumstances. It is a protective process that is associated with psychological and physical outcomes (Polk, 1997; Sinclair & Wallston, 2004). Protective factors that promote resilience in

young people include relationships with supportive adults and availability of resources in the social environment (e.g positive and encouraging role models) (Luthar, Cicchetti & Becker, 2000; Wolkow & Ferguson, 2000; von Soest, 2009). A focus on resilience in young refugees is essential to sufficiently represent their response to adversity and to help fathom their needs. Specifically, a contextual understanding of resilience processes is critical to guide clinical practice and the improvement of suitable support.

Community connectedness may be defined as the merging of individuals' desires to belong to a larger collective, create a mutually influential relationship with that collective, satisfy their personal needs and be satisfied through their collective affiliation, while constructing a shared emotional connection (Frost & Meyer, 2012). Research by Holt-Lunstad, Smith, and Layton (2010) and Kontis (2017) found the most important indicators of longevity were not exercise, the absence of alcohol or smoke consumption, but social integration in communities and close relationships. Connection to community has also been established as a protective factor in the experience of trauma (Schultz et al., 2016). When young adult Syrian refugees reach the Netherlands, they become a part of a new community and are surrounded by new people to form new relationships with. These relationships could hold the key to overcoming past experiences and creating a new, purposeful life. It also may be possible for them to achieve happiness through helping others in their community and becoming providers of support themselves (Den Elzen, 2018).

Sleijpen, Boeije, Kleber and Mooren (2015) conducted a study on sources of resilience in young refugees. They found social support and connecting to the culture or region of origin as the

main sources of resilience for young refugees. These young refugees indicated their main sources of support were: 1) family, 2) people from the same cultural background, 3) peers, and 4) professionals. These sources of support reduced their sense of threat posed by change, in addition to their sense of cultural loss. Adjusting to the new culture without forgetting their own culture was the most desirable result. This research highlights the significance of the larger social environment, as well as the interactions within them to buffer the adversities of being a refugee. It thus appears that connections with a supportive community promote and facilitate well-being in the aftermath of uncertainty, danger, and trauma.

According to the extant literature, significant gender differences can be noted in stress-related coping. Research suggests that women are more likely than men to suffer from stress-related psychiatric disorders, including posttraumatic stress disorder and major depression (Bangasser & Wicks, 2016). To allay the effects of these disorders, women tend to use social support as a stress reduction more than men do (Bangasser, 2014; Belle, 1991). More specifically, women maintain more emotionally intimate relationships than men do and are more likely to focus on emotions as a coping strategy (Liddon, Kinglerlee & Barry, 2017). Men find it harder to admit to having problems and do not express themselves as easily as women do (Liddon et al., 2018). Entering into an unfamiliar milieu may further increase the difficulty of utilising social support as a method of stress reduction for men. In contrast, women's responses are more connected to their social network and availability of support. If the availability of social support is present in their new community, women may find it easier to reach out and take advantage. Social support is noted to moderate genetic and environmental vulnerabilities for mental illness (Ozbay et al., 2007).

If this is the case, it may be easier for these young adult women to open up to members of their community, embrace social support, and create a sense of belonging to those around them, in turn, aiding them to overcome their traumatic experiences. Another factor which may influence a gender difference is the fact that female refugees now have improved access to educational and career opportunities and are faced with a cultural context that may create a shift in their traditional comprehension of gender roles, which may collectively contribute over time to the positive development of female refugees (Keles, Friborg, Idsøe, Sirin & Oppedal, 2016). Men were more often employed in Syria before moving to the Netherlands than women, who were often active as housewives (Dagevos, Huijnk, Maliepaard, & Miltenburg, 2018). An improvement in opportunities for Syrian women may occur as they become more independent, gain opportunities in education and work, and have the opportunity to meet new people. This shift in opportunity is noted as, in Syria, women's role in community life and social development at the local level is very traditional, especially in rural areas, due to their participation being discouraged in the public sphere. Furthermore, there are few local organisations in Syria that could serve as a forum for such independent, apolitical community involvement (UNHCR, 2010). For the present study, it is hypothesised that connectedness with the community will have a positive effect on resilience. It is also hypothesised that the strength of this interaction will be moderated by gender.

