Forced Migration, Social Exclusion and Poverty: Introduction

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This special issue of the journal, which is part of a global research initiative on psychology and poverty reduction, focuses specifically on the experiences of refugees and asylum seekers. Application of contemporary constructions of relative poverty and social exclusion to understanding asylum and humanitarian refugee emphasises the relative financial and social disadvantages experienced by many of these forced migrants, which may lead subsequently to them having negative experiences of resettlement and poor mental health and overall wellbeing. We argue that governments need to be cognisant of the poverty pitfalls of forced migration and to examine carefully their policies on social inclusion to ensure that current and future humanitarian and climate change refugees arriving on their shores are not forced into relative poverty.

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with populations at large in resettlement countries, that these forced migrants have: poorer general health; heightened levels of psychological distress; increased risk of mental ill health, including posttraumatic stress disorder (PTSD), major depressive disorder, anxiety, dissociation and somatisation; increased likelihood of cognitive disturbances, including memory, concentration and scholastic impairments; decreased educational, socioeconomic and work self-efficacy; decreased levels of family and social cohesion; and a reduced sense of belonging (Davidson, Murray, & Schweitzer, 2008). Research findings with asylum seekers are particularly disturbing, with evidence pointing to the serious negative psychological impacts of: compulsory immigration detention; temporary visa status; limited access to humanitarian and legal support and to essential health, employment and welfare services; and inappropriate assignment within the general educational and English language education systems. Furthermore, refugees and asylum seekers who have experienced higher predisplacement levels of education and quality of life have been shown to adjust poorly to the loss of meaningful social roles and to resettlement circumstances that are accompanied by increased economic hardship (Davidson et al., 2008).

In professional contexts in which the primary psychological focus has been, and remains, fixed squarely on refugees’ and asylum seekers’ mental health and well-being, issues and consequences of poverty are often neglected dimensions of forced migration. The United Nations Development Program (UNDP) Human Development Report (2009) recognises the special circumstances and needs of those forced into migration — IDPs, refugees and asylum seekers — that are often in stark contrast with the circumstances and needs of voluntary migrants. Not only may the former groups be forced into migration to avoid persecution and to obtain basic levels of sustenance and succour, but also, according to the UNDP (2009), they may be excluded from labour systems and other essential services while in transition to, and after relocation in, resettlement countries or communities. However, it is not always the case that forced migrants are worse off than local citizens in neighbouring communities in underdeveloped or emergent economies to which they flee, which provide lesser standards of education and health than those found in internationally funded IDP and refugee camps. Forced migrants are vulnerable economically and personally to various forms of systemic and illicit exploitation: ‘Refugees tend to be relatively disadvantaged, especially as regards labour market integration’ (UNDP, 2009, p. 64). They may also have less access to health and education services if and when they are resettled in some developed economies. Allowing migrants to work, which requires the removal of restrictions on refugees and asylum seekers seeking work in resettlement countries (particularly developed economies) ‘is the single most important reform for improving human development outcomes for … poorer and more vulnerable migrants’ (UNDP, 2009, p. 104).

Appreciating the significance of forced migrants’ access to labour and other essential services and opportunities requires a contemporary understanding of the meaning of poverty and the relationship between poverty and social and psychological wellbeing.

Contemporary Perspectives on Poverty

The term, poverty, meaning indigence or neediness, connotes a lack of financial resources and other necessities of life. Traditionally, the term was used to mark the existence of an underclass — the poor — whose failure to progress socially was considered to be a consequence of their financial circumstances. The term may be adopted in its absolute form — the poverty line — to specify a standard of living below which the basic necessities required to ensure the sustenance of life on a daily basis fall. Economic and social scientists now generally agree that absolute measures of poverty are most useful in countries where there is famine and/or a serious overall lack of civic infrastructure. By comparison, greater efforts are being directed by researchers towards comprehending and measuring relative poverty. This is a concept that relies on a comparative account of living standards enjoyed (or suffered) by individuals, families and groups in communities. Relative poverty is an expression of people’s levels of disadvantage in comparison with an overall international, national, or community-based living standard. For a detailed analysis of the absolute and relative poverty constructs, see e.g., Acton, Beverly, Oketch et al. (2005), Iceland (2005), and Roosa, Deng, Nair & Burrell (2005).

