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Resilience, Refugee Children and Children's Rights

ABSTRACT

In the light of recent world facts, there has been growing attention paid to refugee minors who, fleeing from violence, war, poverty and climate change, or seeking better opportunities, hope to reach safety in Europe. Challenging life experiences such as war, violence, forced displacement, etc., can potentially threaten children's development. However, many succeed in turning their lives around and develop well despite such negative circumstances. Refugee children, often overlooked by immigration laws and policy makers, prove to be a particularly resilient group, very resourceful in mechanisms for overcoming life adversities.

By taking this understanding of refugee minors as a starting point, this article provides an overview of research in the field of resilience, aiming to discuss the implications that tie refugee minors' well-being to the human and children's rights obligations that society bears towards them. The article concludes that there is an urgent need for interventions and programs which target factors that promote refugee children's resilience in their design and implementation, informed by current knowledge of refugee children's life and cultural background, and their self-ratings of negative and positive life events. The standards defined by human and children's rights instruments and equity regarding children's rights to achieve a good life should be a matter to be taken seriously for all children worldwide.

Keywords:
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INTRODUCTION TO RESILIENCE

In the light of recent world facts related to the humanitarian crisis, there has been growing attention paid to refugee minors who, by millions, put their lives in the hands of smugglers and cross dangerous routes fleeing from violence, war, poverty and climate change, or seeking better opportunities, with the hope of reaching safety in Europe. How do many refugee minors apparently succeed in turning their lives around and develop well despite severe adversities such as war, violence, displacement, poverty, maltreatment, or exposure to oppression, racism, and discrimination that can potentially threaten their development? What insulates them when their close "important others" are disempowered by homelessness, stress, anxiety, depression, and geographical, social and political isolation? How can refugee children's resilience phenomenon – this optimum combination of resistance to hazardous impacts and the ability to adapt to them – be understood and explained? Can this information turn into practice through relevant intervention for the benefit of refugee children and society itself?

Throughout this paper, the term 'resilience' is used referring to the socio–psychological concept. The most frequent documentation of "resilience" refers to the ability of an individual to bounce back successfully despite experiencing a combination of unfavourable factors and "has clearly established the self-righting nature of human development" (Benard, 1993b, p. 44). Psychological resilience has been conceived as a personality trait but also as a process that changes over time. For example, Luthar, Cicchetti, & Becker (2000, p. 543) refer to it as a "dynamic process encompassing positive adaptation within the context of significant adversity".

Resilience is also discussed either as a single dichotomous variable or as a continuum. The latter provides a more accurate framework for understanding resilience across multiple domains (physical, psychological, interpersonal) as a developing capacity to function during a child's developmental years. Masten (2001) suggests that resilience is inherent in humans regardless of their privileged or underprivileged background. She defines the concept not as a single phenomenon, but as a cluster of phenomena "characterized by good outcomes in spite of serious threats to adaptation or development" (p. 228); two core concepts are implied for resilience: (1) exposure to severe adversity; and (2) the achievement of good outcomes despite the serious threat to the developmental process; positive adaptation (Luthar et al., 2000). In relation to loss and trauma, Bonanno (2004) sees resilience as the ability of individuals to maintain a stable equilibrium; to keep "relatively stable, healthy levels of psychological and physical functioning, as well as the capacity for generative experiences and positive emotions after exposure to potentially stressful events (pp. 20–21).

The broader definition of Masten, Best, & Garmezy (1990, p. 426) as "the process of, capacity for, or outcome of successful adaptation despite challenging or threatening circumstances", highlights the process of both externalising and internalising difficulties (Wolff & Wolff, 1995). They distinguish between three kinds of resilience: "overcoming the odds" (personal strengths), "coping" despite the negative life events, and "recovery from trauma". However, Masten (2014, p. 14) emphatically rejects the fixed perspective that there is a "trait of resilience". She views resilience as neither a fixed quality, nor a static one; not deriving from rare or special qualities thus not something a child has or has not (Masten, 2001).

Ungar's (2008) non-static understanding of resilience, where processes of 'navigation toward' and 'negotiation for' are highlighted, is in my estimation the most appealing to understand the multiple and sometimes unexpected pathways of refugee children towards resilience. He claims that in the context of exposure to severe psychological and/or environmental adversity, resilience in individuals is more than an internal capacity or behaviour; it is "the capacity to navigate their way to health-sustaining resources, including opportunities to experience feelings of well-being, and the capacity to negotiate for, health resources on their own terms" (Ungar, 2008, p. 225).

