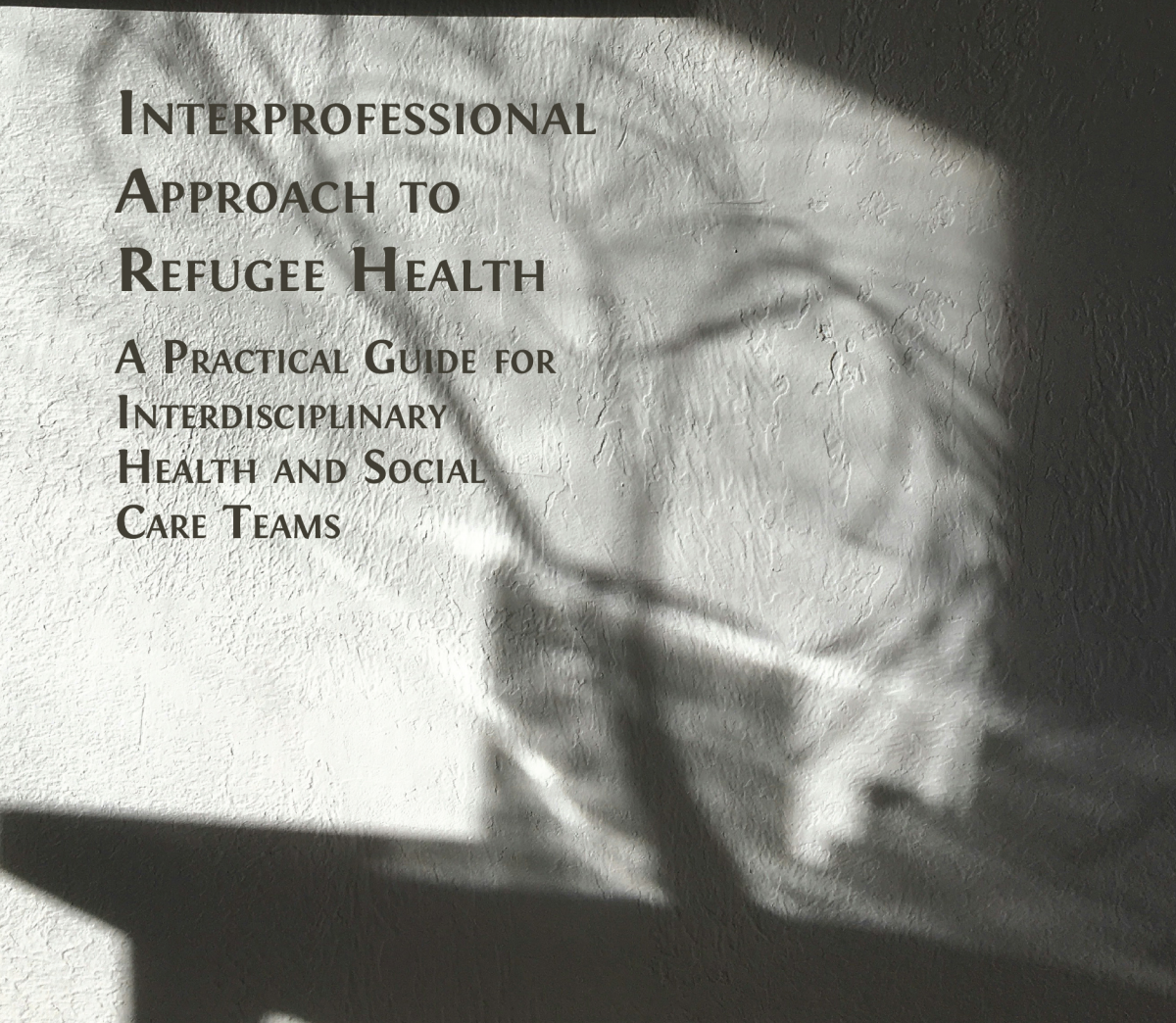


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**INTERPROFESSIONAL
APPROACH TO
REFUGEE HEALTH**

**A PRACTICAL GUIDE FOR
INTERDISCIPLINARY
HEALTH AND SOCIAL
CARE TEAMS**



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1. Global Migrations and Persons with Refugee Experiences

Huseyin Emlik



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Refugees are neither seen nor heard, but they are everywhere. They are witnesses to the most awful things that people can do to each other, and they become storytellers simply by existing. Refugees embody misery and suffering, and they force us to confront terrible chaos and evil. (Helton 2002).

Introduction

The issue of forced migration has gained considerable attention in global discussions, highlighting significant humanitarian, legal, and socio-economic difficulties. The term “persons with refugee experiences” refers to individuals who have been compelled to leave their countries of origin due to a legitimate fear of persecution, armed conflict, or other forms of violence and have sought shelter in another country (Helton 2002). This group includes those who have been officially recognized as refugees under international law, as well as asylum seekers who are in the process of having their claims assessed. Comprehending the experiences and obstacles faced by these individuals is essential for creating effective policies and interventions aimed at their protection and integration.

In an era marked by unprecedented levels of forced displacement, comprehending the experiences of persons with refugee backgrounds is more critical than ever. This chapter delves into the complexities of global migration, focusing on individuals compelled to leave their home countries due to conflict, persecution, and other crises. By examining the legal, social, economic, and health-related aspects of refugee experiences, this chapter aims to illuminate the challenges and opportunities faced by displaced populations.

The chapter is structured to provide a comprehensive analysis of migration trends, the legal frameworks governing refugee protection, and the lived realities of those navigating forced migration. It begins with an overview of global migration patterns and the factors driving displacement, including geopolitical instability, climate change, and economic disparities. Following this, it examines the legal definitions of refugees, asylum seekers, and internally displaced persons (IDPs), as well as the challenges in accessing protection under international law.

A central focus of this chapter is the multi-stage refugee experience, encompassing pre-migration trauma, the dangers of migration journeys, and the complex process of integration into host societies. The mental and physical health implications of forced migration are highlighted, along with a discussion of the policies and interventions

that can support successful resettlement. Furthermore, the role of host countries in providing humanitarian assistance and fostering social inclusion is explored, while also addressing barriers such as discrimination, legal restrictions, and economic challenges faced by many refugees.