Although there is general agreement about the heuristic value of the relative, as opposed to the absolute, poverty concept for understanding disadvantage in developed economies, there is considerably less agreement on how relative poverty should be measured (e.g., Betti & Verma, 2008; Iceland, 2005; a number of commentaries contained in Measurement: Interdisciplinary Research and Perspective, 3(4), 236–260 on Iceland (2005); Moller, Bradley, Huber, Nielsen, & Stephen, 2003). The diversity of methods for measuring poverty include quantitative indices of asset disadvantage, net income disadvantage, pretax income disadvantage, redistributed benefits provided through welfare and other systemic support services, family budgets and alike. More recently, researchers and commentators have sought to shift the measurement of relative poverty away from an exclusive focus on assets ownership and/or income assessment toward a more inclusive measurement model of what Betti and Verma (2008) called ‘fuzzy’ indicators of poverty. Fuzzy variables include nonmonetary indicators such as housing quality, resi-
dential facilities and neighbourhood facility and services. More specifically, nonmonetary, or ‘subjective’, indicators of poverty may include ‘self-assessment of the general health condition, economic hardship and social isolation, or the expressed degree of satisfaction with various aspects of work and life’ (Betti & Verma, 2008, p. 242). Betti and Verma’s statistical modelling of poverty levels makes provision for measurement and incorporation of these types of subjective indicators, which could be entered individually or in block into the statistical equation. According to the model, people may be disadvantaged monetarily and/or nonmonetarily with the combination of monetary and nonmonetary variables being an indicator of overall, intensive disadvantage.

Fuzzy analysis of poverty is not inimical to the proposal of Roosa et al. (2005) that levels of poverty may be indicated by people’s levels of social exclusion, which they defined as ‘the degree to which a family or child does not participate fully in society’ as measured by people’s ‘behavioral and circumstantial indicators of societal participation’ (p. 981). As those authors point out, social exclusion and poverty are separate indicators of disadvantage; however, monetary disadvantage may curtail people’s ability to act in accordance with their community’s expectations about the roles they should fulfil and, in response, being excluded from making use of systemic and social supports may cause serious monetary and nonmonetary disadvantage. The reciprocal relationship between monetary and asset disadvantage and having access to systemic and social support is one way of thinking about cycles of poverty. Social exclusion is about people being excluded from access to social and economic capital. It involves understanding the processes by which poverty and disadvantage are created and maintained, as well as the way in which poverty and disadvantage connect with the lives of those who experience oppression and discrimination. When poverty is framed in this way, the debate moves away from individual pathological explanations of poverty and disadvantage, towards an active exploration of the structural and political context in which poverty and social exclusion are seen as consequences of social barriers inherent in social attitudes, language policy, service arrangements, institutional policies and other social mechanisms that act to detach groups of people from the social mainstream. Social exclusion is the end game of social, cultural and institutional processes that restrict or deny people access to human and civil rights and to social and economic capital. Although social exclusion has mainly been operationalised at the community level, it is possible to identify and subjectively measure individual levels of access to material, everyday practical, institutional, information and emotional support using variables such as access to paid work, adequate housing, welfare support, effective educational and health services, transport services and legal redress, which may reasonably be said to be valid and reliable measures of disadvantage. Social exclusion is known to bear a strong relationship to physical, psychological and sexual ill health (Roosa et al., 2005).

On the basis of available evidence, it is arguably the case that very many forced migrants are in poverty in a monetary sense; it is indisputable that they are in poverty if disadvantage is measured subjectively in terms of housing quality, residential facilities and neighbourhood facility and services, using reliable indicators of social exclusion. We will now explore this proposition.

