

## PRACTICE BRIEFS



# Counseling Newcomers and Refugees: Children and Adolescents

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**ABSTRACT:** Human migration may occur either internationally or domestically and is often categorized as voluntary or involuntary. Pre-migration stressors often include exposure to trauma or trauma-related incidents that occurred throughout the migration process. Post-migration stressors include difficulties that arise in the cross-cultural transition after migration. This practice brief focuses mainly on the distinct experiences faced by refugees in general, and refugee children and adolescents in particular. It also covers assessment and intervention strategies for migrants (newcomers) and refugee clients, while keeping in mind the complex needs and experiences migrants on the continuum face.

## Introduction

Human migration is permanent or semi-permanent movement from one geographical location to another (United Nations High Commissioner for Refugees [UNHCR], 2025). This process may occur either internationally or domestically and is often categorized as voluntary or involuntary. Voluntary migration is understood as a choice to migrate for the betterment of social and economic standing. Examples of voluntary migration have included relocating for a job or moving for educational purposes. Involuntary migration is often understood as a forced movement as a result of political conflict and persecution, man-made or natural disasters, and development-induced projects (e.g., hydro-electric, mining, and irrigation development projects). Examples of involuntary migration include refugees seeking asylum as a result of wartime conflict and victims of Hurricane Katrina who were forced to vacate their homes and neighborhoods. Labels and distinctions between forced and voluntary migration exist largely to ease political and public discourse around the process of migration. For a more nuanced understanding of a migrant's experience, it is useful to approach migration as existing on a forced-voluntary continuum.

Research on migration has repeatedly evidenced numerous commonalities across migrant populations, including but not limited to internally-displaced individuals, international students, refugees, and undocumented immigrants. Overlaps in experiences generally fall under pre-migration or post-migration stressors. Pre-migration stressors often include exposure to trauma or trauma-related incidents that occurred throughout the migration process. Post-migration stressors include difficulties that arise in the cross-cultural transition after migration. For instance, researchers have linked acculturative stress as a result of migration to higher rates of depression and anxiety (Lerias et al., 2025). Additionally, migration raises the likelihood of experiencing depression, facing communication challenges due to a language barrier, and experiencing anxiety (Krystallidou et al., 2024). These barriers may contribute to a lower rate of high school graduation and low academic performance for children and adolescents (Farrell et al., 2022). In recognizing that pre-migration and post-migration stressors can affect all migrants, this practice brief focuses mainly on the distinct experiences faced by refugees in general, and refugee children and adolescents in particular. It also covers assessment and intervention strategies for migrants (newcomers) and refugee clients, while keeping in mind the complex needs and experiences migrants on the continuum face.

## Description and Implications of Immigration

The term refugee is used to refer collectively to all people forced by political violence to flee their homes and communities (Department of Homeland Security [DHS], 2024). There are currently more than 43.4 million refugees worldwide, with over half under the age of 18 years (UNHCR, 2025). In 2023, the United States granted 1,172,910 permanent resident statuses and 54,350 asylum statuses, and admitted 60,050 refugees. In the United States, 51% of refugees are children, which mirrors worldwide statistics of the general refugee population (DHS, 2024). The majority of refugees are civilians who have lived in regions of violent conflict or belong to a particular cultural group subjected to oppression and persecution, extending in some cases to the extremity of genocide. Targeted cultural groups could include ethnicity, LGBTQIA+ identity, disability, religious affiliation, political ideology, etc. It is important to note that some migrants flee their countries under refugee circumstances but may not obtain refugee status. Instead, they may be documented or undocumented immigrants with refugee experiences and needs.