This chapter is intended for a broad audience, including policymakers, researchers, practitioners in migration and refugee studies, humanitarian workers, and students in the fields of sociology, international relations, and public health. By integrating empirical research, case studies, and theoretical perspectives, it aims to provide a nuanced understanding of the refugee experience and the broader implications of global migration trends. Whether engaged in academic research, policy development, or frontline humanitarian work, this chapter offers readers valuable insights into the realities of displacement and the pathways toward effective refugee support and integration.

Global Migration Trends and Context

International migration has remained a persistent feature of globalization. As of 2020, nearly 280 million people were living outside their country of birth, constituting approximately 3.6% of the world's population (IOM 2024). While this figure may appear significant, it is essential to contextualize it.¹ Over the past three decades, the proportion of international migrants in relation to the global population has remained relatively stable, fluctuating between 2.8% and 3.6%. However, due to overall population growth, the absolute number of migrants has steadily increased (See Table 1.1: Overview of migrants between 1990 and 2020). In 1990, there were approximately 153 million international migrants, but by 2020, this number had grown by nearly 85%, reflecting broader demographic trends and intensified migration drivers.

1 Since some organization and countries may have different definition of migrants, and different criteria, their numbers may vary.

Year	Number of migrants	Migrants as a % of the world's population
1990	152,986,157	2.9 %
1995	161,289,976	2.8 %
2000	173,230,585	2.8 %
2005	191,446,828	2.9 %
2010	220,983,187	3.2 %
2015	247,958,644	3.4 %
2020	280,598,105	3.6 %

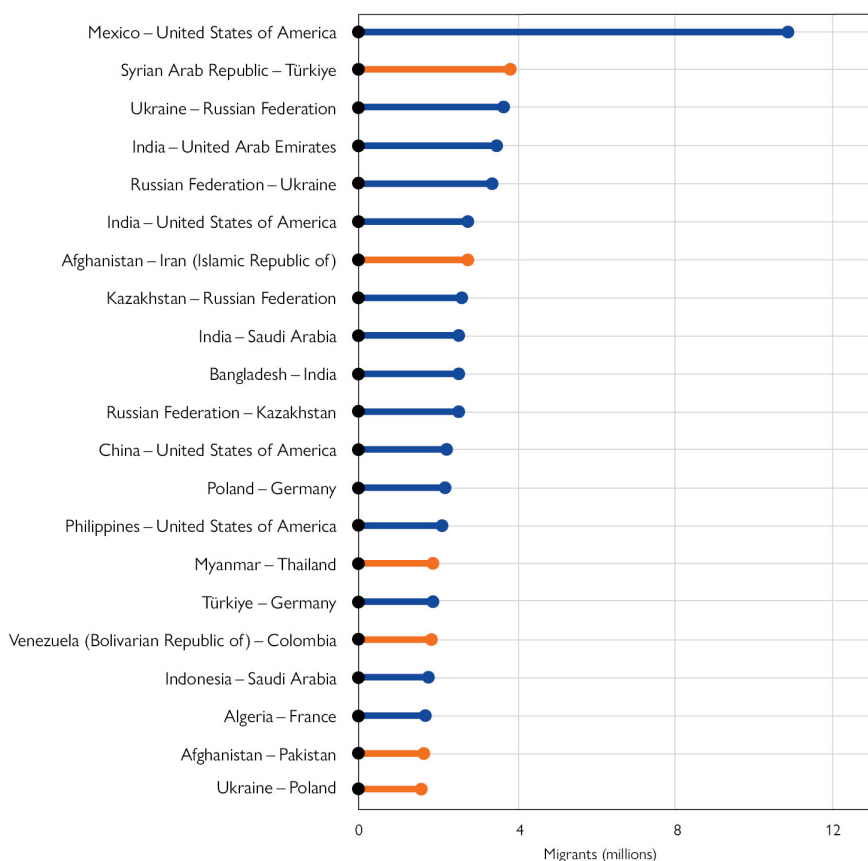
Table 1.1. Overview of migrants between 1990 and 2020 (IOM 2024).

Among these 280 million migrants, labour migration remains the dominant form, as the vast majority of people relocate for work, education, or family reunification. However, a growing subset of international migrants consists of forcibly displaced persons—those who have fled their homes due to persecution, armed conflict, or environmental disasters. By the end of 2023, the United Nations High Commissioner for Refugees (UNHCR) reported that 117.2 million individuals were forcibly displaced worldwide, meaning that roughly 42% of all international migrants fall into this category.

Major Migration Corridors and Forced Displacement

Migration corridors offer valuable insights into the ways historical, economic, and geopolitical relationships influence mobility. The Mexico–United States corridor remains the largest globally, with nearly 11 million migrants (IOM 2024). Conversely, the Syria–Türkiye corridor has emerged as the largest refugee movement worldwide, with Türkiye hosting over 3.6 million Syrian refugees following the protracted Syrian civil war (see Figure 1.1). These corridors underscore distinct migration

dynamics: economic migration versus forced displacement due to conflict. Notably, these migrants represent only a small fraction of those who express a desire to migrate (World Bank 2018). The Gallup World Poll indicates that 13% of the global population would like to migrate.



Notes: The corridors represent the number of international migrants (millions) born in the first-mentioned country and residing in the second. Corridors represent an accumulation of migratory movements over time and provide a snapshot of how migration patterns have evolved into significant foreign-born populations in specific destination countries.

Those corridors comprising mainly displaced persons are coloured orange. Revisions have been made based on large-scale displacement from Ukraine to neighbouring countries (as at end October 2023).

Fig. 1.1 Top international country-to-country migration corridors, 2024 (IOM 2024).

The sharp increase in forced displacement is alarming, as the number of forcibly displaced persons has nearly doubled in just a decade. In contrast, the overall international migrant population has not grown at a comparable rate, suggesting an increasing proportion of individuals moving out of necessity rather than choice. According to the United Nations High Commissioner for Refugees (UNHCR), the number of forcibly displaced persons has reached unprecedented levels, with over 117.2 million individuals projected to be displaced or stateless in 2023 (UNHCR 2023). Of these 117.2 million forcibly displaced individuals in 2023, nearly 62 million were internally displaced persons (IDPs), indicating displacement within their own countries. This distinction is significant: while international migration garners global attention, most displacement occurs within national borders.