**Social Exclusionary Dimensions of Forced Migration**

There is an increasing body of literature that supports forced migrants’ disadvantage in the form of social exclusion. Fanning and Veale (2004) found that child asylum seekers living in Ireland were not only income and asset poor but were socially excluded from after-school support, extracurricular activities, safe play areas and suitable nonadult recreational spaces. They also had little access to same-sex, same-age private spaces for sleeping, hygiene care and quiet time. Family separations were frequent occurrences. Fanning and Veale documented higher than acceptable levels of chronic ill health conditions among child asylum seekers. Many of the child asylum seekers were victims of blatant racist comments and practices. Sales (2002) documented the legislative and government policies in the United Kingdom that have, at times, severely limited refugees’ and asylum seekers’ access variously to monetary and nonmonetary support, including introduction of a subsistence voucher system rather than monetary income support, embargos on obtaining paid work, ineligibility for government-supported housing, refusal of school places, time limits on asylum seeker support system entitlements, sporadic availability of interpreter and translation services and limited access to mental health interventions. Ghosh (2005) reported that many refugees living in Belgium who were in receipt of social security benefits held the belief that they were shown disrespect and unequal treatment. As discussed above, the UNDP (2009) has highlighted exclusionary impediments to refugees accessing paid work in many developed economies and labour exploitation in many developing economies.

In Australia, until as recently as 2005, all asylum seekers arriving unannounced on Australian shores were mandatorily held in immigration detention. A legislative amendment was passed in 2005, making detention of minors a ‘last resort’ and permitting the Federal Minister to make residence determinations for their families that do not involve immigration detention (Commonwealth of Australia, 2005). These provisions for accommodating asylum seekers in the community were expanded in 2008 when the Federal Labor Government introduced policies that allowed for children, including juvenile
foreign fishers and, where possible, their families, to be settled in the community while their application for asylum is assessed. The provisions also stated that indefinite or otherwise arbitrary detention is not acceptable and the length and conditions of detention, including the appropriateness of both the accommodation and the services provided, will be subject to regular review; and detention in immigration detention centres is only to be used as a last resort and for the shortest practicable time. At the time of our writing this Introduction, minor asylum seekers are still being detained at Australia’s offshore immigration detention facility at Christmas Island and children and families awaiting refugee processing by the UNHCR are still being detained in Australian-funded immigration detention camps in Indonesia. Until temporary protection and other temporary visas were abolished in 2008 and replaced by Resolution of Status visas, refugees in Australia on these forms of temporary visas did not have free access to government-sponsored job networks, English language tuition, income support, health assessment, a health care card, settlement services and tertiary education; and they found it extremely difficult to access healthcare services (Murray, Davidson, & Schweitzer, 2008). The impacts of these exclusionary social policies and practices on refugees’ and asylum seekers’ mental health and wellbeing is far-reaching and well documented (Davidson et al., 2008).

Further insights into the nature and levels of disadvantage experienced by those forced into migration are offered by the selection of articles that appear in this special issue.

Further Insights into Forced Migration and Disadvantage

The first article in this collection contains an account by Pedersen and Fozdar (2010) of the case of Wasim, who has resided in Australia as a stateless person. As an asylum seeker, Wasim was prevented from accessing paid work opportunities, social welfare support and public forms of healthcare. As a stateless person, Wasim was ineligible for supported repatriation to Kashmir. If Wasim’s application for asylum was declined, the question would be about to whence he could be deported. When seen in this light, statelessness represents the ultimate form of social exclusion. Pedersen and Fozdar have used an innovative research approach that involves qualitative analysis of blogging to study the emotional and cognitive components of bloggers’ reasons for supporting or rejecting arguments for more inclusive policies and legislation on asylum seekers.

Milner and Khawaja (2010) provide a comprehensive account of factors in Sudan that have lead to large-scale internal displacement and forced migration across borders and continents, which acts as background for some of the articles that follow. Their account also usefully analyses the literature that focuses on the links between disadvantage, trauma, acculturative stress and, finally, forced migrants’ mental health status. It also provides a useful contrast between absolute standards of poverty and disadvantage that exist inside and outside some camps — unhygienic water supply, food shortages, lack of shelter, absence of health and education services, and so forth — and social exclusionary pressures in resettlement contexts that may take the form of inadequate language support, lack of access to language and general education opportunities and reduced employment opportunities. These social exclusionary pressures often result in monetary disadvantage accompanied by anxiety and depression. Gender differences in education and labour access are evident, with implications for men who are more likely than women to experience reduced social status and psychological wellbeing.