Host societies have considerable power and privilege in the migration process. They determine when and how people migrate and what resources are provided. For refugees in particular, host societies often have the legal say of when and where a person settles and what resources they are offered, often with little input from the refugee. Migration policies are also influenced by political incentives, which often prioritize a “type” of migrant while oppressing others in the margins. The influence of political incentives can be seen in the Immigration and Nationality Act (U.S. Congress, 1952), which upheld a statute that enacted quotas without considering the population size or application volume of a nation. This statute ultimately led to disproportionate waiting times for immigration status updates for different countries. Nations with fewer applicants like Iceland experience minimal delays, while high-demand countries such as India, Mexico, and Venezuela face extended wait times (U.S. Department of State, 2025). In 2025, U.S. President Donald Trump introduced an exception to this rule with the “gold card” visa, which prioritizes or fast tracks the migration of wealthy individuals while increasing the wait for others (Smith, 2025). Power imbalances between the migrants and refugees and host societies are often embedded within the very structures designed to assist their migration. Privilege, often unacknowledged, influences everything from legal status and access to resources to social acceptance and integration pathways.

Much of the research on refugee populations focuses on mental health implications directly tied to war-related violence. Countless studies on refugee populations from numerous countries of origin, cultures, and ethnicities have concluded with similar results. Exposure to political violence historically has been associated with an increased risk of both acute and chronic posttraumatic stress reactions (Muldoon et al., 2021). Most commonly, symptoms of traumatic stress among refugees have been assessed using the diagnostic criteria of posttraumatic stress disorder (PTSD), which was initially developed based on research with American veterans of the Vietnam War (Miller & Rasmussen, 2010).

Although a significant portion of research on refugees focuses heavily on the impact that war-related trauma had on their mental health and well-being, other research has focused on psychosocial and displacement stressors, indicating that these stressors can have an equally significant impact on wellness. Many argue that distress is heavily rooted in the daily stressors faced, especially when exacerbated by pre-migration trauma (Ermansons et al., 2023). For example, many newcomer populations struggle with the process of acculturation to their new cultural environment (Choy et al., 2021). Often, barriers are a result of post-migration stressors exacerbated by numerous losses during the process of the migration and challenges of adapting to new and unfamiliar settings (Miller & Ramussen, 2010). Specific variables that exacerbate stressors include loss of social support, lack of a new social network, feelings of isolation and alienation from the new cultural environment, feelings of marginalization, perceived discrimination, financial disparities and struggles to attain financial sufficiency, dramatic shifts in both familial and social roles, and lack of access to health care and educational resources (Basma & Kronick, 2016). There are various aspects of racism and discrimination that immigrants face that contribute to aversive mental health outcomes.

Some members of host societies, feeling and perceiving newcomers as not belonging to the host environment, often treat newcomers differently than other members of the society (Xu et al., 2021). The lack of belongingness that immigrants endure creates an ongoing experience of being “othered.” Aspects such as racial and ethnic differences, language differences, accents, religion, culture, and other phenotypical differences often aid to the “othering” immigrants experience and ultimately create the foundation of discrimination and stereotyping. For example, in a study, Xu et al. (2021) found that immigrant adolescents with accents are more likely to be bullied by peers. The discrimination and stereotypes that immigrant populations face have been found to be related to higher levels of anxiety, more specifically higher levels of social anxiety. Newcomers often experience social (or intergroup) anxiety due to fears that interaction with members outside of their group will result in negative experiences or negative evaluations.

In addition to instances of individual racism, immigrants face concerns of structural racism that exacerbate adverse mental health outcomes. Anti-immigration policies are one way in which structural racism is exemplified. There are many exclusionary immigration policies at the state level that limit the access of social services and care to immigrant people in the United States (Cerdeira et al., 2023). Researchers found that undocumented immigrants living in states with more aggressive anti-immigration policies displayed higher levels of anxiety, depression, and posttraumatic stress disorder. Additionally, for Latinx populations, omnibus immigration laws have been found to be related to poorer mental health outcomes regardless of documentation status.

Given that over half of newcomers in the United States and worldwide are children, it is necessary to recognize the developmental implications of migration. Refugee children and adolescents have an increased risk of being separated from their families. Parent-child separation effects on the well-being of children and adolescents include the development of depressive symptoms, anxiety, guilt, and dysregulation of eating and sleeping (Vaghri et al., 2019). Lack of language proficiency presents another barrier. Parents’ inability to speak the host society’s primary language leads to high rates of unemployment and low wages. Therefore, these families have a higher probability of living in poverty and a higher level of financial stress (Zhang & Han, 2022).