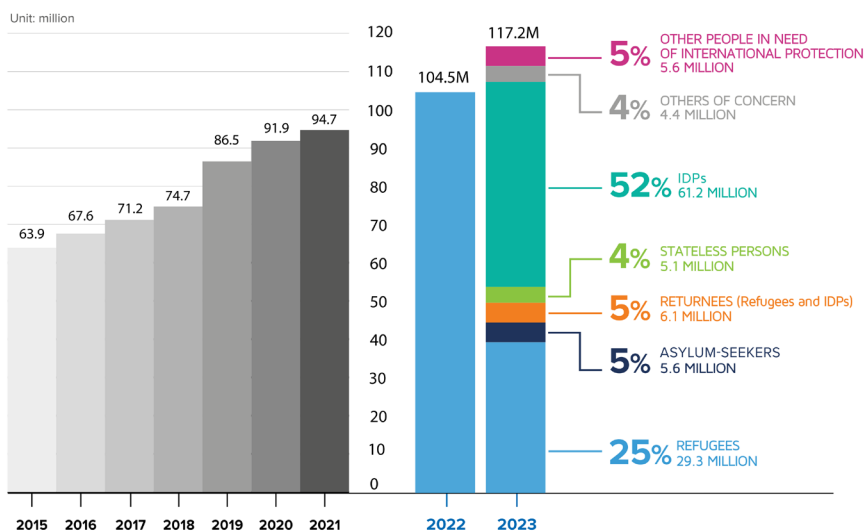
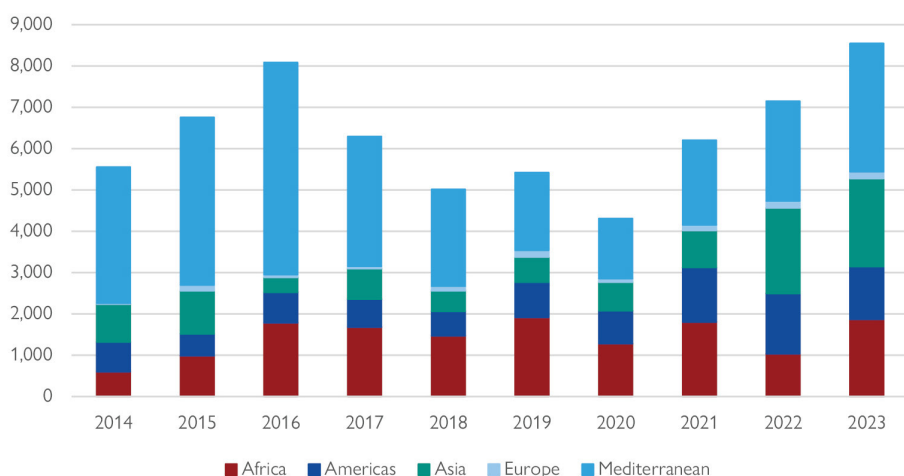


Fig. 1.2 117.2 million forcibly displaced and stateless people in 2023 (UNHCR 2023).

The rise in IDPs suggests that addressing displacement requires both national and international efforts, focusing not only on cross-border refugees but also on the millions forced to relocate within their own countries due to violence, persecution, or climate change.

Migration Risks and Humanitarian Concerns

Migration, particularly forced migration, frequently entails life-threatening risks. A significant humanitarian challenge is presented by the perilous routes migrants undertake in their quest for safety. The Missing Migrants Project (IOM 2024) has documented over 63,000 deaths and disappearances along migration routes between 2014 and the end of 2023, with numerous fatalities occurring in the Mediterranean Sea, at the US-Mexico border, and in the Sahara Desert (IOM 2024) (see Figure 1.3). However, there are substantial challenges in data collection, suggesting that this number may be higher.



Note: Data include recorded deaths as well as those reported as missing. See the [Missing Migrants Project](#) webpage for details of methodology and geographic regions.

Fig. 1.3 Migrant deaths by region between 2014 and 2023 (IOM 2024).

The data on migrant fatalities underscores the severe consequences of irregular migration. Numerous individuals risk their lives attempting to traverse seas, deserts, and conflict zones due to the absence of legal and safe migration pathways. These fatalities highlight the urgent need for enhanced humanitarian interventions, search and rescue missions, and international

cooperation to address the structural causes of forced migration and to improve protection mechanisms for vulnerable populations.

The 1951 Convention relating to the Status of Refugees, along with its 1967 Protocol, serve as the foundation of international refugee protection. These documents establish a comprehensive framework for the rights and obligations of refugees, as well as the responsibilities of host states (UNHCR 2011; UNHCR 2023). The Convention defines a refugee as an individual who, due to a legitimate fear of persecution based on factors such as race, religion, nationality, social group membership, or political opinion, is outside their country of origin and unable or unwilling to seek protection from that country (UNHCR 2011; UNHCR 2023). This definition has had a significant impact on shaping both national and international policies related to refugee protection and asylum procedures (Goodwin-Gill & McAdam 2007).

Despite the legal protections provided by international agreements, refugees often encounter formidable obstacles in integrating into host countries. These obstacles include legal and bureaucratic challenges, discrimination, and limited access to essential services such as healthcare, education, and employment (Bozorgmehr, Schneider & Joos 2015). The integration of refugees is further complicated by socio-economic disparities and cultural differences, which can impede their ability to adapt to new environments and achieve self-sufficiency (Ager & Strang 2008).