It may seem impossible to most, however, that in the face of extreme adversity, tragedy, grief, and unhappiness, humans are capable of renewal, and can achieve enduring happiness and wellbeing (Den Elzen, 2018). Investigating the effect a new community has on a young adult refugee can help us to promote and foster resilience, thus improving and advancing our stance on the current global refugee crisis.

Method

Participants

The participants of this study consisted of Syrian origin refugees ($N = 56$, 62.5% males) between the ages of 19 and 35 years (M age = 27.73), who have been in the Netherlands for at least 6 months and no longer than five years prior to the start of the study. Participants were only included if they could read and answer questions in Arabic. Participants were contacted through a cultural advisory board, language centers, asylum seeker centers, community centers, social media, and organisations such as VluchtelingenWerk Nederland (Dutch Council for Refugees).

Procedure

A Cultural Advisory Board was established to ensure a smooth process. This included young adults, volunteers, and staff who have Syrian heritage and/or hold expertise in collaborating with Syrian youth in the Netherlands from our relevant organisations and networks. Potential participants were first given a presentation providing general information about the study and what to expect from the questionnaires. Potential participants were given time to ask questions and decide whether or not they wanted to participate. When a participant decided to continue, written informed consent was provided. Questionnaires were then completed on electronic tablets or, if preferred, on paper. Members of the research team (including at least one Syrian, Arabic-speaking team member) were present to answer any questions posed by the participants and provide instructions. Participants received financial compensation (up to €10) for participation.

Measures

For all measures, an Arabic translation was created by using the back-translation method. Community connectedness was measured using the Identification with All Humanity (IWAH) Scale (McFarland, Brown, & Webb, 2013). The IWAH (see Appendix A) consists of nine five-point Likert-type items dealing with different aspects of identification. For each of these aspects, participants specify the extent to which they describe their relationship to people in their new community, to people from Syria, to people from the Netherlands, and to all humanity. In the current study, only identification with the new community was investigated, for example, “Some people think of those who are not a part of their immediate family as 'family'. To what degree do you think of the following groups of people as 'family'? - People in my community”. McFarland, Webb, and Brown (2012) reported a series of 10 studies testing the validity of the IWAH. By regressing it upon the other identifications and all individual differences, the IWAH showed construct validity. It correlated .46 and .37 with the raw and controlled measures of universalism, demonstrating around 20% variance overlap among the IWAH and universalism. For most participants, it appeared consistent over time and free of social desirability confounds, particularly with other identifications controlled. The IWAH scale showed strong convergent and discriminant validity. It predicted concerns of a global nature, with priority put on human rights over national self-interests, a willingness to invest in national resources to protect human rights, less ethnocentric valuation of human life, greater interest in global humanitarian concerns, and a willingness to give money to international relief efforts.

Reysen and Hackett (2016) and Reese et al. (2015) found the IWAH scale predicted not only behaviours and values (e.g., helping, responsibility, loyalty), but in-group identification from a social identity perspective. They found strong criterion validity for this scale. Furthermore, identification with all humanity was consistently negatively related to generalized prejudice and positively related to dispositional empathy (Davis, 1983) and principled moral reasoning (Rest et al., 1999). Strong internal consistency was established for the identification measure ‘community’ (Cronbach's $\alpha = .89$). Good internal consistency was also established by Kocalevent, Zenger, Hinz, Klapp and Brähler (2017) in a representative sample of the general population. In the current study, internal consistency was moderate (Cronbach's $\alpha = .78$).

Resilient coping was measured using the Brief Resilient Coping Scale (BRCS; Sinclair & Wallston, 2004), a 4-item measure created to identify tendencies to cope with stress in a highly adaptive manner (see Appendix B). These items reflect adaptability, flexibility, optimism, and creative responses to stress such as reframing, for example, “I try not to think of how I can change difficult situations”. Participants indicate how well each item describes them on a five-point Likert scale, ranging from 1 (‘does not describe me at all’) to 5 (‘describes me very well’). The total scores range from 4 to 20. All but one item are positively worded and these higher scores indicate higher levels of resilient coping. Sinclair and Wallston (2004) found sufficient internal consistency and validity for the BRCS. Bivariate analysis indicated consistent patterns of predictable correlations between BRCS scores and measures of pain coping behaviours, personal coping resources, and psychological well-being. Adequate test retest reliability was found. Convergent validity of BRCS is showcased by predictable correlations with measures of personal coping resources, such as optimism, helplessness, self-efficacy, pain coping behaviours, and

psychological well-being. Criterion validity was demonstrated by correlating resilient coping with other psychological constructs associated with resilience as measures of personal coping resources and psychological well-being. The diversity of the two samples enhanced the generalisability of these findings to other populations. Limonero, Tomás-Sábado, Fernández-Castro, Gómez-Romero and Aradilla-Herrero (2012) determined that young people who scored high on BRCS had higher levels of emotional regulation and increased life satisfaction. In the current study, internal consistency was low (Cronbach's $\alpha = .36$).