Children and adolescents who are somewhat proficient in the new language often act as translators for their parents and extended family. Rong et al. (2011) observed that the role of the translator has both positive and negative consequences. Although this role helps the child cultivate communication and leadership skills, it can also cause intergenerational clashes due to a confusion in the hierarchy of roles within the family.

## **Assessment Strategies**

Research on culturally-specific assessments for refugee and newcomer populations is limited. This limitation is exacerbated by the fact that this population is heterogeneous in their cultural backgrounds and languages. By the end of 2024, 123.2 million individuals globally had been forcibly displaced (UNHCR, 2025). Factors for displacement include persecution, ongoing conflicts, widespread violence, severe human rights violations, and events that significantly disrupt public order.

A truly culturally specific assessment must account for the varying cultural and national groups that exist within this broader population. Therefore, when contemplating using an assessment strategy, counselors must take into consideration the cultural, developmental, and language appropriateness of the assessment in collaboration with the client, as context may be lost in translation (Kronick, 2017). The following assessments were designed for culturally sensitive use with refugees and newcomers and can assist in identifying mental health concerns in need of attention.

## Trauma Assessment

The Harvard Trauma Questionnaire (HTQ) is a trauma assessment instrument that was specifically developed to be used and adapted across cultures (Mollica et al., 1992). A systematic reviews of tools used to assess the health of refugees found that the HTQ was extensively used by researchers to assess trauma and its sequelae (Gagnon & Tuck, 2004; Hollifield et al., 2002). Among the various PTSD instruments evaluated in these reviews, the HTQ was described as a particularly robust measure because of the procedures used in its development and its psychometric properties. In addition, the HTQ was recommended by other experts in the field of trauma assessment such as Keane et al. (2008) and Nakeyar and Frewen (2016). Currently, there are six different language versions of the HTQ. The Vietnamese, Cambodian, and Laotian versions of the HTQ were written for use with Southeast Asian refugees. The Japanese version was written for survivors of the 1995 Kobe earthquake. The Croatian Veterans' Version was written for soldiers who survived the wars in the Balkans, and the Bosnian version was written for civilian survivors of that conflict.

## Acculturation Models

Acculturation is the process of cultural and psychological change that takes place as a result of contact between two or more cultural groups and their individual members (Berry, 1997). The cross-cultural transition can result in acculturation stress, and varies in intensity depending on the similarities and dissimilarities between the host society and culture of origin. Acculturation models can be used to assess clients' acculturation levels and stress, and assist clients in connecting with their communities and cultural environments. A widely used acculturation model is Berry's (1997) acculturation framework. Berry's model includes four acculturation strategies: assimilation, separation, integration, and marginalization. Each category assesses the level of integration or rejection of the new cultural environment. On one end of the spectrum is assimilation, which refers to the discarding of culture of origin for the receiving culture. Marginalization, on the other hand, is a complete rejection of the receiving culture. Although Berry's acculturation framework has been widely used, some researchers have argued that the framework places too much emphasis on migration demands (Ryan et al., 2008) or oversimplifies the acculturation process (Schwartz et al., 2010). Other models have been introduced to address such concerns, such as the resource-based acculturation model (Ryan et al., 2008) and the multidimensional individual difference acculturation (MIDA) model (Safdar et al., 2003). Some acculturation models have been developed to work with specific refugee and newcomer populations such as Middle Eastern refugees (e.g., Fathi et al., 2018), Vietnamese refugees (e.g., Salo & Birman, 2015), Jewish refugees (e.g., Persky & Birman, 2005), and Latinx newcomers (e.g., Cuéllar et al., 1995).

The use of acculturation models has been controversial due to the over- or underemphasis of culture and cultural identity (Sam, 2024), which can exacerbate clients' acculturative stress and disconnection (Sue et al., 2022). Counselors can use acculturation models to inform their practice and assist clients in finding a connection to their cultural identities. However, counselors should use acculturation models with caution and avoid "one size fits all" approaches (Kosic, 2025).