Contemporary integration frameworks emphasize that integration is a dynamic and bidirectional process necessitating adjustments from both refugees and host communities. Strang and Ager (2010) underscore the imperative for host societies to modify institutional structures, policies, and attitudes to facilitate successful integration, while also recognizing the role of refugees in actively engaging with their new environment. This reciprocal perspective ensures that integration transcends mere assimilation, fostering mutual adaptation and co-existence (Strang & Ager 2010). Ager and Strang's (2008) framework delineates four key domains essential to integration: achievements in employment, education, housing, and health; social connections through bonds, bridges, and links; facilitators such as language and cultural knowledge; and a foundation of rights and citizenship. These interconnected elements shape the integration trajectory, highlighting that legal recognition alone is insufficient without access to resources

that enable participation in society (Strang & Ager 2010). Furthermore, integration is not a linear process but a fluid and context-dependent experience that varies based on local policies, societal attitudes, and individual aspirations (Phillimore & Goodson 2008). Refugees often navigate barriers related to discrimination, economic disparities, and policy restrictions, underscoring the critical role of host society adaptation in shaping successful integration experiences (Ager & Strang 2008). Thus, fostering inclusive environments, equitable opportunities, and policies that promote long-term social cohesion is essential to achieving meaningful refugee integration. Recognizing refugees as active contributors rather than passive recipients reshapes the discourse around migration and integration, reinforcing the importance of reciprocal engagement between newcomers and host communities.

The experiences of refugees are profoundly shaped by the circumstances surrounding their migration, encompassing pre-migration, migration, and post-migration phases. Research by Steel et al (2009) indicates that pre-migration experiences often involve exposure to traumatic events, such as torture, violence, and the loss of loved ones. During migration, refugees may encounter perilous journeys, exploitation, and separation from family members (UNHCR 2023). Post-migration, they may grapple with physical and mental health issues stemming from the challenges of adapting to a new country, navigating legal systems, and overcoming social marginalization (Helton 2002). Schweitzer et al (2011) argue that these incidents underscore the necessity of a comprehensive approach to refugee protection that addresses both immediate humanitarian needs and long-term integration and well-being. Recent research emphasizes the importance of adopting a multidisciplinary approach to investigating refugee experiences, incorporating perspectives from law, social sciences, public health, and human rights (Betts & Collier 2017). By integrating multiple viewpoints, this approach facilitates a more thorough understanding of the various factors that shape refugee experiences and their outcomes. Moreover, it highlights the necessity of implementing policies and practices guided by empirical evidence and rooted in principles of fairness and social justice (Fazel, Wheeler & Danesh 2005). This chapter explores the complexities of refugee experiences, analysing the legal, socio-economic, and personal dimensions that shape the trajectories of refugees in host

societies. Rather than focusing solely on the challenges they face, it also examines the reciprocal nature of integration, considering how both refugees and host communities contribute to successful adaptation. By viewing integration as a shared process, this chapter seeks to provide insights into policies and strategies that promote inclusion, resilience, and long-term societal cohesion for displaced populations.

Reasons for Migration

The process of international migration is influenced by various macro, meso, and micro-level factors. In this chapter, we focus on the combination of “push” and “pull” factors to simplify the complex motivations behind migration.

Push factors are conditions in the migrant’s home country that drive them to leave (Wickramasinghe & Wimalaratana 2018; Urbański 2022). These factors include high unemployment rates, political instability, or limited educational opportunities, compelling individuals to seek better prospects elsewhere. Conversely, pull factors are attractions associated with the destination country, such as higher wages, better living conditions, or greater access to quality healthcare and education. For example, a software engineer from a developing country may be driven to migrate to a tech hub like Silicon Valley due to limited job opportunities (push factor) in their home country and the potential for better career growth and compensation in the United States (pull factor). Here are some examples of push and pull factors.

Push factors:

- **Wars, Conflicts, and Political Instability:** These can create unsafe living conditions, prompting people to seek safety and stability elsewhere.
- **Ethnic and Religious Persecution:** Discrimination and persecution based on ethnicity or religion can force individuals to flee their home countries.
- **Natural and Man-Made Disasters:** Events such as earthquakes, floods, or industrial accidents can devastate communities and livelihoods.

- **Poverty:** Lack of financial resources and economic opportunities can drive people to look for better living conditions abroad.
- **Unemployment, Low Wages, and Poor Working Conditions:** The absence of job opportunities or decent working conditions can push individuals to migrate.
- **Shortages of Food, Water, or Healthcare:** Basic needs are critical, and shortages can force people to seek environments where these needs can be met.
- **Limited Opportunities:** Whether in education, career growth, or personal development, limited opportunities can push individuals to seek greener pastures.

Pull factors:

- **Better Quality of Life and Standard of Living:** Countries offering higher living standards and quality of life attract migrants.
- **Varied Employment Opportunities and Higher Wages:** Better job prospects and the potential for higher earnings are significant pull factors.
- **Better Healthcare and Access to Educational Services:** Quality healthcare and educational opportunities are strong attractions for migrants.
- **Political Stability and More Freedom:** Stable political environments and greater personal freedoms draw individuals seeking a safer and freer life.
- **Better Life Prospects:** Overall, better prospects for personal and professional growth are strong incentives.
- **Services for Retirees and Environmental Characteristics:** For retirees, specific services and desirable environmental features, such as coastal areas, can be attractive.

The research conducted by Urbański (2022) comparing Poland and Romania highlights that pull factors generally have a greater influence on migration than push factors. In Poland, significant pull factors include economic opportunities, political stability, and social benefits such as

better healthcare and education. Conversely, push factors like political instability and poor governance have a notable impact in Romania. Urbański's (2022) findings demonstrate that pull factors significantly contribute to migration, even in peaceful democratic regimes like Poland and Romania. It is natural to assume that individuals in undemocratic or war-torn countries have an even stronger incentive to take risks for a brighter future.

From Migration Motivations to Forced Displacement

While economic opportunities and improved living standards are significant drivers of migration, not all movement is voluntary. For many individuals, migration is not a matter of choice but one of survival. Forced migration occurs when individuals and families flee their countries due to war, persecution, natural disasters, or human rights violations. Unlike those driven by economic incentives, refugees and asylum seekers do not migrate for better opportunities but rather to escape conditions that threaten their lives and freedoms.

The distinction between voluntary migration and forced displacement is crucial for understanding global migration patterns. Economic migrants typically retain some level of agency in their decision-making process, evaluating risks and rewards before relocating. Refugees, on the other hand, often leave their homes under duress, with little time for planning or securing resources for their journey. While both groups face significant challenges, refugees frequently experience heightened vulnerability, legal uncertainties, and prolonged periods of liminality in transit or host countries (Bakewell 2021; Mandic 2021).