HISTORICAL BACKGROUND

The research that aims to understand variations in human adaptation to adverse experiences over the life course is more than half a century old (Goldstein & Brooks, 2013). The history of research on resilience traces its roots back to the history of developmental psychopathology (Masten, 2014) while the psychological concept of resilience has its roots in child development research (Masten, 2001; Werner, 1993; Werner, 1989). However, resilience research has urgently accelerated in the past 20 years. Adversities like disasters, political violence, war conflicts and other adversities, are raising serious concerns worldwide about the threats posed to children's development, the consequences for individuals and families, but also the future of global society (Masten, 2014).

Back in the 1970s, Emmy Werner was one of the early scientists to use the term resilience in her 38-year ongoing, interdisciplinary study on risk factors and the roots of positive adaptation in vulnerable children. She studied a multiracial cohort of 698 infants born in 1955 on the island of Kauai, Hawaii. Werner and Smith's (1979) classic longitudinal study traced the developmental paths of children and monitored the impact of risk factors such as perinatal stress, chronic poverty, and

a family environment troubled by chronic discord and parental psychopathology. Its major findings show that one-third of the children who had four or more risk factors during their childhood, were doing fine by adolescence whereas, by the age of 32, two-thirds of the children who did develop problems during adolescence were leading successful adult lives (Werner, 1993; Werner, 1989; Werner, 2005). Its conclusions highlight the great importance of good social relations for the development of resilience and identified caregiving during the first year of a child's life as the most powerful predictor of resilience in children (Benard, 1993a).

Modern research on resilience is closely tied to Norman Garmezy (1971), the eminent clinical psychologist who studied children identified as 'at risk' for the subsequent development of psychiatric disorders and developmental problems in adulthood, including schizophrenia, but also delinquency and other negative life outcomes. Widely credited with being the first to study the concept in an experimental setting, Garmezy took a revolutionary approach and studied how adversity in life affects mental illness and this interest in studying disease led him to investigate the etiology behind the fact that some children genetically at high-risk status for developing mental illness, who experience stress and adversity prosper in life, while others in the same circumstances decline; the study of resilience (Lekkai, 2018). This body of studies of children of schizophrenic mothers is considered the genesis of childhood resilience (Luthar et al., 2000).

Following Garmezy's lead, in the next decades, a great deal of research on the concept of resilience emerged which highlighted also the contributions of internal and external factors that cultivate resilience in individuals. Michael Rutter (1987), whose paper on psychosocial resilience is one of the most influential in psychosocial resilience literature (Masten, 2014), is also one of the resilience theory pioneers with considerable contribution to the emergence of resilience science. He describes resilience in terms of reciprocal processes and interactions: "Protective factors which modify, meliorate or alter a person's response to some environmental hazard that predisposes to a maladaptive outcome" (Rutter, 1987, p. 316). Resilience definitions are framed by specific cultural, developmental, and historical contexts, even if these contexts are often assumed rather than made explicit (Masten & Obradović, 2006). Lacking the means to fend for themselves, children are believed to be particularly vulnerable to the distressing effects of life's stressors, suffering more than the adults the consequences of severe traumatic events; therefore, it is argued, they need more care and concern (Condly, 2006; Garbarino, 1998). This assumption, most probably triggered by children's 'natural' dependency and vulnerability, is supported by scientific evidence suggesting that the age range or developmental period during which a person is exposed to a specific risk factor is crucial for her/his development.

A child's early years are important for developing vital life skills and negative life events may damage the development of these core cognitive and emotional skills (Kieling et al., 2011) because as developmental psychology and developmental biology show, during the critical periods of a child's early years of development, when the brain and nervous system are especially sensitive to certain environmental stimuli, the effects of certain risk factors may be more accurate (Cynader & Frost, 1999) and therefore cause more harm.