## Cultural and Advocacy Considerations

The intersectionality of culture and identity plays a key part in families' connectedness with the communities in which they live, and it is imperative that counselors assess their cultural competency when working with newcomer and refugee clients (Ratts et al., 2016.) For example, girls and gender-diverse youth often encounter distinct challenges, including the risks of early marriage, restricted access to education, and vulnerability to sexual exploitation. In contrast, boys may grapple with pressures tied to labor demands, expectations of emotional restraint, and the complexities of identity formation (Boender, 2021). Counselors must engage in cultural awareness and learn about culturally relevant interventions (ACA, 2014; Ratts et al., 2016). With this population, it is crucial for counselors to maintain an up-to-date grasp of current sociopolitical implications that inevitably impact the lives of newcomer and refugee clients. Counselors should also be aware of local policies affecting newcomer and refugee families, provide

psychoeducation about such policies, and advocate in circumstances where public policies diminish the wellbeing of their clients.

## Conclusion

Migration can be an intimidating and difficult experience for individuals to navigate no matter where they fall on the forced-voluntary migration continuum. It is important to note that individual factors alone do not make immigration difficult but systemic factors such as discrimination, targeted policies, and pressures to acculturate contribute largely to the difficulties of migration as well. These factors related to immigration are often associated with a decline in the wellbeing of individuals, which highlights important implications for counselors. Counselors should be knowledgeable on assessment strategies and treatment approaches when working with this population to help ensure appropriate, culturally responsive care. In addition to counseling interventions, counselors should also use advocacy efforts to further promote the wellbeing of this population. Ultimately, increasing awareness of migration difficulties and advocating for more just immigration policies allows counselors to embrace the humanistic and culturally competent aspects of the field.

## Resources

- **Harvard Trauma Questionnaire:** <https://hpert-cambridge.org/screening/harvard-trauma-questionnaire>
- **Immigrant Youth in Cultural Transition: Acculturation, Identity, and Adaptation Across National Contexts** by John W. Berry, Jean S. Phinney, David L. Sam, and Paul Vedder: <https://www.routledge.com/Immigrant-Youth-in-Cultural-Transition-Acculturation-Identity-and-Adaptation-Across-National-Contexts/Berry-Phinney-Sam-Vedder/p/book/9781032313276>
- **Toolkit for “A Case for Acculturation”:** <https://www.tolerance.org/magazine/summer-2017/toolkit-for-a-case-for-acculturation>
- **Support Immigrant Students, American School Counselor Association:** <https://www.schoolcounselor.org/Publications-Research/Publications/ASCA-Resources/Support-Immigrant-Students>
- **Counselling and Therapy with Refugees and Victims of Trauma: Psychological Problems of Victims of War, Torture and Repression** by Guus van der Veer: <https://www.wiley.com/en-us/Counselling+and+Therapy+with+Refugees+and+Victims+of+Trauma%3A+Psychological+Problems+of+Victims+of+War%2C+Torture+and+Repression%2C+2nd+Edition-p-9780471982272>
- **Narrative Theory: A Culturally Sensitive Counseling and Research Framework** by Cynthia C. Morris: <https://manifold.counseling.org/projects/vistas-online-2006/resource/narrative-theory-a-culturally-sensitive-counseling-and-research-framework>
- **Narrative Therapy Initiative:** <https://www.narrativetherapyinitiative.org>
- **The Bowen Center for the Study of the Family:** <https://thebowncenter.org>
- **Newcomer Toolkit, U.S. Department of Education:** <https://www.ed.gov/teaching-and-administration/supporting-students/newcomer-toolkit>
- **Advancing School-Connected Strategies for Children’s Health and School Success, the Center for Health and Health Care in Schools:** <https://healthinschools.gwu.edu/>
- **Refugee Children in U.S. Schools: A Toolkit for Teachers and School Personnel, Bridging Refugee Youth and Children’s Services:** <https://brycs.org/toolkit/refugee-children-in-u-s-schools-a-toolkit-for-teachers-and-school-personnel/>
- **Office of Refugee Resettlement Resources:** <https://acf.gov/orr/programs/refugees/resources>

- **U.S. Citizen and Immigration Services:** <https://www.uscis.gov>
- **ACA Advocacy Competencies:** <https://www.counseling.org/docs/default-source/competencies/aca-advocacy-competencies-updated-may-2020.pdf>

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