Recent research has highlighted the complexities surrounding the dichotomy between voluntary and forced migration. Bakewell (2021) critiques the rigid separation between these categories, arguing that migration decisions often involve an intricate interplay of choice and compulsion, making it difficult to define clear boundaries. Similarly, Mandic (2021) emphasizes that forced migration is not only the result of immediate threats but also the product of structural inequalities, protracted insecurity, and systematic exclusion that gradually erode an individual's ability to remain in their home country. These perspectives

call for a more nuanced understanding of displacement, recognizing that many migration experiences exist along a spectrum rather than as distinct categories.

Refugee Experiences

Migrants generally exhibit better health than both the population they depart from and the population of the destination country (Wickramage et al. 2018). This phenomenon, often referred to as the Healthy Immigrant Effect (HIE), suggests that migrants, particularly those who migrate voluntarily, tend to have better health outcomes upon arrival than native populations. This is attributed to self-selection biases, where healthier individuals are more likely to undertake migration (Abraido-Lanza et al. 1999; Kennedy et al. 2006). However, for refugees and forcibly displaced populations, the Healthy Immigrant Effect (HIE) is often less pronounced or absent due to the extreme hardship they experience before, during, and after migration (Norredam et al. 2010).

Regardless of the nature of the migration process, fleeing is a significant burden, and settling in a new country constitutes a profound transition. The migration process can be categorized into three stages: pre-migration, migration, and post-migration. Each of these stages features important factors that can have either a positive or negative impact on health. The different phases and critical factors that can influence health in both the short and long term are depicted in Figure 2.4. Additionally, a potential return phase has been incorporated in this representation.

The migration process for individuals with refugee experiences is divided into several key phases. The pre-migration phase involves pre-migratory events such as conflict, human rights violations, and economic disparities, as well as the migrants' epidemiological profiles and the linguistic, cultural, and geographic proximity to their destination. The movement phase covers the journey's duration, conditions, and associated risks, including violence and exploitation, particularly for irregular migration flows. The arrival and integration phase addresses the legal status, access to services, social dynamics such as discrimination and exclusion, and the adaptation to new cultural and linguistic environments. Finally, the return phase considers the duration of absence, the capacity

of home community services, remaining social ties, and changes in the behavioural and health profiles of both the returnees and the host community, with cross-cutting aspects like gender, age, socio-economic status, and genetic factors influencing all stages.

Understanding these phases provides a necessary foundation for analysing the broader health implications of migration. However, migration health research has long debated whether migrants maintain better health than host populations upon arrival, as suggested by the HIE phenomenon. Furthermore, while voluntary migrants may initially exhibit superior health outcomes due to self-selection and pre-departure screenings, the extent to which this effect applies to refugees and asylum seekers remains contentious. The following section critically examines the HIE, highlighting its limitations, complexities, and the factors that contribute to the erosion of migrant health over time.

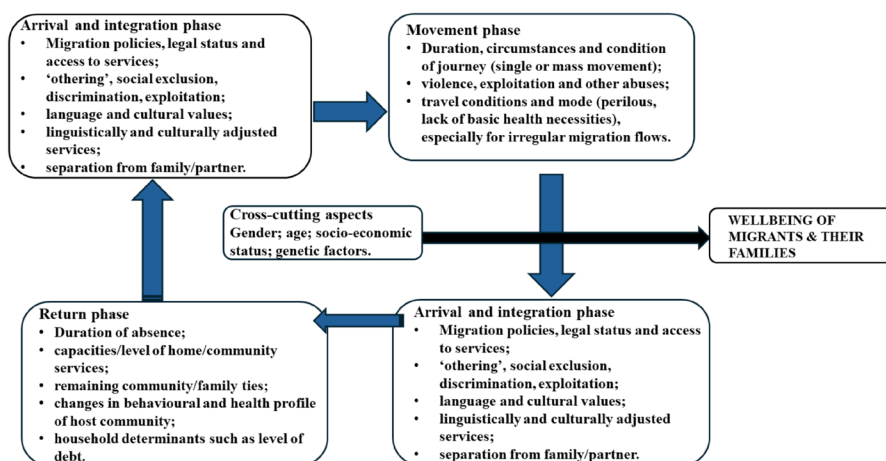


Fig. 1.4 Factors influencing the health and wellbeing of migrants and their families along the phases of migration (Wickramage et al., 2018).

Healthy Immigrant Effect (HIE)

The HIE has long been regarded as a paradox in migration health research. Furthermore, certain migration systems include pre-departure health screenings, which contribute to a temporary advantage in health status (Domnich et al. 2012). Additionally, recent research highlights

the role of educational selectivity, where migrants often come from socioeconomic backgrounds that promote healthier lifestyles, reinforcing the perception of superior health outcomes upon arrival (Ichou et al. 2017). However, the assumptions underpinning the HIE warrant critical scholarly investigation, as its applicability is far from universal. Rather than having a protective effect, the migration experience exacerbates pre-existing vulnerabilities, making the very notion of HIE misleading when applied uncritically across all migrant groups (Vang et al. 2015). The lived experiences of refugees illustrate how the challenges of forced migration intersect with the erosion of the HIE.

A compelling example is the case of Tarik, a refugee from Iraq whose journey underscores the systemic barriers that impede professional and social integration.