The article by Murray (2010) on Australian Sudanese experiences of resettlement paints a similar picture on refugees’ experiences of exclusionary policy, bearing in mind that refugees in Australia have greater access to public services than asylum seekers (Davidson et al., 2008). Murray reports that, while approximately 50–60% of her Sudanese Australian participants accessed housing and employment support services, only 10% accessed mental health services. This is despite evidence that approximately 30% suffered trauma-related distress and 20% reported noticeable symptoms of PTSD. Difficulties with English prevented some from accessing relevant services. Many participants were made to feel welcome when they arrived in Australia but many of them also experienced discrimination. Some participants offered a negative opinion of resettlement programs, suggesting they were unhelpful in assisting new arrivals in accessing health services or securing housing and employment. Acculturation strategies in the form of participants’ intentions to integrate with or separate from the Australian mainstream were reliable predictors of employment, friendship networks and wellbeing. Copping, Shakespeare-Finch, and Paton (2010) who also worked with Sudanese refugees in Australia emphasise the importance of understanding refugees’ perceptions of health and mental health services in order to determine whether those services are meeting their healthcare needs. There is also a need for additional employment and educational support. Udahemuka and Pernice’s (2010) study of African migrants in New Zealand found that forced and voluntary migrants differ according to their acculturation style which, as Murray reported, may influence whether forced migrants access mainstream services, form broad friendship support networks and enjoy positive psychological wellbeing.

The cultural context of forced migration switches from Africa to the former Yugoslavia in the analysis by King, Welch, and Owens (2010) of Serbian refugees’ accounts of their translocation from their country of
origin to Australia. Nevertheless, themes of monetary, asset and ‘fuzzy’ (see Betti & Verma, 2008) disadvantage as well as of social exclusion are similar to those already identified by the other authors. As residents of war zones and then as IDPs, these research participants experienced asset, services and food privation. This meant living at times without electricity, water supply or adequate food. Dwellings and possessions were lost. Available accommodation was often overcrowded. Paid work opportunities were either scarce or unavailable. People experienced monetary privation. IDPs and asylum seekers were socially excluded from educational, employment, and lifestyle opportunities. Older participants for whom loss of assets, finances and support services were greatest were more affected by those losses than their younger counterparts (also see Davidson et al., 2008). Interestingly, King et al. propose a path-wise relationship in the resettlement phase between trauma-related mental ill health, segregated acculturation style, disconnection from services and opportunities and monetary disadvantage.

In summary, the research contributions in this special issue highlight the mental health and wellbeing status of forced migrants. Davidson, Murray, and Schweitzer (2010) examine best practices in crosscultural assessment of refugees’ and asylum seekers’ mental health and wellbeing. They argue that valid and reliable assessment of mental health status assists in the delivery of appropriate, targeted mental health services which, in turn, is important in minimising risks of related problems such as unemployment, financial disadvantage, illicit activity and alcohol and other drug abuse.

Therefore, while this special issue at face value is focused on forced migration, it makes a legitimate and important contribution to our understanding of the links between contemporary representations of relative poverty that results from being socially excluded from systems and processes and the lack of opportunities to build bridging and bonding capital (see Murray, 2010).

Anticipating the Future of Forced Migration

The UNHCR (2009) statistics on forced migration in the form of refugee and asylum as defined by the United Nations 1951 Convention are alarming; and those statistics are on the increase. There are many more people worldwide who are forced into migration but who do not necessarily fit comfortably, or at all, into those definitional categories. Concerns about future mass migrations of climate change refugees are increasing. Forced migration that falls within the category of climate change is not covered by United Nations Convention and related protocols applying to humanitarian refugees. (See King, 2006, for a short history of the term ‘environmental refugee’.) The anticipated large-scale nature of such migration has been linked with possible future global unrest and local political regime changes. Many of these climate refugees are likely to seek relocation in developed economies. Biermann and Boas (2008a; 2008b) and Williams (2008) have suggested that the United Nations should formally and legally recognise climate refugees under a separate, new protocol and that such recognition and protocol arrangements should be linked with, and supported financially under, international climate treaty arrangements. Biermann and Boas (2008a) make the point that climate refugees, unlike some humanitarian refugees, are unlikely in their lifetime to be repatriated to their place of origin.

It is important for governments to remember the poverty pitfalls of forced migration and to examine carefully their policies on social inclusion in order to ensure that environmental and humanitarian refugees arriving on their shores are not forced iniquitously into relative poverty.

References