Statistical Analysis

Statistical analyses were carried out on SPSS (Version 25). Total community connectedness and resilient coping scores were calculated by summing item scores. A hierarchical multiple regression analysis was conducted to: 1) evaluate total community connectedness and gender as predictors of resilience, and 2) examine gender as a moderator variable. T-tests and Chi-square tests were run for preliminary analyses, to explore gender differences in demographic variables.

Results

Preliminary Analysis

In order to gain insight into whether Gender differences existed in the social support which was present for participants, additional analyses which aimed to quantify the number of family members that participants had in the Netherlands was conducted. Improving understanding of available social support is important as it may influence Community Connectedness and/or Resilient Coping. An independent-samples t-test showed that there were no significant differences in the number of family members in the Netherlands between males ($M = 3.39$, $SD = 4.81$) and

females ($M = 6.60$, $SD = 6.84$); $t(51) = -2$, $p = .05$. As an advancement in Community Connectedness may be expected over time, the duration of stay in the Netherlands was also explored. No significant association was found between Gender and length of time living in the Netherlands $t(52) = 1.04$, $p = .31$.

Gender differences in educational level were tested to gain insight into the starting point of participants in the Netherlands. A Chi-square test of independence was calculated to compare the highest educational level of participants. There was no statistically significant Gender difference found, $X^2(6, N=56)$, $p = .88$. It is notable that this sample was relatively highly educated in general; university level was the highest level of education for 52.7% of participants. Gender differences for reasons for fleeing Syria were also tested. The severity of the reason for leaving home could impact a person's Resilient Coping skills, depending on what they experienced. Up to 76.8% of participants reported feeling unsafe due to conflict in Syria, as their reason for leaving the country. Secondly, there was a significant Gender difference in participants who stated they left as a result of feeling unsafe due to their political beliefs, $X^2(1, N=56)$, $p = .01$, with 60% of those who selected this answer being male.

Further analysis was conducted to determine whether the correlation between Community Connectedness and Resilient Coping was significantly stronger for either groups (males or females). The result of a Fisher's r-to-z-transformation test determined that there was no significantly stronger correlation for either males ($n=35$), $r = -.18$, or females ($n=21$), $r = .16$, $Z_{observed} = -1.17$.

Assumptions

The assumptions of hierarchical multiple regression were tested. An analysis of standardized values was carried out, which indicated that the data contained no outliers (IWAH, z min = -2.46, z max = 1.63 & BRCS, z min = -2.24, z max = 2.70). Multicollinearity was not present (IWAHS, BRCS = 1, VIF = 1.; BRCS, IWAHS = 1, VIF = 1). The histogram of standardised residuals determined that the data contained approximately normally distributed errors, as did the normal P-plot of standardised residuals, which showed points that were not completely on the line, but close. The scatter plot of standardised predicted values indicated that the data met the assumption of linearity and heteroscedasticity.

Table 1.

Means and Standard Deviations of Resilient Coping and Community Connectedness

		<i>n</i>	<i>M</i>	<i>SD</i>
BRSC	Male	35	14.40	2.30
	Female	21	13.81	2.10
IWAHS	Male	35	32.80	5.48
	Female	18	31.11	5.18

Analysis of main and interaction effects

A hierarchical multiple regression was conducted to see if Community Connectedness predicted Resilient Coping and if the interaction was moderated by Gender. In the first step, two variables were included: Community Connectedness and Gender. These variables did not account for a significant amount of variance in Resilient Coping (see Table 2), $R^2 = 0.04$, $F(2, 50) = 1.04$,

$p = .36$, $R^2_{Adjusted} = 0.00$. To avoid multicollinearity with the interaction term, the variable Community Connectedness was centered and an interaction term between Community Connectedness and Gender was created (Aiken & West, 1991). Community Connectedness, Gender and their interaction were added to the regression model, which did not account for a significant proportion of the variance in Resilient Coping (see Table 2), $R^2 = 0.06$, $F(1, 49) = 1.11$, $p = .36$, $R^2_{Adjusted} = 0.01$. In model 2, Gender served as a moderator between Community Connectedness and Resilient Coping. The interaction term between Gender and Community Connectedness was not significant. As a result, model 1, with only main effects, was interpreted.