In 2018, Tarik arrived in Norway as a refugee from Iraq. He was a trained dentist who had previously operated his own dental practice, employing two additional staff members. A portion of the practice's surplus revenue was allocated to support a local sports club in which his children were actively involved. Additionally, Tarik served as a coach and contributed to the club's activities. He was also engaged in local politics. Tarik arrived in Norway alone and was granted residency relatively quickly on humanitarian grounds. Upon arrival, he commenced an introduction program. Shortly thereafter, his family was able to join him, and over time, they became more familiar with their new country. However, Tarik's dental qualifications were not recognized in Norway. He was offered the opportunity to enrol in an additional education program designed for dentists without approved qualifications. The waiting list for this program was extensive, and he was informed that it would take several years before he could commence his studies. This situation led Tarik to experience a profound sense of helplessness, a stark contrast to the resourceful individual he had been accustomed to being, both for himself, his family, and the community around him.²

Tarik's case exemplifies the challenges faced by highly skilled refugees who, despite possessing substantial qualifications and professional experience, encounter systemic barriers in accessing the labour market. These barriers exacerbate stress and diminish well-being, thereby challenging the traditional notion that migrants enjoy superior health

2 Tarik's case is drawn from the Center for Migration Health (CMH) data storage, where he was registered as a patient.

outcomes upon arrival. Furthermore, the HIE is increasingly recognized as a temporary phenomenon that deteriorates over time due to the cumulative impact of post-migration stressors. While initial health advantages may be observable among certain migrant groups, long-term studies indicate a decline in migrant health trajectories, a process referred to as the Healthy Migrant Paradox (Hynie 2018). The erosion of the HIE is particularly pronounced among migrants facing legal and economic precarity, as many are compelled into precarious labour markets, unstable housing conditions, and exclusion from essential social services. The accumulation of such disadvantages amplifies stress-related health burdens, especially for asylum seekers and undocumented migrants, who often experience prolonged uncertainty and restricted access to healthcare (Priebe et al. 2016).

Another significant factor contributing to the decline in HIE is acculturation stress and behavioural changes. The process of adapting to a new society involves substantial modifications in diet, physical activity, and exposure to novel health risks, often leading to an increased incidence of non-communicable diseases (NCDs), such as cardiovascular disease and diabetes. Migrants who initially exhibit strong health profiles may adopt unhealthy dietary habits over time due to economic hardship and limited access to fresh, nutritious foods. This transition can exacerbate chronic health conditions and challenge the assumption that migration inherently confers health advantages (Vang et al. 2015). Moreover, structural inequities in healthcare systems pose significant barriers to migrants' sustained health advantages. Barriers related to language, cultural unfamiliarity, discrimination, and limited healthcare accessibility prevent many migrants from seeking timely medical intervention, exacerbating long-term health disparities (Hynie 2018). This is particularly evident among asylum seekers who may experience prolonged waiting periods before gaining legal recognition, during which they may lack healthcare access. Undocumented migrants, fearing deportation, are often reluctant to seek medical assistance, further exacerbating preventable health conditions (Priebe et al. 2016). Mental health constitutes a critical challenge in understanding the decline in the HIE.

Empirical studies have consistently demonstrated that post-traumatic stress disorder (PTSD), depression, and anxiety disorders are disproportionately prevalent among refugees and asylum seekers. This

prevalence is largely attributable to pre-migration trauma, exposure to violence, and post-migration social marginalization, which collectively induce distress and significantly impact well-being (Juárez & Hjern 2017). Unlike physical health conditions that may be promptly observed and addressed, psychological distress can remain latent and exacerbate over time if left untreated. For many refugees, the stress associated with legal insecurity, financial instability, and cultural dissonance persists long after resettlement, thereby reinforcing patterns of psychological distress and complicating integration efforts. From a policy perspective, the continued reliance on the HIE as a generalizable principle obscures the profound disparities among different migrant groups. While certain voluntary migrants may indeed arrive healthier, refugees and asylum seekers experience profound vulnerabilities that necessitate targeted intervention. A more nuanced approach to migration health research must recognize that migrant well-being is not a static condition but rather an evolving trajectory shaped by structural determinants, legal status, and integration policies. Failure to acknowledge these intersecting factors perpetuates the misleading assumption that all migrants experience positive health outcomes upon arrival.

Migration health research must adopt a dynamic framework that captures the evolving and intersectional nature of migrant health rather than relying on static models. The deterioration of migrant health over time is inextricably linked to experiences that commence prior to migration. Many refugees and asylum seekers encounter profound physical and psychological stressors in their home countries, which set the stage for challenges that persist throughout their migration trajectories. To fully comprehend the health consequences of displacement, it is essential to consider the pre-migration phase, wherein exposure to violence, economic instability, and a lack of healthcare services shape initial health vulnerabilities. The following section explores refugees' pre-migration experiences and how these factors influence their well-being during transit and upon arrival in host countries.

Pre-Migration Experiences

This phase encompasses the decision to migrate and the preparation for the move. It involves emotional and practical preparations, such as

saying goodbye to friends and family, obtaining necessary documents and planning the journey (Vinke et al. 2020). The duration of this phase varies; some individuals spend months or even years making arrangements, while others must flee suddenly due to urgent threats to their safety. Migration preparation can take different forms depending on circumstances. Some migrants meticulously research possible destinations, save money, and arrange housing, employment, and education (ibid). Others may not have the luxury of preparation and instead flee in haste, often in a state of flux, with little to no resources.

Migration is a phenomenon that transcends the traditional notion of family-based movement. Individuals embark on migratory journeys alone, in small groups, or within broader networks of displaced persons, each navigating unique socio-political and economic landscapes. Unaccompanied minors, the elderly, and single adults face distinct vulnerabilities that differ significantly from those of family units. These groups must contend with heightened exposure to exploitation, social isolation, and systemic barriers in access to humanitarian aid and legal protection.

Understanding migration through this broader lens allows for a more nuanced approach to policy development and humanitarian intervention, ensuring that support mechanisms are tailored to the diverse realities of displaced individuals. The motivations for migration are multifaceted, often described through the push-and-pull factors, where economic, social, political, and environmental aspects influence movement decisions. Typical push factors include economic instability, political repression, conflict, and environmental disasters, while pull factors include employment opportunities, political stability, and access to healthcare and education. Prior to fleeing their home countries, many refugees experience significant hardship, including persecution, violence, and human rights violations. These traumatic experiences frequently serve as the primary impetus for their displacement. Many refugees experience extreme adversity before departure, including war, torture, and systematic persecution, which have long-term repercussions on mental health (Steel et al. 2009). Migration may be motivated by positive aspirations, such as improving living conditions, or negative drivers, such as escaping oppression, or a combination of both (Czaika & Reinprecht 2022). However, trauma does not end upon

leaving a conflict zone; rather, it accumulates throughout migration and resettlement, shaped by insecurity, exploitation, and structural exclusion at each stage.