However, different life stressors do not affect all children in the same way and certainly not to the same extent. Children whose parents have divorced for example display great heterogeneity in outcome as research reveals (O'Dougherty Wright, Masten, & Narayan, 2013). Also, even under the most severe life circumstances, there are children who not only survive, but "overcome the odds" and actually prosper. Several studies establish the fact that some children develop well despite their extreme adversities, manage to survive and a few even thrive being strengthened by their adverse experiences (Masten, 2001; Ungar, 2005; Luthar, 1991; Werner, 1989; Werner & Smith, 1979).

The development of human resilience is the dynamic process of human healthy development where the reciprocal relation of personality and environment interactively shape resilient outcomes (Benard, 1991; Benard, 1993b). Although it is true we all respond to adversity in different ways, it is argued that in the face of severe adversity and with prolonged exposure to traumatic experiences and hostile environments, basic human developmental processes collapse thus our coping capacities usually decline (Baldwin et al., 1993; Condly, 2006). What Garbarino (1998) describes as a 'socially toxic environment' to children's development is a social context that overwhelms children, putting serious challenges to their natural development thus resulting at times in a complete loss of resilience. Masten & Obradović (2006, p. 23) cautiously note that in the presence of insufferable, toxic levels of risk and adversity, resilience might not occur and "recovery is extraordinarily rare or impossible". Rayner (2004, p. 351) is also sceptic about the efficiency of resilience-restoring efforts once the "natural, innate capacity to survive and thrive in adversity" is lost.

REFUGEE CHILDREN AND PSYCHOLOGICAL IMPLICATIONS OF FORCED DISPLACEMENT

War, civil and international armed conflict, and other atrocities around the world force each year thousands of children and youth to flee their own countries and

communities and migrate to the Western world. United Nations High Commissioner for Refugees Global Trends on forced migration (UNHCR, 2017, pp. 2–7) reports that by the end of 2016, 65.6 million individuals were forcibly displaced worldwide as a result of persecution, conflict, violence, or human rights violations, with 51% of the refugee population constituted by children below the age of 18. Among them, many were unaccompanied refugee minors.

According to the Convention relating to the Status of Refugees, the term 'refugee' applies to any person who:

> 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, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it (UN General Assembly, 1951).

A particularly at-risk group of refugee children are the "unaccompanied" minor refugees defined by UNHCR's "Refugee Children – Guidelines on Protection and Care" (1994, p. 52) as: "those who are separated from both parents and are not being cared for by an adult who, by law or custom, is responsible to do so".

Being subject to a number of risk factors at a formative stage of their development, that is, the physical and emotional trauma experienced, forcibly displaced children have been identified as a high-risk group for developing psychosocial disturbance (Fazel & Stein, 2002; Reed, Fazel, Jones, Panter-Brick, & Stein, 2011; Woznica, 2016). The 2012 European Commission Report on "The State of Mental Health in the European Union" identified migration as a risk indicator for developing mental illness and concluded that two thirds of refugee population experience anxiety and/or depression (European Commission, 2004). Coming from a war zone and orientating themselves in an unknown synthesis of rules, customs and culture are two considerable stressors for refugee children and their families. They can be understood as gradually arising: 1) while in their native country, where many have experienced severe traumatic events; 2) *en route* to a safe country of destination, where events such as separation from the parents, either as an accident or as a strategy, increase danger; 3) during the period of integration in a new society, where additional difficulties and problems encountered qualify this period as a 'secondary trauma' (Hodes, 2000).

However, just like protective factors do not necessarily make a child resilient, risk factors do not necessarily make a child vulnerable. It is suggested that overcoming many stressful experiences in the life course 'rewards' individuals by

making them "active participants in the stress and coping paradigm" (Milgram & Palti, 1993). In doing so, they rely on their personal resources to recover and develop the skills to overcome future challenges: external (I have), internal (I am), and interpersonal (I can) (Woznica, 2016). When these prove to be insufficient, individuals draw from their social support seeking and support attracting skills to find the one that best meet their needs (Milgram & Palti, 1993). To accommodate this thought, considering resilience as a continuum across the multiple developmental domains (physical, psychological, interpersonal) of a child's early years, it is fair to claim that many children's path toward resilience is as unique as it is their individual developmental path. I cannot see a "traditional" sense in which a child will or will not become resilient as there is no single path to resilience; there are individual differences in the causes for and "multiple pathways" (Masten & Obradović, 2006, p. 22) towards resilience, just as there are considerable variations in developmental outcomes in different individuals.