Table 2.

Hierarchical multiple regression for moderation analysis

	Model I: Main effects only				Model II: Main and interaction effects			
	<i>B</i>	<i>t</i>	β	<i>p</i>	<i>B</i>	<i>t</i>	β	<i>p</i>
Constant	14.42	38.38		.00	14.44	38.46		.00
CC	-.03	-.59	-.08	.56	-.08	-1.11	-.19	.27
Gen	-.90	-1.39	-.20	.17	-.82	-1.26	-.18	.22
CC*Gen					.14	1.11	.19	.27
		R^2	$R^2_{Adjusted}$			R^2	$R^2_{Adjusted}$	
		.04	0.00			.06	0.01	

Note. BRCS = Brief Resilient Coping Scale, CC = Community Connectedness, CC*Gen =

Interaction between CC and Gender

Discussion

The present study was designed to obtain new information regarding the psychological adjustment of an understudied population – young adult Syrian refugees currently living in the Netherlands. More specifically, two elements were examined: 1) community connectedness and

its relationship with resilient coping, and 2) the role of gender as a moderator of this association. The results of a hierarchical multiple regression found no significant effect of community connectedness on resilient coping. Similarly, no significant moderating effect was found for gender.

One possible reason for finding no relationship between community connectedness and resilient coping might be the complexity of resilience. Despite social support and acculturation strategies being major promoters of resilience for young adult refugees (Sleijpen et al., 2015), resilience is a multidimensional, dynamic capacity determined by lifelong synergy between internal and environmental resources (Bluth, Mullarkey & Lathren, 2018). It is shaped by many aspects, for example, genetics (Niitsu et al., 2018), self-compassion (Bluth, Mullarkey & Lathren, 2018), and attachment style (Darling Rasmussen et al., 2018). For this reason, other personal characteristics may need to be present in young adult refugees, alongside feelings of community connectedness, to result in a coping style that is resilient.

A second reason no relationship was found between community connectedness and resilient coping could be the difficult situation refugees find themselves in upon arrival to the Netherlands. Community connectedness may be described as an individual desire to belong to a larger collective, experience a reciprocal relationship with that collective and an emotional connection (Whitlock, 2007). Achieving this connection may be challenging as relationship development during the early stages of resettlement is often difficult for refugees (Walker et al., 2015). Furthermore, refugees may be dealing with complex immigration processes, unemployment, social and cultural differences between their culture of origin and the new culture,

language barriers, and/or isolation due to the location of their accommodation. The living conditions and circumstances associated with the asylum process may not aid a fast integration into culture and society (Habib, 2018).

The second hypothesis of this study was that the relationship between community connectedness and resilient coping would be moderated by gender, specifically women would show a stronger effect for community connectedness. There are some possible methodological reasons (see below) and theoretical reasons why no relationship was found. It was believed that women would experience an advancement in opportunities upon arrival to the Netherlands, however, the current sample consisted of highly educated men and women, resulting in no major advancement in opportunities for women. This aspect of the current sample might explain why there was no gender difference found. This finding may be explained by the recruitment process of the current study. Most participants were recruited through social media platforms typically used by highly educated people (Perrin, 2015), such as LinkedIn, and through language programmes used by highly educated refugees.