Research shows that pre-migration trauma can have enduring consequences on refugees' mental and physical health. For instance, a systematic review by Fazel, Wheeler and Danesh (2005) found that refugees have a higher likelihood of developing serious mental health disorders when compared to the general population. This emphasizes the necessity of providing adequate mental health support to refugees from the moment they arrive in host countries. The primary health concerns experienced by migrants at this stage include mental health issues, poor healthcare, and an increased risk of violence and abuse. Migrants can grapple with stress and anxiety as a result of the uncertainty and unpredictability of their journey and future. Moreover, reasons for migration, such as conflict or economic instability, can lead to prolonged stress and strain, negatively impacting mental health (Kumar & Diaz 2019). Furthermore, some migrants may face poor healthcare due to economic insecurity or limited access to healthcare in their home country, which can result in health problems going untreated and worsening over time (ibid). In addition, migrants may be at a heightened risk of violence and abuse prior to migrating, particularly if they reside in areas with high crime or conflict. This can lead to physical and psychological injuries that can affect health in both the short- and long-term (ibid). These vulnerabilities are especially pronounced for women, unaccompanied minors, and LGBTQ+ individuals, who often face increased risks of exploitation and persecution during this stage.

Many refugees originate from regions affected by conflict, persecution, and human rights abuses. As a result, they frequently encounter significant physical and psychological trauma before leaving their home countries. Pre-migration health issues include injuries sustained from violence, chronic conditions left untreated due to disrupted health services, and psychological disorders such as PTSD, depression, and anxiety (Fazel, Wheeler & Danesh 2005). These conditions can have long-lasting effects on refugees' health and complicate their ability to integrate into new societies. By recognizing

the diverse migration constellations beyond family-based migration and addressing the specific challenges faced by individual migrants, unaccompanied minors, and other vulnerable groups, policies and interventions can be better tailored to meet the needs of displaced populations.

During/Under Migration Experiences

The migration journey itself represents one of the most perilous and uncertain phases of displacement. This phase involves the actual physical move to a new location and can involve feelings of excitement, fear, and disorientation. The journey towards safety is often marked by danger and uncertainty. Refugees may encounter hazardous travel routes, fall prey to smugglers, and become separated from their loved ones during migration. The United Nations High Commissioner for Refugees (UNHCR) reports that many refugees risk their lives crossing deserts, seas, and conflict zones in pursuit of safety and protection (UNHCR 2023).

The trauma experienced during migration is often overlooked but remains a critical determinant of mental and physical health. The vulnerability of displaced individuals during this phase is exacerbated by systemic barriers to protection and assistance. Women and children, in particular, face a heightened risk of sexual violence and trafficking. The Women's Refugee Commission (2019) documents extensive cases of gender-based violence throughout displacement journeys, underscoring the need for targeted interventions, including secure transit routes, access to legal protections, and immediate medical support. Additionally, individuals fleeing alone, including unaccompanied minors and elderly refugees, face severe social isolation, increasing their susceptibility to exploitation and harm.

The arduous nature of migration exerts a profound toll on physical and mental health. The imagery of overcrowded boats in the Mediterranean Sea and perilous desert crossings epitomizes the extreme risks associated with forced migration. Refugees frequently endure malnutrition, dehydration, and infectious diseases due to inadequate access to clean water, healthcare, and sanitation. Kumar and Diaz (2019) highlight the particularly dire conditions in transit camps, where makeshift shelters, inadequate medical facilities, and limited access to education and employment compound the hardship of displacement. While some

camps offer structured support, many are overcrowded and lack essential services, exposing residents to acute and chronic health risks.

Furthermore, migration is rarely a linear process. For some, displacement is temporary, with the expectation of eventual return; for others, it is the beginning of a protracted limbo, often extending over years or even decades. Social networks forged during migration can offer solidarity and support, yet they can also reinforce patterns of dependency and marginalization. Individuals experience migration in diverse ways—some embark on solitary journeys, while others travel in groups, forming surrogate communities in the absence of familial structures.

The following testimonies illustrate the deeply personal nature of displacement:

I was very stressed both before and during the journey itself. It was the worst journey I have ever taken. We did not know how we would be treated, or what to expect. We heard stories that we would be stripped naked and body-searched, that we would be put in isolation, and that we would be treated very poorly.

During the escape, there was no time to think about our own health; we had two children to take care of. The only focus was on finding practical solutions so that the children were as safe as possible.

These quotes are taken from interviews with refugees conducted through the Physiotherapy and Refugees Educational Project (HVL 2018-2021). The first quote is from an interview with a man who came on a planned flight to Norway. He came as a quota refugee and had all his papers in order. Nevertheless, he experienced enormous fear and uncertainty about what awaited him in Norway. The second quote is from a man who was fleeing with his family for several years. They lived in several refugee camps before they came to Norway and were granted asylum here.

Post-Migration Experiences

Moving to a new country initiates a phase in which one tries to adapt to the new place, language, culture, and people. Although reaching safety constitutes a significant milestone, it does not signify the cessation of hardship. The initial post-migration period is often characterized by a blend of relief and optimism, tempered by grief, uncertainty, and the challenge of reconstructing one's life in an unfamiliar society. Both

refugees and asylum seekers must navigate legal systems, secure housing and employment, learn a new language, and establish social networks, tasks that can be both empowering and overwhelming.

However, asylum seekers often experience a distinct and heightened level of vulnerability due to their precarious legal status and the uncertainty surrounding their future. Unlike recognized refugees who have obtained legal protection, asylum seekers frequently endure prolonged waiting periods, restricted access to healthcare and employment, and the persistent fear of deportation (Lindencrona et al. 2008; Hynie 2018). These structural barriers contribute to prolonged psychological distress, exacerbating the burdens already carried from pre-migration and migration experiences. The insecurity surrounding their status often results in chronic stress, social marginalization, and exclusion from essential public services, further complicating their ability to integrate (Silove et al. 2017).