There is clearly a fair number of refugee children having experienced severe stressors such as the uprooting from their homelands, forced displacement, losses of close family and friends, etc., that do not suffer the same obvious or overt disturbing effects, but prove to be a relatively resourceful and resilient group. Protective factors often explain why individuals who face the same degree of risk may be affected differently and have been viewed in literature as "both the absence of risk and something conceptually distinct from it" (Office of the Surgeon General, 2001, Chapter 4). They counterbalance risk factors in the sense that they "mediate or moderate the effect of exposure to risk factors, resulting in reduced incidence of problem behaviour" (Pollard, Hawkins, & Arthur, 1999, p. 146). Described in relation to three broad categories, individual, social, and community, both protective and risk factors may change and interact at different developmental stages, and they certainly guarantee neither the occurrence of resilience nor an undesirable life outcome associated with increased risk.

CHILDREN'S RIGHTS AND REFUGEE INTERNATIONAL AGENDA

The 1989 UN Convention on the Rights of the Child (UNCRC) offers an important theoretical and legal framework for the protection of children; it generates children's rights obligations and responsibilities that all state parties are bound to honour, respect, protect and to fulfil. The UNCRC is important to refugee children because it sets important standards. Although not a refugee treaty, it addresses the issue underlining the universal applicability and the absolute nature of children's right: all

UNCRC rights are to be granted to all human beings below the age of eighteen years (Art. 1), without discrimination of any kind (Art. 2). All countries except the United States have ratified this Convention. Article 22 delineates a framework where refugee children should have the same rights as nationals (Fazel & Stein, 2002) but also recognizes the obligation of a government to take measures to ensure that a child seeking refugee status receives appropriate protection.

> 1. […] a child who is seeking refugee status or who is considered a refugee […] shall, whether unaccompanied or accompanied by his or her parents or by any other person, receive appropriate protection and humanitarian assistance in the enjoyment of applicable rights set forth in the present Convention and in other international human rights or humanitarian instruments […].

Along with UNCRC, also other United Nations Charters have addressed issues in relation to refugee children. At a universal level, the most comprehensive legally binding international treaty is the 1951 United Nations Refugee Convention and the 1967 Protocol (Relating to the Status of Refugees) setting standards for the treatment of refugees that apply to children in the same way as to adults (UN General Assembly, 1951, 1967). Of special importance to children is Article 22: "refugees must receive the 'same treatment' as nationals in primary education, and treatment at least as favourable as that given to non-refugee aliens in secondary education" (UNHCR, 1994). Also, the Universal Declaration of Human Rights, Article 14 (1) states that "Everyone has the right to seek and to enjoy in other countries asylum from persecution" (UN General Assembly, 1948). Moreover, of particular interest are the guidelines on the protection and care of refugee children issued by Canada's Immigration and Refugee Board in 1996; it acknowledges the children the right to "make a claim to be a Convention refugee and have that claim determined…" with procedures and criteria not "different from those applicable to adult refugee claimants, except for the designation of a person to represent the child" in the formal proceedings (Immigration and Refugee Board of Canada, 1996; Fazel & Stein, 2002).

Although a growing number of countries seem to have incorporated into their national law many of the standards defined by these human and children's rights instruments, they still are not part of many countries' legislations, nor are they part of their constitutions. Whether international human/children's rights obligations are taken into account and to what extent they influence the interpretation and application of national laws depends on the approach of the legal systems, so often they remain silent on human/children's rights. Because as it happens in many cases, it is the notion of the "best interests" that dictates the way laws are interpreted, not the actual rights of the affected children and adults. It is, again,

the interpretation of what "best interests" means that opens the path for governments to propose and parliaments to pass immigration laws that directly challenge values such as human and children's rights and at times, clearly violate them.

Describing the inconsistency between immigration laws and the best interest principle, Fazel & Stein look back to the reservation of the UK government in applying the UN Convention on the Rights of the Child in 1991 to refugee children, when it was ratified in 1991, "in so far as it relates to the entry into, stay in, and departure from the UK on those who do not have the right under the law of the UK to enter and remain in the UK" (Russell, 1999, in Fazel & Stein 2002, p. 368). But, children's rights, as human rights, are a core element of the rule of law, and rule of law protects all people equally, especially those lacking the means to fend for themselves and their rights (Rayner, 2004), such as refugee children.