Some limitations to the current study must be noted. The most considerable limitation was the particularly low Cronbach's alpha found for the BRCS in the current study, used to measure resilient coping. As Cronbach's alpha is a measure of internal consistency and specifically examines how closely related a set of items are as a group, there is a strong possibility that this instrument had a substantial impact on the reliability for the current study. Moreover, the BRCS holds only 4 questions which focus on constructs of resilience rather than processes over time. Single self-report to measure resilience can have limited predictive utility (Bonnano, 2014). The

number of participants in the current sample was small, decreasing the statistical power of this study. The variable community connectedness was asked and interpreted from a western perspective. In relation to middle eastern countries, cultural sensitivity is generally quite low when it comes to how findings are applied to everyday settings, how validity of methodological procedures are employed and the way cultural contributions to psychological processes are discussed (Zebian, Alamuddin, Maalouf & Chatila, 2007). To take differing views and personal viewpoints of community connectedness into account, qualitative research may be a better approach. Interviewing participants by using open-ended questions may give participants the opportunity to talk about personal aspects of their community, or someone in their community who makes them feel connected.

Despite these limitations, there were some notable strengths. The theory behind this research is embedded in recent literature on the power of social relationships (Holt-Lunstad et al., 2010; Kontis, 2017), gender differences in social relationships (Belle 1991; Bangasser 2014; Liddon et al., 2018) and resilience (Bangasser & Wicks, 2016). There is a gap in the literature when it comes to the role social relationships within the community play in promoting resilience in refugees, especially young adult Syrian refugees. This study holds social importance for the well-being of refugees and other at-risk populations. Throughout data collection, validated measures and relevant concepts were employed. In addition, this study was culturally sensitive by facilitating participants answering questionnaires in their native language.

In light of the refugee crisis of today, the current research expands on the existing knowledge of what can aid refugees and other at-risk populations overcome adversity. Future

research could look at strong personal relationships specifically as a predictor of resilience (Kontis, 2017) and gender differences in developmental trajectories, in particular, the change in opportunities for women and how this affects their acculturation development. A longitudinal study could follow progress in community connectedness over time, while qualitative research may facilitate participants in portraying their idea of feeling community connectedness, which may be personal or may not be captured by a questionnaire. A mixed methods approach may facilitate a clearer and broader picture of resilience. Researchers could utilise quantitative methods to make more general conclusions and to verify qualitative hypotheses, while qualitative research could give more in-depth anecdotes and answers to how community connectedness and resilience are related to each other. Combined, they can achieve a more holistic comprehension of people from refugee backgrounds and finally aid therapeutic interventions (Sleijpen, 2013).

Young adult refugees pose a significant public health challenge across the world. Their complex needs require urgent social and humanitarian priority. The current study contributes to an area of global importance by exploring gaps identified in research on resilience for refugees. Previous literature has generally focused on friends and family members as sources of social support and connection. Although these factors are important building blocks for considering the importance of connection, community connectedness is a key area of inquiry as both trauma and healing happen in a social context that extends beyond the individual and dyadic levels. The constructs of psychosocial resilience are urgently needed to inform research, practice, and policy. The current research will hopefully spur further work on the social support dimensions of resilience for young adult refugees and other at-risk populations.

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Appendices

Appendix A

Identification With All of Humanity (IWAH) Scale.

How close do you feel to each of the following groups? People in my community.

Please mark the letter on the scantron that best represents your feelings on the following scale:

A = not at all close

B = not very close

C = just a little or somewhat close

D = pretty close

E = very close

How often do you use the word “we” to refer to the following groups of people? People in my community.

A = almost never

B = rarely

C = occasionally

D = often

E = very often 4.

How much would you say you have in common with the following groups? People in my community.

A = almost nothing in common

B = little in common

C = some in common

D = quite a bit in common

E = very much in common

Please answer the following questions using the following choices:

A = not at all

B = just a little

C = somewhat

D = quite a bit

E = very much

Some people think of those who are not a part of their immediate family as 'family'. To what degree do you think of the following groups of people as 'family'? - People in my community

How much do you identify with (that is, feel a part of, feel love toward, have concern for) each of the following? People in my community.

How much would you say you care (feel upset, want to help) when bad things happens to People in my community

How much do you want to be a responsible citizen of your community

How much do you believe in being loyal to my community

When they are in need, how much do you want to help people in my community

Appendix B

Brief Resilient Coping Scale (BRCS)

Consider how well the following statements describe your behavior and actions. Please use the following scale and choose the response which is most appropriate for you.

1. Does not describe me at all
2. Does not describe me
3. Neutral
4. Describes me
5. Describes me very well

I try not to think of how I can change difficult situations

No matter what happens to me, I think I have my reactions under control

I think I can develop further if I deal with difficult situations

I actively seek ways to balance out the losses that have affected my life