The Healthy Immigrant Effect (HIE), which suggests that migrants initially exhibit better health outcomes upon arrival, is often diminished or absent among refugees due to pre-migration trauma and migration hardships (Norredam et al. 2010). Even individuals who arrive in relatively good health frequently experience a gradual deterioration of physical and mental well-being as they navigate systemic barriers to healthcare, economic instability, restrictive asylum policies, and acculturative stress (Domnich et al. 2012; Hynie 2018). Studies indicate that prolonged asylum processes, social isolation, and precarious living conditions significantly elevate the risk of PTSD, depression, and anxiety (Silove et al. 2017; Priebe et al. 2016).

The psychological trauma of displacement often resurfaces in post-migration life, compounded by structural and social barriers. Some refugees experience an early phase of overcompensation, wherein they strive intensely to assimilate and conform to their new environment (Sluzki 1979). This period can be stressful, as individuals may struggle to balance personal identity with the expectations of their host society. Over time, some experience cultural dissonance, marked by homesickness, frustration, and disappointment with the realities of life in their new country. Limited employment opportunities, difficulties forming social connections, and the persistent longing for familiarity can contribute to emotional distress.

Legal and bureaucratic barriers further complicate the integration process. Many refugees encounter significant challenges in accessing

healthcare, education, and employment due to linguistic and cultural differences, lack of legal documentation, or discriminatory practices (Bozorgmehr, Schneider & Joos 2015). The psychological toll of pre-migration trauma, coupled with the stress of resettlement, often results in heightened rates of PTSD, depression, and anxiety (Steel et al. 2009; Schweitzer et al. 2011).

A case study illustrating these challenges is that of Yana, a 15-year-old refugee who arrived in Norway in 2015:

Yana is 15 years old and came with her family to Norway in 2015. She and her family have been back to their home country, but for Yana, it is here in Norway that she feels most at home. She speaks fluent Norwegian, has good friends, does well in school, and has leisure activities she enjoys. She sees that there are differences between the rules she has at home and some of what her friends have, which has recently led to some conflicts at home. In a conversation with her mother, the mother expresses the difficult situation where she feels she stands with one foot in Norway and one foot in her home country. Some of the things they do in Norway would have been completely unthinkable in their home country, such as being out with boys, going to a youth club, and the like. On one hand, she actually thinks it is okay, but on the other hand, she feels guilty and feels that she is not a good enough mother for Yana when she lets her do the same as her friends do.

Mental health poses a significant challenge for refugees due to the multiple traumas they endure. Studies have shown that refugees are at a higher risk for mental health disorders compared to the general population (Steel et al. 2009). Common mental health issues among refugees include PTSD, depression, anxiety, and adjustment disorders. The cumulative impact of pre-migration trauma, migration stressors, and post-migration challenges necessitates comprehensive mental health support tailored to the unique needs of refugees (Schweitzer et al. 2011).

The experiences of refugees highlight the complex interplay between adaptation, resilience, and the enduring impact of past traumas. The protracted nature of asylum processes, combined with legal insecurity and exclusion from key social services, underscores the need for comprehensive policies that address the challenges faced by displaced individuals in the post-migration phase (Priebe et al. 2016). Yana's story is a testament to the ongoing challenges and successes that come with resettling in a new country. Addressing the multifaceted needs

of refugees requires a holistic approach that encompasses legal, social, economic, and health support systems. Ensuring comprehensive and accessible support is crucial for fostering successful integration and improving the overall well-being of refugee populations.

Conclusion

The global phenomenon of forced migration remains a critical issue. It poses significant humanitarian, legal, socio-economic, and health challenges. This comprehensive review of people with refugee experiences underscores the urgent need for strong international policies and interventions that address both immediate and long-term needs.

Pre-migration trauma, including persecution, violence, and human rights violations, has a significant impact on the mental and physical health of refugees, requiring tailored mental health and psychosocial support upon arrival in host countries. Research shows that refugees have higher rates of PTSD, depression, and anxiety than the general population, highlighting the need for early and sustained mental health interventions (Steel et al. 2009; Schweitzer et al. 2011).

During or under migration, refugees often undertake perilous journeys associated with threats of exploitation, unsafe conditions and separation from family members. The journey itself poses significant health risks, including exposure to infectious diseases, physical injuries, and severe psychological stress. This underscores the need for international cooperation to ensure safe migration routes and provide adequate protection and assistance during transit (UNHCR 2023).

Post-migration, refugees face the challenging task of integrating into new societies, learning new languages, and navigating unfamiliar cultural landscapes. This phase is often marked by a combination of relief and ongoing psychological distress as refugees reconcile their traumatic pasts with the challenges of building new lives. The mismatch between expectations and reality can lead to frustration and homesickness, further complicating the integration process (Sluzki 1979).

Migration can act as a catalyst for innovation and economic growth in host countries. Refugees bring diverse skills, perspectives, and resilience that can contribute to local economies and enrich cultural landscapes. However, this potential is often unrealized due to restrictive policies and social barriers, highlighting the need for more inclusive and

forward-thinking approaches to migration management (Papademetriou & Benton 2016). The integration of refugees is further hampered by socio-economic disparities, discrimination, and limited access to basic services such as healthcare, education, and employment. Effective integration requires a comprehensive approach that includes legal protection, social support networks, and economic opportunities. Studies have shown that inclusive policies and community-based support systems significantly improve refugee integration and well-being (Ager & Strang 2008; Bozorgmehr, Schneider & Joos 2015). New research highlights the potential of using technology and digital platforms to support refugees. Applications such as mobile health, virtual learning environments, and online social networks can provide refugees with critical information, facilitate access to services, and foster social connections. These innovative solutions can play a significant role in bridging gaps in service delivery and enhancing the overall integration process (Betts & Collier 2017). In addition, addressing the root causes of forced migration, such as armed conflict, human rights violations, and environmental crises, remains essential. The increasing number of forcibly displaced people, as reported by UNHCR, calls for comprehensive international efforts to promote peace, stability, and sustainable development in the affected regions (Comte 2020; UNHCR 2023).

In conclusion, the complex and multifaceted needs of refugees require a holistic and coordinated global response. The integration of legal protection, socio-economic support, and innovative technological solutions can significantly improve the integration and well-being of refugee populations. Continued research, policy development, and international cooperation are essential to ensure that the rights and dignity of refugees are maintained and that their journeys of hardship are transformed into journeys of resilience and hope.

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