DISCUSSION

Concerns about refugee children's well-being and development throughout different developmental stages, from formative years to early adulthood, to reach the best possible adaption is a matter that commands urgent public and policy attention. Following the traumatic event of forced displacement, hostile refugee policy, such as detention or maltreatment of any kind, that confront children with how absolutely unable they are to influence their life situation, may damage children's mental health not only in the form of an immediate harm, but also as a prolonged process of re-evaluation of the view they have of themselves and of the world (Condly, 2006).

There is a great need for interventions and programs that target factors that promote resilience in their design and implementation, informed by current knowledge of children's countries of origin and of relevant culture issues. But can resilience be promoted in the individual? Per Masten, it can be done in three major ways: Firstly, reducing the risk for exposure. Good parental care and nutrition is pivotal in that respect. Secondly, resources and assets should be increased, to counterbalance previous harm or maltreatment. The third way is to mobilise and facilitate powerful protective systems for the child. In the case of refugee and displaced children, it is argued that these personal strengths can be enhanced through meaningful participation and active involvement in issues that affect them, their families, and their community (Woznica, 2016). Along with these, other long-term benefits can occur such as building child's self-esteem, stimulating self and collective efficacy, promoting self-regulation, etc.

Efforts to build resilience in forcibly displaced children are certainly faced with large difficulties (Condly, 2006) because risk factors that refugee children are and will be experiencing cannot be ameliorated from one day to another and individual advocacy is not enough. Rayner (2004, p. 351) aptly observes that for the 'lost' and anxious newcomers to a new country, 'respect' for their rights often crystallizes in "the right to be heard, the rule of law and a third's party's ability to package and present their claims as an entitlement to be recognised and taken seriously". But since not only parliament and ministers, or judges and magistrates, but also public servants and individuals have human and children's rights obligations, respect for these rights does not only concern law, rather it is a matter of what society cherishes as non-negotiable values.

It is often argued that refugee children are a "silent group that are easily overlooked" by immigration laws and policy makers (Fazel & Stein, 2002, p. 369). But equity regarding children's rights to achieve a good life should be a matter to be taken seriously for all children worldwide. For instance, a necessary condition for children's proper development is to have a secure emotional attachment to at least one 'important other' and for their families to be connected to their communities. Rutter (1987) pointed to evidence that disturbed parent-child relationship constitutes an important risk factor for developing psychopathology. Considering refugee and forcibly displaced children's status, mobility and demographic changes have deprived them of many of their close, trusting relationships which are critical to any child's development. How is this reflected in our society's immigration policies and planning when refugee children are locked away in immigration detention centres witnessing violence, neglect and different kinds of assault? How is human liberty and the right to a family environment and an atmosphere of happiness, love and understanding (UNCRC, 1989, p. 1) respected and prioritised in national migration laws that 'legitimate' practices that rob children off the possibility to gain secure attachment to significant role models or a community?

As Fazel & Stein (2002) point out, human rights and national self-interests do not usually go hand in hand in national immigration law, thus the principle of best interests of refugee children is often passed by. It seems to me our legal systems leave much to desired when it comes to protecting children from trauma and empowering them to lead productive lives. Echoing Rayner (2004) in her protest, "we tolerate the political justification offered for migration laws that permit the severance of children from parents, the destruction of their parents' capacity to care for them" (p. 352) rather than develop clear policies that give refugee children and their families legal status, and keep them from being separated from their parents as the best way to protect children's mental health and well-being.

Furthermore, at the core of UNCRC and one of its guiding principles, the "right to meaningful participation and consideration" of Article 12 (1) as "the process of sharing decisions which affect one's life and the life of the community in which one lives" (Hart, 1992, p. 5), addresses the 'visibility' of children, insisting on the child's right to express a view and have it heard according to her/his evolving capacities, and guides adults to consider them with respect; in other words, it may be the key to realizing refugee and displaced children's fundamental rights. Pivotal role in this process holds raising awareness among children about the value of their voice and perspectives, as well as their meaningful status as right-holders. As it is the case with all the children, let alone those with a refugee status, what figures prominently is building their perceptions of their own self-efficacy, the belief in their sufficient competencies to influence matters that directly concern them, by exercising autonomous choices and a sense of control coupled with an understanding of their strengths and limitations (Lekkai, 2016).

Newman's (2004) list of resilience promoting factors and strategies in relation to different developmental stages, from early years through middle childhood and adolescence to early adulthood, appears to be promising in promoting resilience. He draws a parallel, arguing that offering opportunities to acquire coping mechanisms contributes to promoting resilience, just as offering opportunities to exert agency offers a growing sense of mastery. Both policy makers and mental health workers should take careful note of such findings and put this knowledge into practice through relevant intervention for the benefit of refugee children. However, we need to be prudent and eclectic in our approach as "it is almost certainly misleading to seek a general answer on resilience" (Rutter, 2000, p. 655).

Although individual characteristics such as *good intelligence* and *easy temperament* are believed to form the underlying premise for resilience in children (Condly, 2006; Rutter, 1987; Werner, 1989; Wolff & Wolff, 1995), Rutter (1987) refers to explicit factors for health promotion, like *locus of control*, *sense of coherence*, *close relations to others*, *secure attachment* and *self-efficacy*. Following also Garbarino's (1998) suggestion, under conditions of numerous serious threats of cumulative effect experienced in a toxic environment, it is impossible that no harm is caused, no matter how well equipped the child may be temperamentally. Therefore, professionals in the field should actively engage in mindfully framing and reinforcing those microsystemic characteristics (such as *caring* and *supportive relationships*, *positive expectations*, and *ongoing opportunities for meaningful participation*) to foster and further promote the development of children's personal resources for resilience, which would also potentially improve the quality of relationships between the child and their caregivers or the child's social competence with peers.

In our endeavours to understand and promote resilience, as Masten & Obradović (2006) point out, it is important to remember that many risk factors to child development are preventable (e.g., displacement, homelessness, war), and "far less costly to prevent than to address once they begin to erode development and the adaptive tools for life" (p. 23). Furthermore, as the metaphor *Ordinary magic* (Masten, 2001) itself implies, the case of Romanian adoptees from institutional settings demonstrating a positive recovery over the life course, close to normal functioning, indicates that resilience mechanisms can be implemented and have considerable effects (Goldstein & Brooks, 2013).

But who has the competence to define who is resilient and who is not? Should it be objectively defined by health service authorities, by policy makers, by the community, or by the individual itself? This debate is high in global resilience science's agenda. Ungar (2008) highlights the role of culture and context stressing that resilience is as greatly depending on the structural conditions, social relations as it is on the individual child's own capacities. Resilience research must take into account when developing national or international standards to assess refugee children's resilience and successful adaptation, that this group is simultaneously adapting to a set of unfamiliar cultural expectations, so validation should be meaningful and mindfully consider all cultural contexts involved (Masten, 2014).

Finally, how do children themselves describe their state of welfare? Considering the significant body of literature in developmental psychology that illustrates how distinctly different children's interpretations of the world are from those of the adults (Howard, Dryden, & Johnson, 1999), it seems there is a methodological deficiency in resilience research, that is, it has taken almost no notice of the perspective of children, on their state of welfare and their ratings of what adults frame as negative or positive life events, negative or positive adaptation. Positive or negative impact of any life event are significantly dependent on how the child itself judges and self-rates them as being either negative or positive (Luthar, 1991). Participant ratings of negative and positive life events coupled with children's own explanations of how they feel and what can help them overcome adversities can contribute considerably in the development of childhood resilience research. In this regard, listening to the children's voice warrants immediate empirical attention and makes it almost imperative for some child-led resilience research.

Although the study of resilience is growing and the literature on positive adjustment following traumatic events has expanded significantly over the last decades, the number of researches that are devoted to the examination of this phenomenon from a children's perspective is fairly small. To date, limited studies have undertaken the task to record the individual interpretations of the children

on the construct of risk and resilience. There are only a few exceptions that have addressed empirically this highly complex issue (Dryden, Johnson, Howard, & McGuire, 1998; Lee, Kwong, Cheung, Ungar, & Cheung, 2010; Fřrde, 2007). In addition to the mental health, Fazel & Stein (2002) mention two studies that report also physical health needs of refugee children. From examining the body of literature, one can postulate that there is limited research on refugee children's living and health conditions all over Europe. However, it becomes clear that interventions to promote resilience by targeting intrinsic and extrinsic factors in their design and implementation to ensure better long-term outcomes for children, are highly required.

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